Moving Towards Monitoring and Evaluation of HIV Care and Treatment Programs

ICAP Staff meeting
Maputo, March 16-18, 2005

Denis Nash, PhD, MPH
dn2145@columbia.edu
Director, Monitoring, Evaluation, and Research Unit
ICAP New York

ICAP Monitoring, Evaluation, and Research Unit

Established November 2004

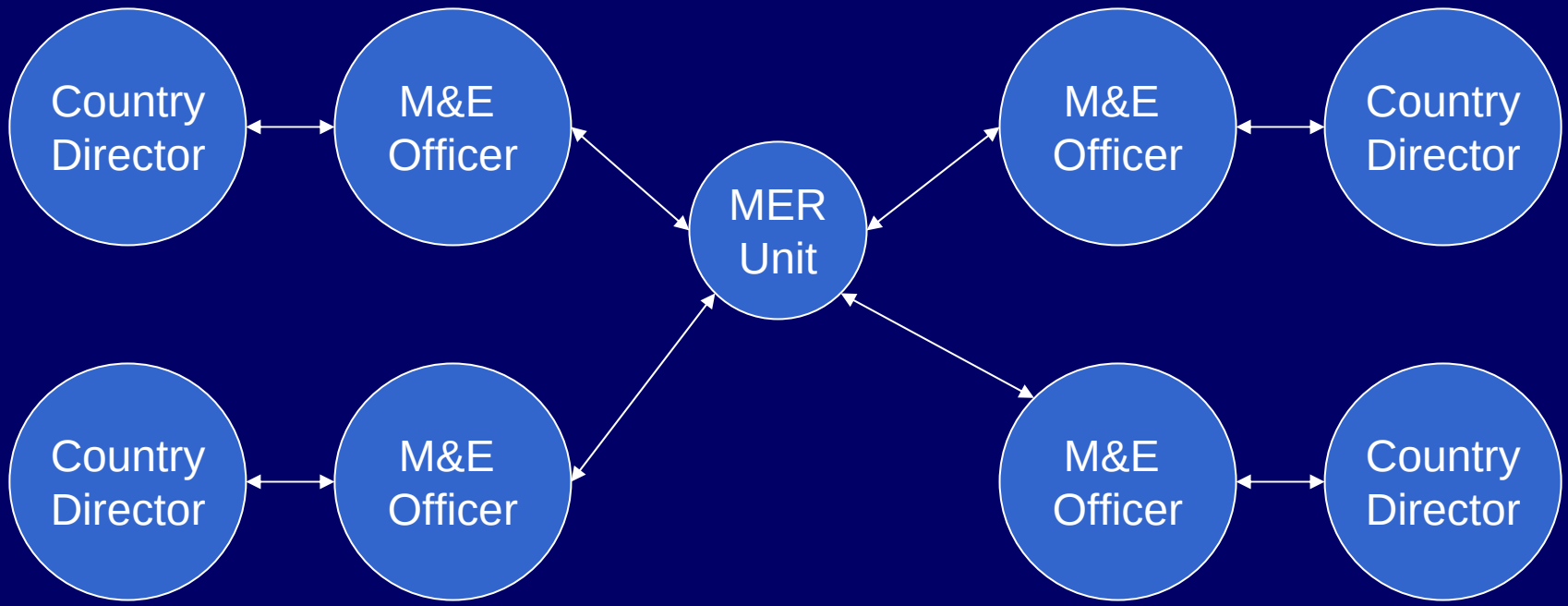
Provides support for….

- MCAP
- UTAP
- MTCT plus
- Dominican Republic Program

Routinely interfaces with:

ICAP in-country teams, ICAP New York Programs, MOHs, CDC in country, CDC Atlanta

MER Unit and In-Country M&E Officers



New York

- Denis Nash, Director
- Batya Elul, Epidemiologist
- Matt Rosenthal, Senior Program Manager
- Monica Katyal, Data analyst
- May Tun, Data manager

M&E Officers in-country

- Gail Chanpong (Tanzania)
- Kanchan Reed (RSA)
- Sara Casey (Rwanda)
- Denise Arakaki Sanchez (Mozambique)
- TBH (Kenya)

MER Unit activities and objectives

- Monitoring: track basic inputs and outputs of Columbia-supported programs
  - e.g., Number of patients enrolled, on ART, etc.
- Evaluating: assessing the degree to which Columbia-supported programs are providing quality care and treatment services
- Technical assistance:
  - Capturing relevant patient-level information
  - Translating patient-level information into summary program and site level information
  - Use of information by sites for program improvement

MER Unit activities and objectives, cont'd

- Build capacity of sites to report required indicators to National M&E systems
- PEPFAR reporting
- Dissemination and publication of site and multi-site experience
- Stimulate and promote research
  - Based on priorities of MOH, sites, CDC
  - Capitalize on unique position of Columbia University's ICAP program to identify and address research/operational research questions
    - i.e., multiple countries, multiple care and treatment models

