



CLM IN COVID 19 OUT BREAK: GAINS AND CHALLENGES

MARTIN P. ELLIE

4TH JUNE, 2021

Equal Rights and Opportunities for PLHIV

Presentation Outline

- ✦ **Strategic focus of intervention**
- ✦ **Data collection process**
- ✦ **Results from data analysis**
- ✦ **Feedback from stakeholder meeting**
- ✦ **Advocacy Roadmap**
- ✦ **Advocacy wins**
- ✦ **Challenges**



Strategic Focus



Strategic focus/Objectives

- ✦ To provide **adherence support to Recipients of Care** in Western Area, Sierra Leone
- ✦ To implement a **scaled-down community treatment observatory** that cover health facilities in the western Area of Sierra Leone
- ✦ To mitigate the impact of COVID-19

Coverage and Target

- ✦ Western Area – Urban and Rural districts
- ✦ Five health facilities for data collection (Urban-Connaught Hospital, PCMH, Ola During Children's Hospital, Rural - Waterloo CHC, Tombo CHC)
- ✦ Recipients of Care in 48 Community ART Groups – for adherence support

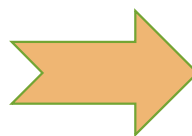
Data Collection Process

Quantitative Data

- ITPC tool used by volunteers to collect data from service registers at health facilities
- Data collected on monthly basis for 4 months – September- December 2020

Qualitative data

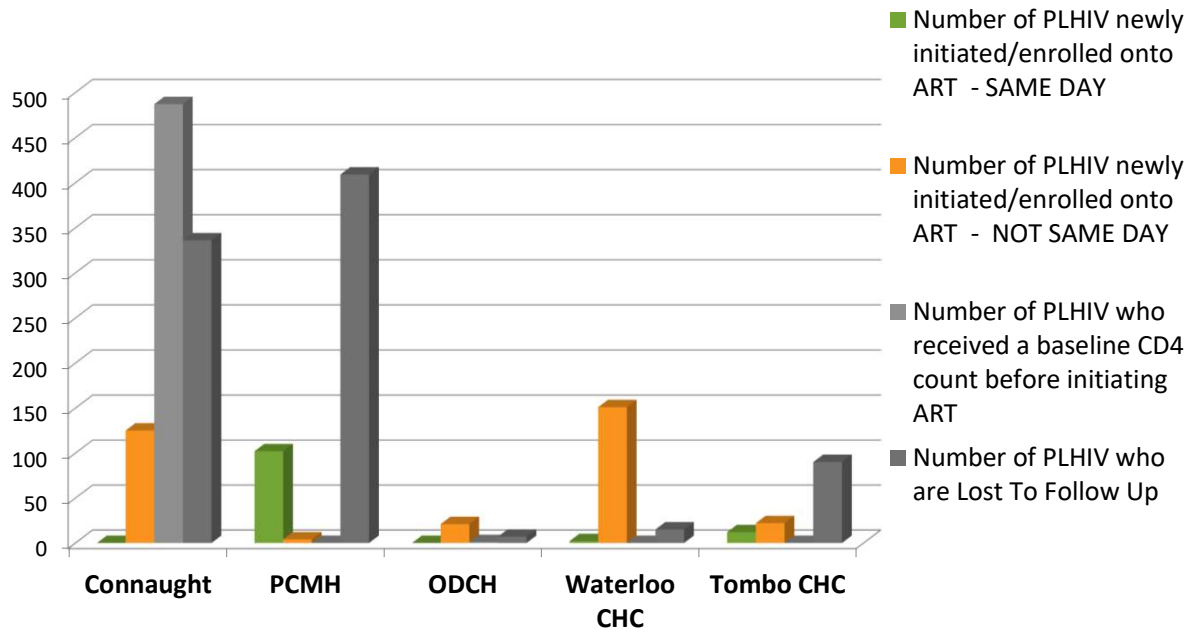
- ITPC tools used by volunteers to collect data or conduct interviews for RoC and HCW
- Recordings are captured with tablets
- Key points are captured in the worksheet and also transcribed in word



