Harmonizing Data Reporting to Improve HIV Care and Treatment for OVC in Nigeria's Akwa Ibom State

HIV programs must work together to reach the populations most in need of their services. To improve coordination among multiple service delivery partners, one of the most valuable steps is to harmonize reporting and tracking of HIV clients on treatment. Harmonized reporting allows partners to better understand program gaps and emerging client needs. Better data quality and a shared understanding of what routine program data are showing ultimately leads to more synergistic HIV programming and improved HIV outcomes.

Photo of an orphan in Nigeria by Immanual Afolabi, courtesy of Flickr Creative Commons

In Akwa Ibom, Nigeria, the State Ministry of Health (SMOH) has long been committed to improving the quality of HIV data reported by HIV programs, as well as better use of data. In 2019, with support from the Data.FI project, funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), the SMOH began holding monthly "situation room" (SR) review meetings. These brought together the main HIV stakeholders: the SMOH, state agencies, multilateral organizations, and USAID implementing partners (IPs.) These SR meetings became a regular forum to review and analyze routine data on key PEPFAR indicators, monitor progress, discuss lessons learned, and make recommendations for improvement.

As COVID-19 was emerging as a global pandemic, the SMOH began looking more closely at the data on antiretroviral treatment (ART) for HIV-positive orphans and vulnerable children (OVC), defined by USAID as those ages 0–17 years who are living with and affected by HIV. Such children experience serious socioeconomic and environmental barriers, and often face challenges accessing healthcare services. In Akwa Ibom State, where HIV prevalence is higher than the national average,[1] one solution to the barriers faced by OVC was better communication among HIV program stakeholders. With assistance from Data.FI, a routine communications channel was established among several HIV programs: a USAID-funded IP providing a spectrum of services to OVC and their families, and other IPs, including civil society organizations (CSOs) that provide antiretroviral therapy (ART) to the state's population as a whole.

In March 2020, the Center for Clinical Care and Clinical Research Nigeria (CCCRN)—the OVC IP in Akwa Ibom—began providing comprehensive family-based care, with a focus on the case

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[1] U.S. President's Emergency Plan for AIDS Relief (PEPFAR). (2020). Nigeria Country Operational Plan (COP) 2020 Strategic Direction Summary, p. 10. Retrieved from https://www.state.gov/wp-content/uploads/2020/07/COP-2020-Nigeria-SDS-Final-.pdf.

management of select high-risk subgroups, such as children living with HIV, teenage mothers, HIV-exposed infants, and children of female sex workers. OVC clients were linked to HIV testing and treatment services through the existing USAID-funded IPs in the state. Next, in April 2020, the OVC IP was invited to join the existing monthly SR data review meetings. Early into the CCCRN's engagement with other programs participating in the SR meetings, the SR team identified areas for improvement of services to OVCs.

WIDE VARIATION IN TX_CURR DATA

While reviewing data reported for an SR meeting in early May, Data.FI flagged a discrepancy in a fundamental USAID indicator, TX_CURR: the number of OVC ages 0–14 years currently on treatment. Data reported for TX_CURR by the IPs that provided ART to clients did not match the data reported by the OVC partner. They should have, though, because all OVC clients who test positive for HIV are linked to care at the facility and all HIV-positive children ages 0–14 years should be automatically enrolled in the OVC program. Additionally, the TX_CURR indicator reported by both OVC IP and ART IPs have the same source: ART treatment facilities.

What could explain the discrepancy? The OVC IP ensures that all children they serve are referred to HIV testing services, and that the ART IPs place all children who test positive on ART and that their cases are documented by the treatment facilities. For March 2020, the OVC partner reported that 3,150 more children were on treatment than the ART IPs (Figure 1).