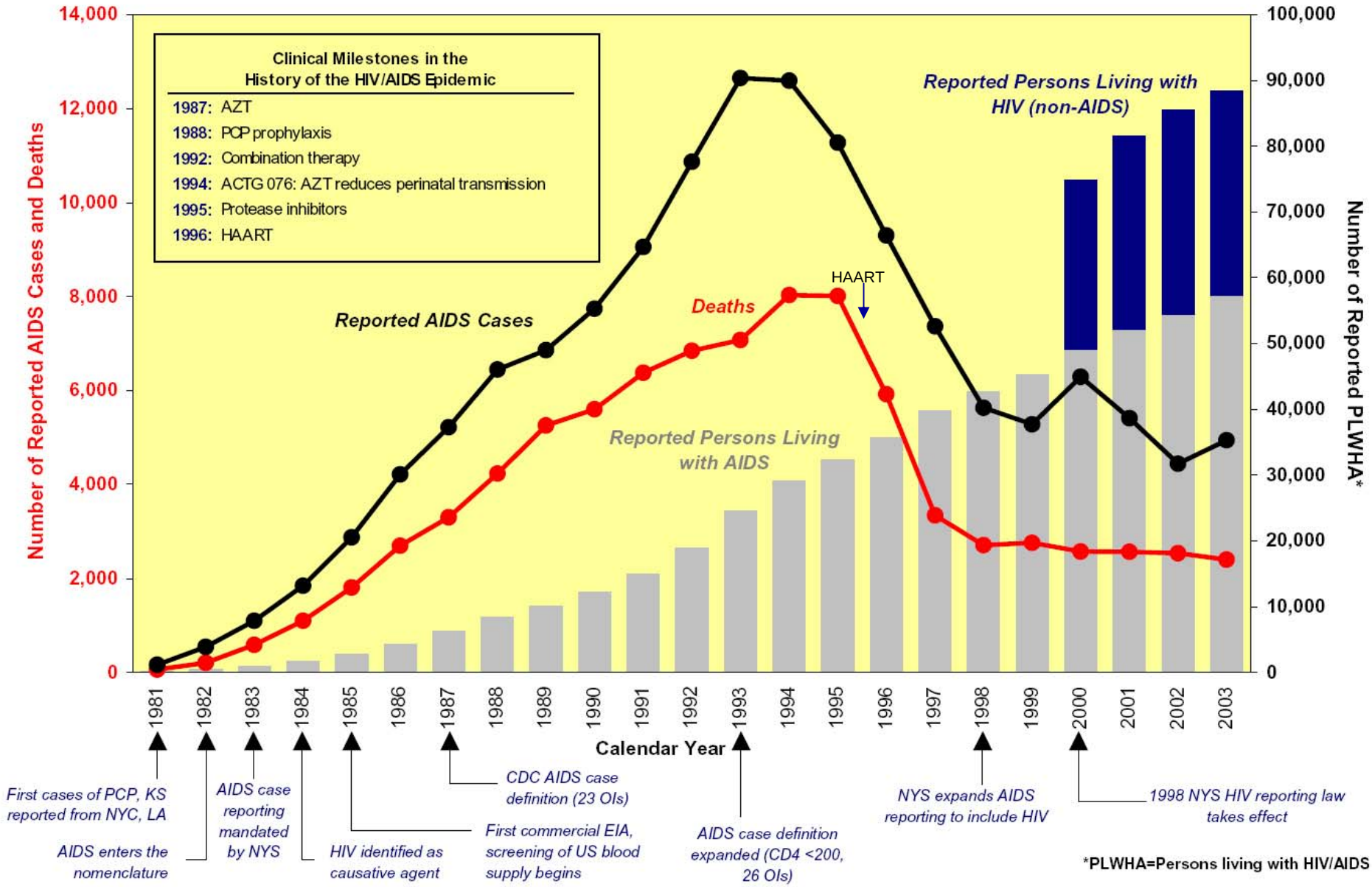
National Monitoring and Evaluation Systems

- Usually require routine (monthly) reporting of summary information (e.g., number of patients enrolled) on pre-specified “indicators” at the facility level