DQA/Quality Assurance

- Focal Point receives and reviews field report
- Project officer conducts follow up visit to health facility to address issues with data
- Focal point organizes review meeting with project team and HCW every two months to verify correctness of data

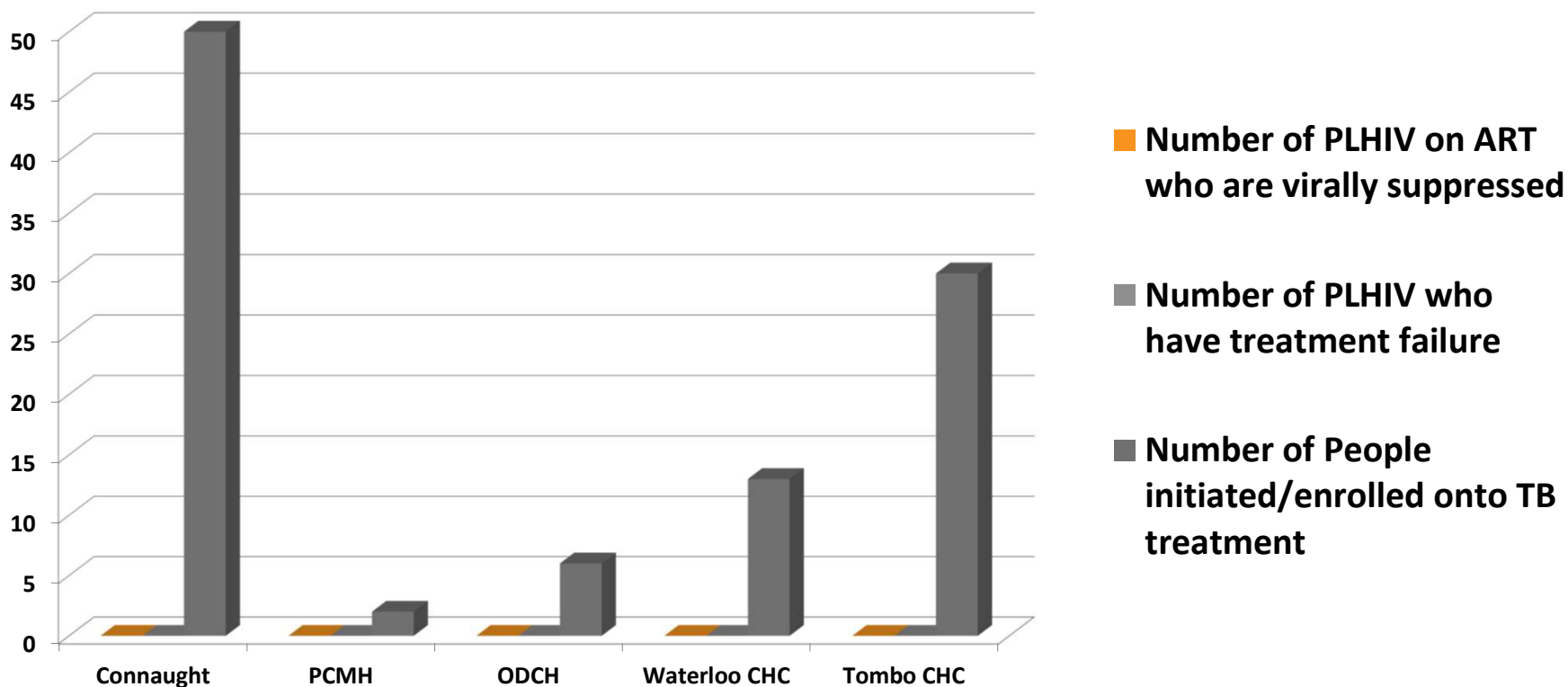
Data analysis for period September –December 2020



‘Our clients are afraid to come because their immunity is already compromised. They fear getting COVID-19’