Figure 1. TX_CURR data for March 2020 reported by ART and OVC IPs
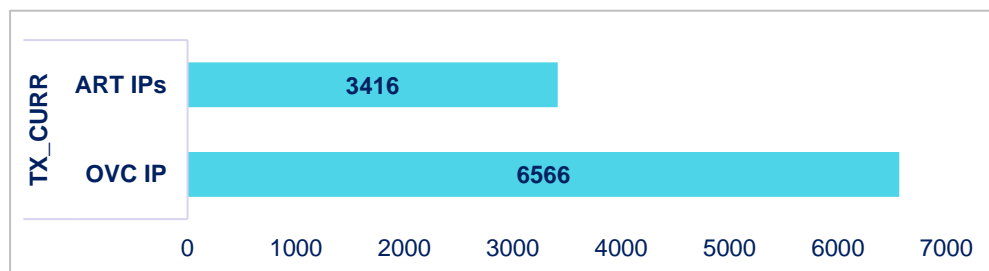
During the May SR meeting, the team discussed the observed gap in TX_CURR reporting, and Data.FI suggested the following reasons for it:

- Data entry errors were made at the time of reporting, with data transmitted weekly to the ART IPs and monthly to the OVC IP.
- Data were not validated at the time of reporting, and included errors resulting from the duplication of data.
- Differences in the frequency of reporting translated to poor retention in care: clients with an interruption in treatment were captured more in weekly-reported ART data than the monthly-reported OVC data because the frequency of reporting was different.

The SMOH asked the OVC and ART IPs to work together to identify the root causes of the gap in TX-CURR reporting, address them, and improve concurrence among the data moving forward. The SMOH also highlighted the need for the ART and OVC IPs to improve their communication towards reporting across the HIV treatment cascade (leading to improved synergy), which would in turn improve their data reporting.

STRATEGIES TO IMPROVE PARTNER SYNERGIES

After follow-up meetings to resolve these issues, the IPs took the following steps:

I. Desk review

The OVC IP collected a list of all OVC currently on treatment in Akwa Ibom from the ART IPs and CSO partners. The ART IPs generated their list from the Lafiya Management Information System (LAMIS) database (the electronic medical records system in Nigeria), and the OVC CSOs generated their list using the National OVC Management Information System (NOMIS) database (the management information system used for OVC programming in Nigeria). These data sets were then merged and cleaned using Stata and Microsoft Excel software. During this process, the OVC partner sought to remedy duplicates in the NOMIS data and under-reporting in the ART data, finding 992 duplicates in a data set of 7,354 total entries. A deduplicated data set provides a truer picture of the scale of given indicator and helps programs determine which services should be provided to improve performance.

II. Facility validation and harmonization

To validate the cleaned list produced from the desk review, the OVC IP visited the health facilities in Akwa Ibom where OVC receive their ART. During these visits, the OVC IP reviewed the level of completion of data in LAMIS. It also reviewed client folders and discovered differences in age data reported. When the wrong age is reported or not entered at all, this can lead to misclassification of OVC age groups and invalidate the data. These age differences were promptly resolved and corrected in LAMIS and client records.

Following these visits, the OVC and ART IPs began meeting regularly for routine data review and validation. The referral coordinators from the OVC partners visited the ART health facilities weekly, while the ART IPs and OVC IPs meet monthly. The team developed a harmonized template for reporting and tracking clients on treatment. The meetings and template strengthened bidirectional referral and documentation among the partners.

III. Program planning under the Pediatric ART Saturation Strategy (PASS)

A Pediatric ART Saturation Strategy (PASS) was set up as a guide to foster joint planning among USAID-funded OVC and ART stakeholders in Akwa Ibom. These stakeholders—CCCRN, Data.FI, FHI 360, the Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project, Heartland Alliance, and the Meeting Targets and Maintaining Epidemic Control (TMEC/RISE) project—have been holding biweekly meetings to review and harmonize implementation strategies. The importance of synergistic data collection and reporting are emphasized during the PASS review meetings, and Data.FI has supported review of program data during these meetings. The PASS team developed memoranda of understanding (MOU) that itemize areas of collaboration among the ART and OVC IPs and set up a WhatsApp group to foster communication.