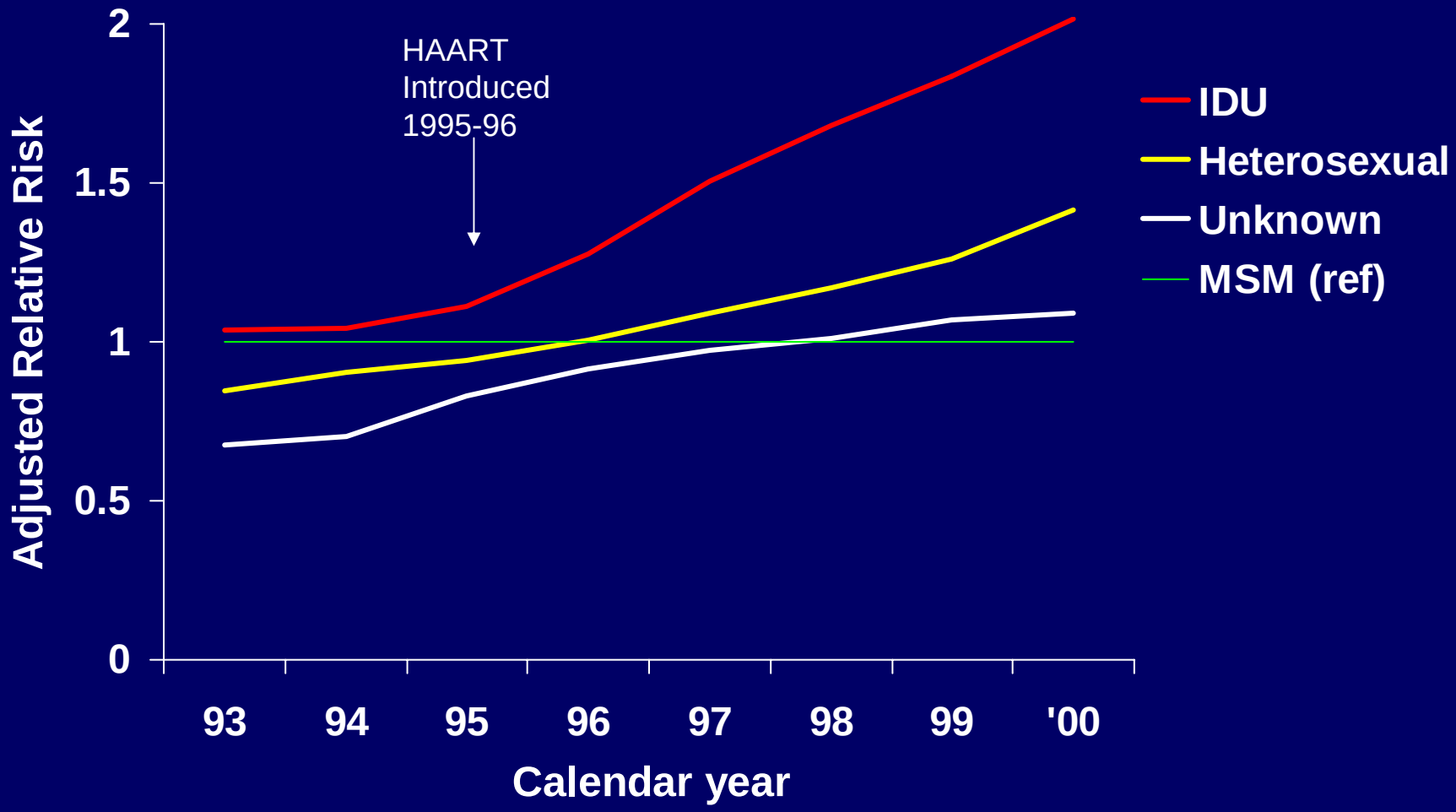
- Information is aggregated upward within countries
  - Facility→district→province→national MOH

- At present, MOHs don’t really provide tools, TA, training to sites on how to generate monthly summary data on their patients for national M&E system
  - Though in some cases, there are tools and training programs planned or in development