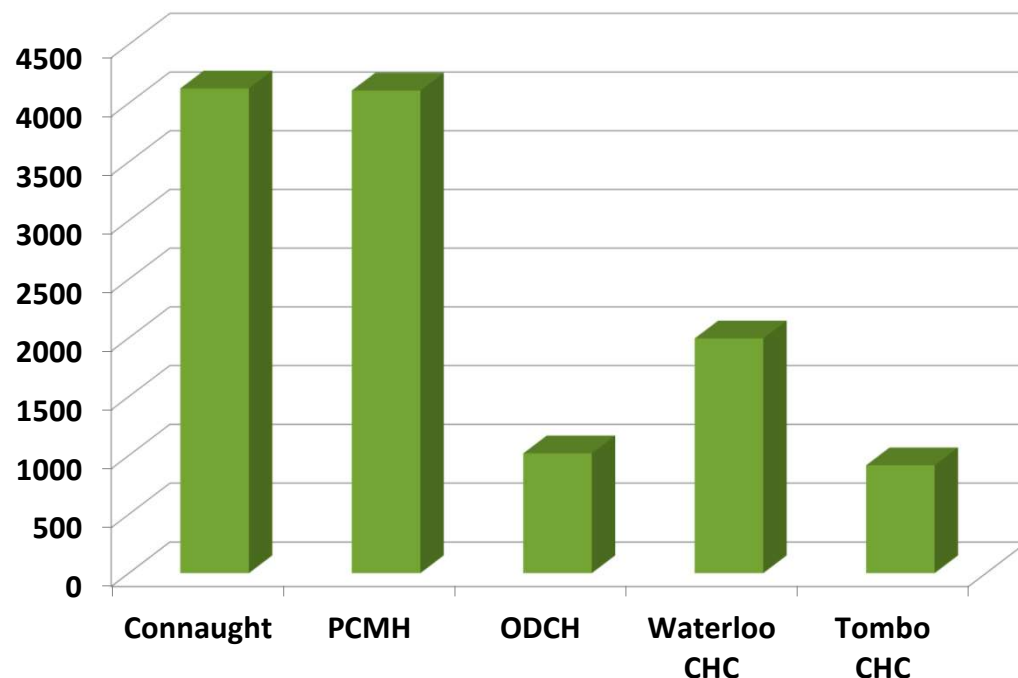
HCW Connaught, 7th Dec. 2020

Data analysis for period September –December 2020



Data analysis for period September –December 2020

Number of PLHIV enrolled in multi-month dispensing of ART



‘The health care workers are always hospitable. They talk and encourage us to adhere to our treatment’ (RoC, Tombo- 10th October 2020)

My leadership structure is well positioned to improve client access to the facility (HCW Waterloo, 10th October 2020)



Achievements for Adherence support for period September –December 2020



Service Area	Total number reached
Recipients of care (RoC) reached with adherence support	312
Recipients of care ART defaulting clients brought to care	35
Exposed children followed up for EID	15
Community ART Groups reached	48 (Rural 15, Urban28)