IV. Improving enrollment, continuity of treatment, and adherence to care

A bilateral referral system was established for the referral of OVC enrollees to the ART program and enrollment of children and adolescents living with HIV, or those vulnerable due to their parents' HIV status, into the OVC program. To ensure the enrollment of HIV-positive children and adolescents, the OVC IP engaged linkage facilitators to connect the ART IP-supported champions of index case testing with OVC IP case managers focused on pediatric and adolescent clients. The OVC/ART team traced index households and clients for genealogy testing and linkage to care. This allowed linkage facilitators to ensure all HIV-positive children were properly enrolled on ART and were in the OVC program. Linking and sharing data ensures transparency, provision of robust services to clients, and concurrence of data, all supporting synergy among ART and OVC partners.

To address poor retention in care, the OVC and ART IPs also worked together to track clients with an interruption in treatment and return them to care. For example, collaboration between the OVC IP and

another USAID-funded initiative, the Operation Triple Zero program, provided adherence counseling and support groups to help HIV-positive adolescents stay in care or resume care.

RESULTS

After three months of extensive collaboration among the OVC and ART IPs, Data.FI observed significant improvements in the TX_CURR data margin reported by IPs. The initial difference of 3,150 clients decreased to 47 clients, as shown in Figure 2. The OVC IP also found that some of the children enrolled in the OVC program and currently on treatment were in health facilities that are not supported by PEPFAR, potentially accounting for the remaining gap of 47 clients.

Figure 2. TX_CURR data reported in August 2020 by ART and OVC IPs
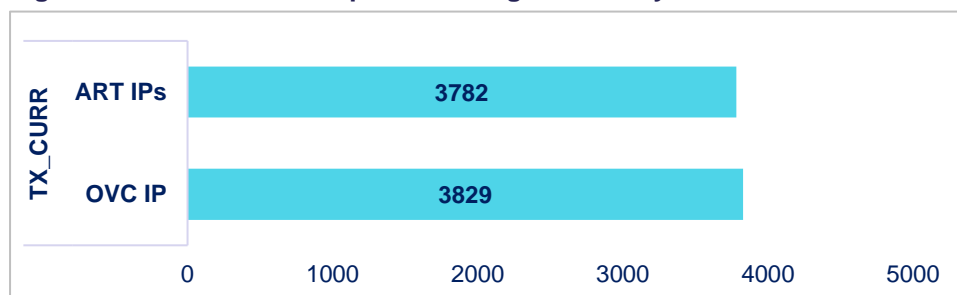
SUSTAINED ACTION

The IPs working in Akwa Ibom are now communicating more frequently to better understand program data, and their program data are now better quality and better captured in the existing information systems (LAMIS and NOMIS) to achieve concurrence.

Before the OVC case management program began, the OVC and ART IPs had never come together to align data reporting or reconcile data discrepancies. Through the data review and harmonization meetings that Data.FI organized, stakeholders saw a change at the program level, increasing the communication and working relationship between OVC and ART programs, leading to improved quality data reporting. The OVC and ART IPs developed an MOU, mandated by USAID, to encourage a more collaborative working relationship. The linkage facilitators from the OVC IP now visit the health facilities weekly to triangulate data and ensure concurrence between what is reported by both ART and OVC IPs. The OVC IP and ART IPs meet monthly to discuss key strategies and resolve data quality issues, ensuring that there is concurrence in the data reported by both IPs.

Over the next few months, the OVC IP will conduct household validation to ensure that all HIV-positive OVC in Akwa Ibom State receive ART. The ART and OVC IPs will continue to meet routinely to validate treatment data and ensure concurrence in their data. Data.FI is supporting the review and upgrade of the NOMIS data reporting platform for the OVC program and plans to make upgrades to the systems data validation options and interoperability functions with the LAMIS EMR system and the Automated Partner Progress Report (APPR).

DUC-20-38

FOR MORE INFORMATION

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December 2020