Reported AIDS Cases, PLWHA* and Deaths, New York City 1981 – 2003

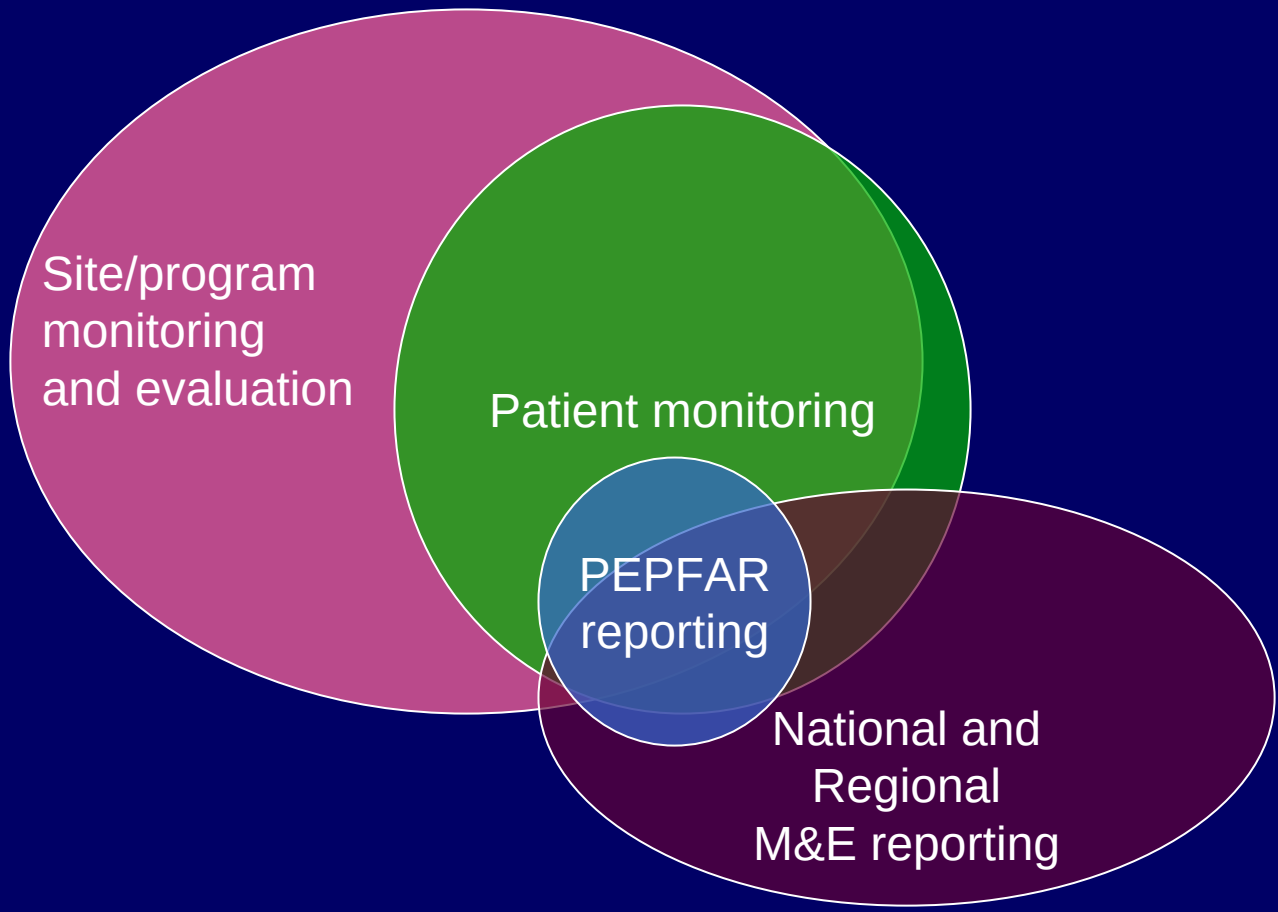


Adjusted[1] Relative Risk by Risk Among AIDS Cases-Patients Alive in Each Calendar Year NYC, 1993-2000



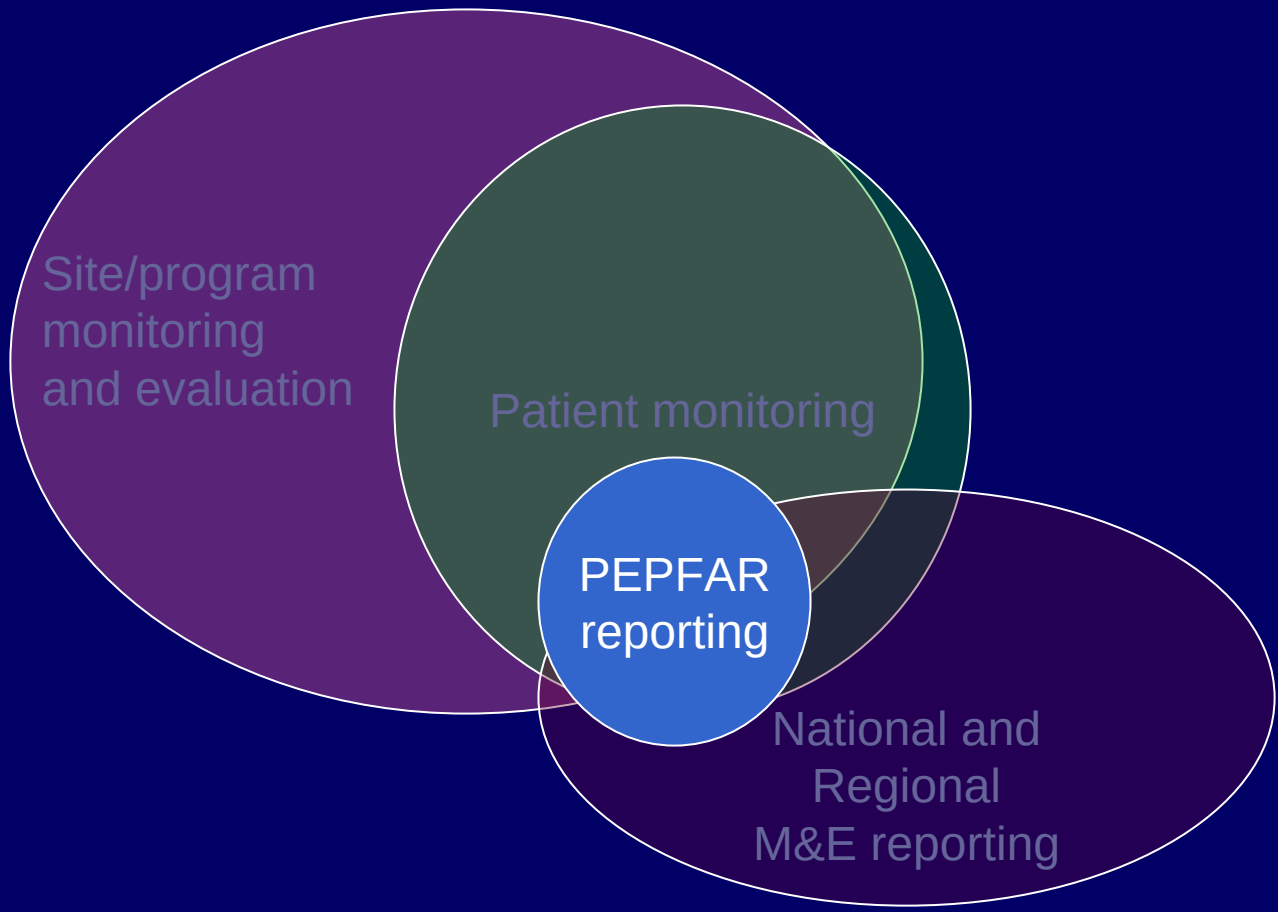
[1] Adjusted for age, race, transmission risk category, borough, time since diagnosis, & OI