Data analysis for period September –December 2020

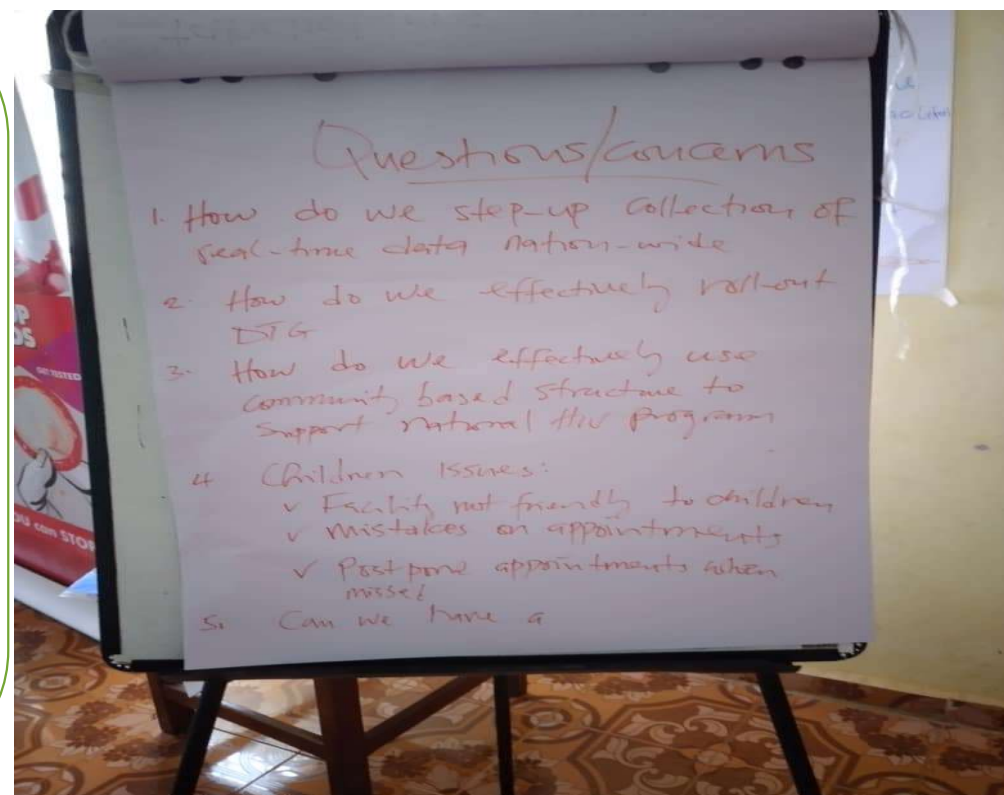
TB Test at Health Facilities

Facility	Type	Count
Connaught	Smear Microscopy	372
ODCH	Rapid Molecular test (GeneXpert)	27
PCMH		0
Waterloo CHC	Smear Microscopy	136
Tombo CHC	Smear Microscopy	149

Stock out of Medication and Equipment

Facility	Medicine	Duration	Equipment	Duration
Connaught	TLE	30	Viral Load Machine	3 months
ODCH	Lopinavir/Ritonavir 100/25mg	14	Viral Load Machine	3months
	Lopinavir/Ritonavir 200/50mg	14		
PCMH		0	Viral Load Machine	3months
Waterloo CHC	Tenofovir/Lamuvudine	30	Viral Load Machine	3 months
Tombo CHC		0	Viral Load Machine	3 months

- Need to step up collection of real-time data nationwide
- Need to effectively rollout DTG in Sierra Leone
- Need to effectively use community based structures to support national HIV program
- Address the following children issues
 - Facility not friendly to children
 - Mistakes on appointments
 - Appointments are postponed when missed
- Need for national strategy to fully address stock-out



Advocacy roadmap

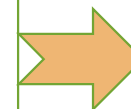
Advocacy Issues

- Repair or replace viral load machine
- Capture treatment failure in service registers
- Address stock-out at health facilities
- Improve pediatric care
- Address factors leading to Lost to follow up



What to do

- Engage key partners to repair/replace viral load machine
- Engage NACP to capture treatment failure in service registers
- Adopt a national strategy that addresses stock-out
- Effective roll-out DSD and adopt task shifting at health facilities



Desired change

- Viral load machine repaired or replaced
- Treatment failure captured in service registers
- National strategy or pathway adopted to address stockout
- DSD rolled-out to address lost to follow up issues



Advocacy Wins



- ✦ Viral load machine has been fixed and will commence operation soon
- ✦ Received commitment from NACP to include treatment failure as indicator when national tools are reviewed

At the start of COVID 19, there were fears of an extra 500,00 deaths due to obstruction to HIV services. It is time for advocacy organizations to focus on emergency preparedness

Challenges

- ✦ **Livelihood-** Some RoC were challenged with food to eat and transport fare to health facility for ART refill
- ✦ **Health Records-** Service Registers do not capture treatment failure, making it difficult to reliably track data on the indicator
- ✦ Stock out of medication at health facilities
- ✦ **Fear of stigmatization** - It was noted that RoC particularly women living with HIV fear stigmatization if their sero- status was discovered.
- ✦ Breakdown of viral load machine for over four months months

End of Presentation