Relative information demand for various components of “M&E”



Systems tend not to exist ----------> Systems exist or are in development

Relative information demand for various components of “M&E”



Systems tend not to exist ----------> Systems exist or are in development

ICAP PEPFAR reporting system (a work in progress and a moving target)

- Facility-level, aggregate data from MCAP sites
- Frequency of reporting: quarterly (one month lag)
- Source of info: ICAP M&E Officers and sites
- Reported to: CDC in country and CDC Atlanta
- Developed with ICAP in-country offices and coordinated out of NYC MER Unit
  - October-November 2004
    - Beginning of ICAP NY MER Unit
    - ICAP in-country M&E Officers hired and deployed
    - Developed mechanism for capturing facility-level aggregate data
    - First reporting deadline November 30th, 2004

Quarterly, Facility-Based HIV Care/ART Reporting Form
Total Number - All Sites

Quarter beginning (Month/Day/Year): October 1, 2004	Quarter ending (Month/Day/Year): December 31, 2004
Grantee: Columbia University	Facility: All Sites - Total Numbers
Location: All	Country: All

1. HIV Palliative Care (non-ART and ART care)

	Cumulative number ever enrolled in HIV care by the beginning of quarter (updated)	NEW enrollees in HIV care during the quarter	Cumulative number ever enrolled in HIV care by the end of the quarter	Total number who received HIV care during the quarter
1. Males (0-14 years)	a. 332	h 169	o 501	oo. 268
2. Males (>14years)	b. 1640	i 868	p 2508	pp. 1353
3. Non-pregnant females (0-14 years)	c. 348	j. 207	q. 555	qq. 285
4. Non-pregnant females (>14 years)	d. 3783	k. 2058	r. 5840	rr. 3225
5. Pregnant females (0-14 years)	e. 0	l. 0	s. 0	ss. 0
6. Pregnant females (>14 years)	f. 105	m. 36	t. 141	tt. 100
Total	g. 6208	n. 3338	u. 9546	uu. 6023 *

Number in HIV care during the quarter & eligible for ART, but NOT started ART by the end of the quarter (subset of 1uu.)	vv.

* Estimate. Please se narrative.

2. ART care

	Cumulative number ever started on ART by the beginning of the quarter	Number started on ART in program during the quarter (includes NEW and TRANSFERS)	Cumulative number ever started on ART by the end of the quarter	Number NEW on ART during the quarter (subset of 2h-2n)	Number on ART who TRANSFERRED in during the quarter (subset of 2h-2n)	Total number on ART during the quarter
1. Males (0-14 years)	a. 101	h 51	o 152	aa 25	hh 0	oo 149
2. Males (>14years)	b. 797	i. 387	p. 1184	bb. 203	ii. 1	pp. 1112
3. Non-pregnant females (0-14 years)	c. 104	j. 58	q. 161	cc. 38	jj. 0	qq. 158
4. Non-pregnant females (>14 years)	d. 1679	k. 841	r. 2520	dd. 417	kk. 0	rr. 2369
5. Pregnant females (0-14 years)	e. 0	l. 0	s. 0	ee. 0	ll 0	ss. 0
6. Pregnant females (>14 years)	f. 26	m. 18	t. 44	ff. 18	mm. 0	tt. 30
Total	g. 2707	n. 1354	u. 4061	gg. 700	nn. 1	uu. 3818

Number of persons started on ART during the quarter who were	No.on ART who TRANSFERRED in during the quarter

3. Training in ART and HIV Care	Physicians	Nurses	Other healthcare workers	Total
1. Number of persons trained in ART care during the quarter	a. 18	b 40	c 11	0 69
2. No. trained in (non-ART) HIV palliative care during the quarter				e. 81

4.1 Change in CD4+ count and adherence to ART for 6-month cohort	Baseline	6 months
Months when cohort started ART	a. na	
Number of persons in cohort	b. na	e. na
Number of CD4+ counts for cohort	c. na	f. na
Median CD4+ count for cohort	d. na	g. na
No. of persons in cohort who received ARVs on schedule for 6 months		h. na

4.2 Change in CD4+ count and adherence to ART for 12-month cohort	Baseline	12 months
Months when cohort started ART	a. na	
Number of persons in cohort	b. na	e. na
Number of CD4+ counts for cohort	c. na	f. na
Median CD4+ count for cohort	d. na	g. na
No.of persons in cohort who received ARVs on schedule for 12 months		h. na

5. Number of monthly regimens dispensed during the quarter	Adult Formulations	Pediatric Formulations
d4T-3TC-NVP	a. 5960	aa. 320
d4T-3TC-EFV	b. 734	bb. 65
d4T-3TC-LPV/r	c. 7	cc. 1
ZDV-3TC-NVP	d. 896	dd, 30
ZDV-3TC-EFV	e. 1159	ee. 147
ZDV-3TC-LPV/r	f. 8	ff. 0
ZDV-ddI-NPV	g. 0	gg. 0
ZDV-ddI-EFV	h. 0	hh. 0
ZDV-ddI-LPV/r	i. 4	ii 0
d4T-ddI-NVP	j. 907	jj. 48
d4T-ddI-EFV	k. 14	kk. 0
d4T-ddI-LPV/r	l. 21	ll. 0
ABC-ddI-LPV/r	m. 46	mm. 40
d4T-3TC	n. 10	nn. 1
3TC	o. 13	oo. 16
d4T	p. 7	pp. 1
LPV/r	q. 3	qq. 0
ZDV	r. 22	rr. 19
	s. 0	ss. 0
	t. 0	tt. 0
	u. 0	uu. 0
	v. 0	vv. 0
	w. 0	ww. 0
Total	x. 9811	xx. 688

LEGEND for Table 4		
Reporting Period patients being reported during the time quarter:	**6-month cohorts** patients who started on ART in the preceding months of:	**12-month cohorts** patients who started on ART in the previous year, during the months of:
October 1 - December 31	Feb, Mar, Apr	Aug, Sept, Oct
January 1 - March 31	May, June, July	Nov, Dec, Jan
April 1 - June 30	Aug, Sept, Oct	Feb, Mar, April
July 1 - September 30	Nov, Dec, Jan	May, June, July

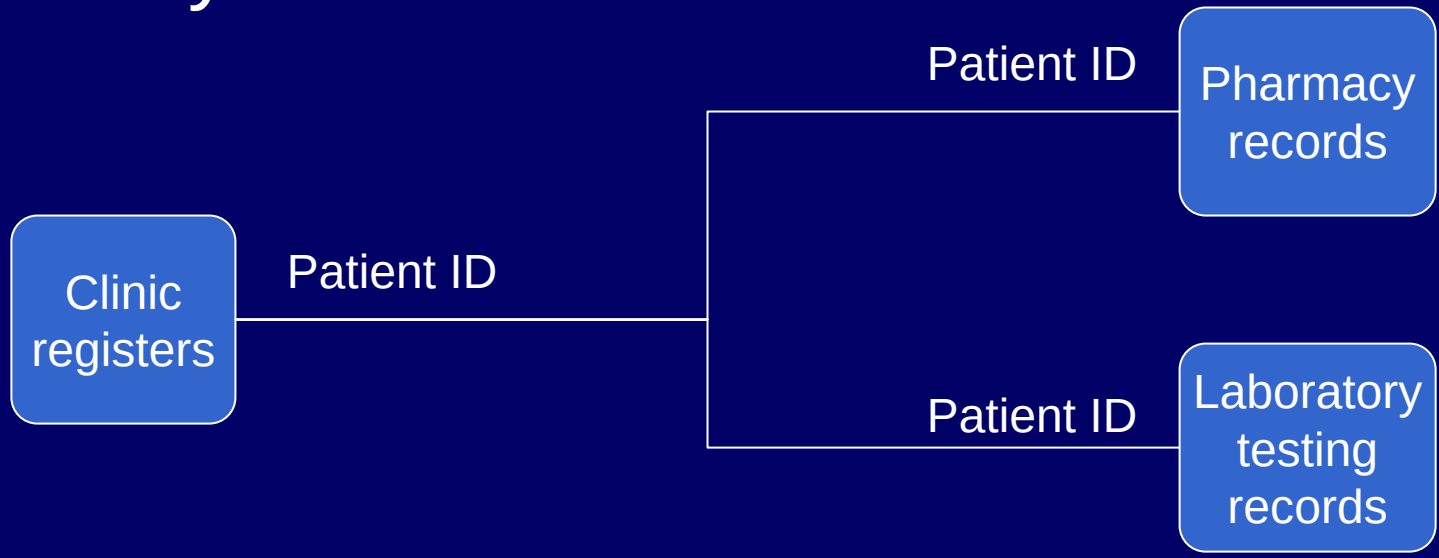
6.1 Number of persons (on ART in the previous quarter) who did NOT receive ART regimens at any point during the quarter	Male	Female	Total
	a. na	b. na	k. 0
6.2 Reason			
1. Stopped ART	b. na	g. na	l. 0
2. Transferred out	c. na	h. na	m. 0
3. Death	d. na	i. na	n. 0
4. Lost to follow-up/Unknown	e. na	j. na	o. 0

Sources of information for MER activities

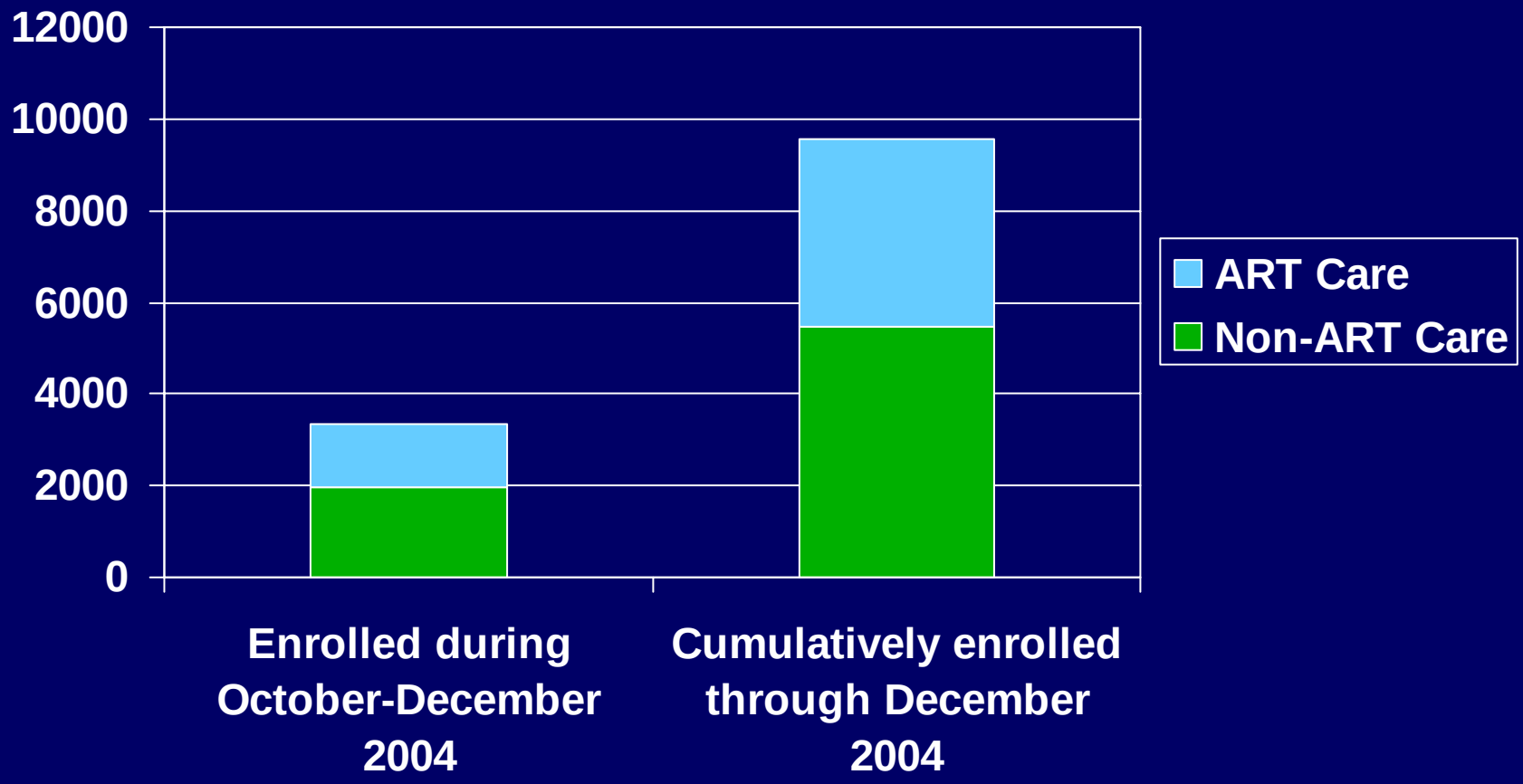
- Clinic registers
- Laboratory records
- Pharmacy records

Sources of information for MER activities

- Clinic registers
- Laboratory records
- Pharmacy records



Number of new and cumulatively enrolled patients by MCAP-support HIV care and treatment sites in 5 sub Saharan African Countries, as of December 2004



Beyond PEPFAR Clinical and programmatic outcomes

For ART care and non-ART care

- Source of referral/point of entry
- Cotrimoxazole prescription and adherence
- Body weight
- Immunologic status (CD4)
- Morbidity (i.e., OIs)
- Vital status and mortality (i.e., death rates/survival)
- Prevention counseling/risk behavior
- Disclosure of HIV status
- Patient retention
- Drop out rates and reasons
- Loss to follow-up
- Testing and enrollment partners and household members
- Employment
- Quality of life
- KAB of patients and site staff
- Cost of care
- Level of stigma

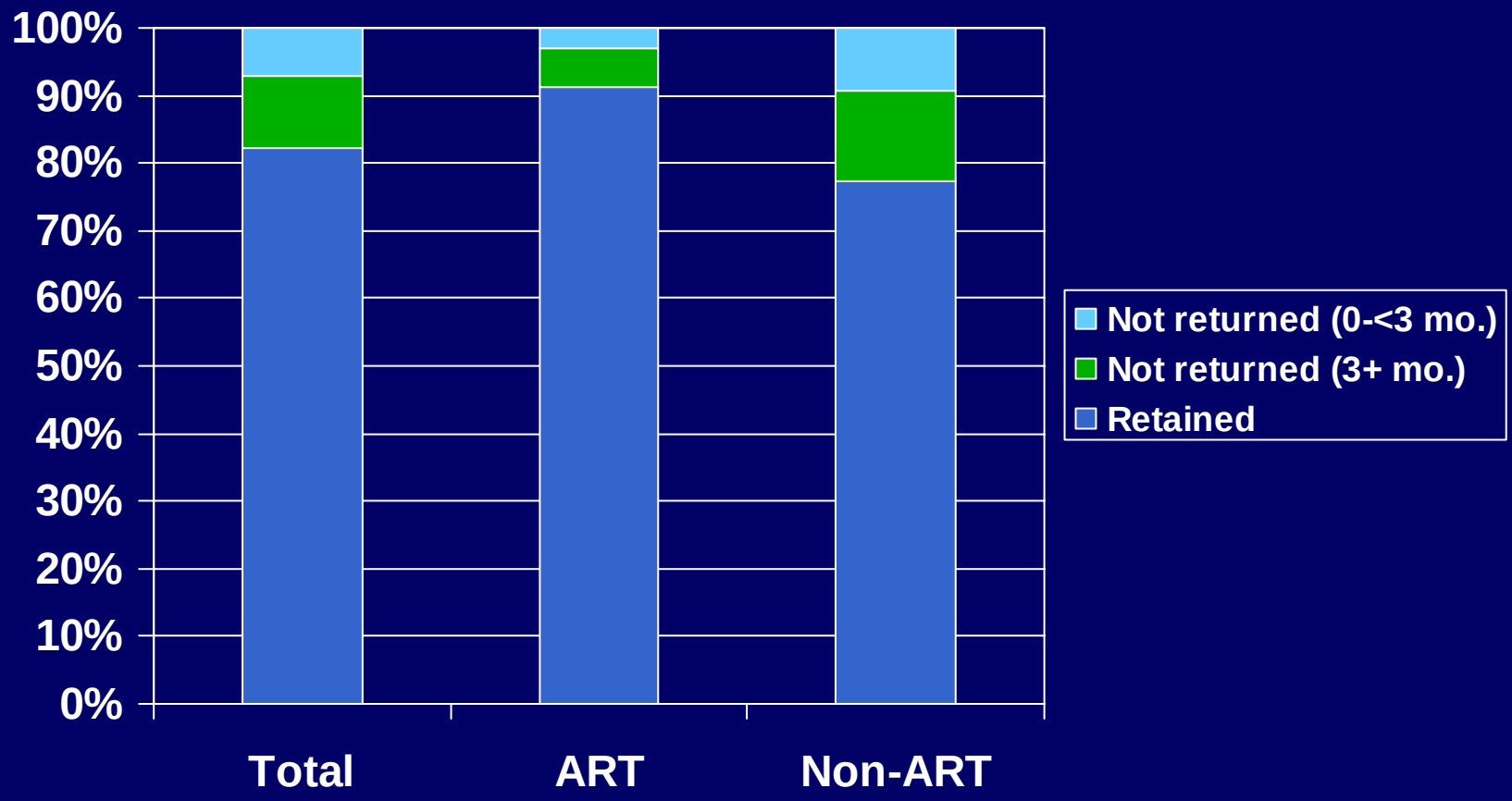
For ART care

- Adherence and adherence counseling
- Regimens dispensed
- Regimen switching and reasons
- Adverse events
- Viral resistance

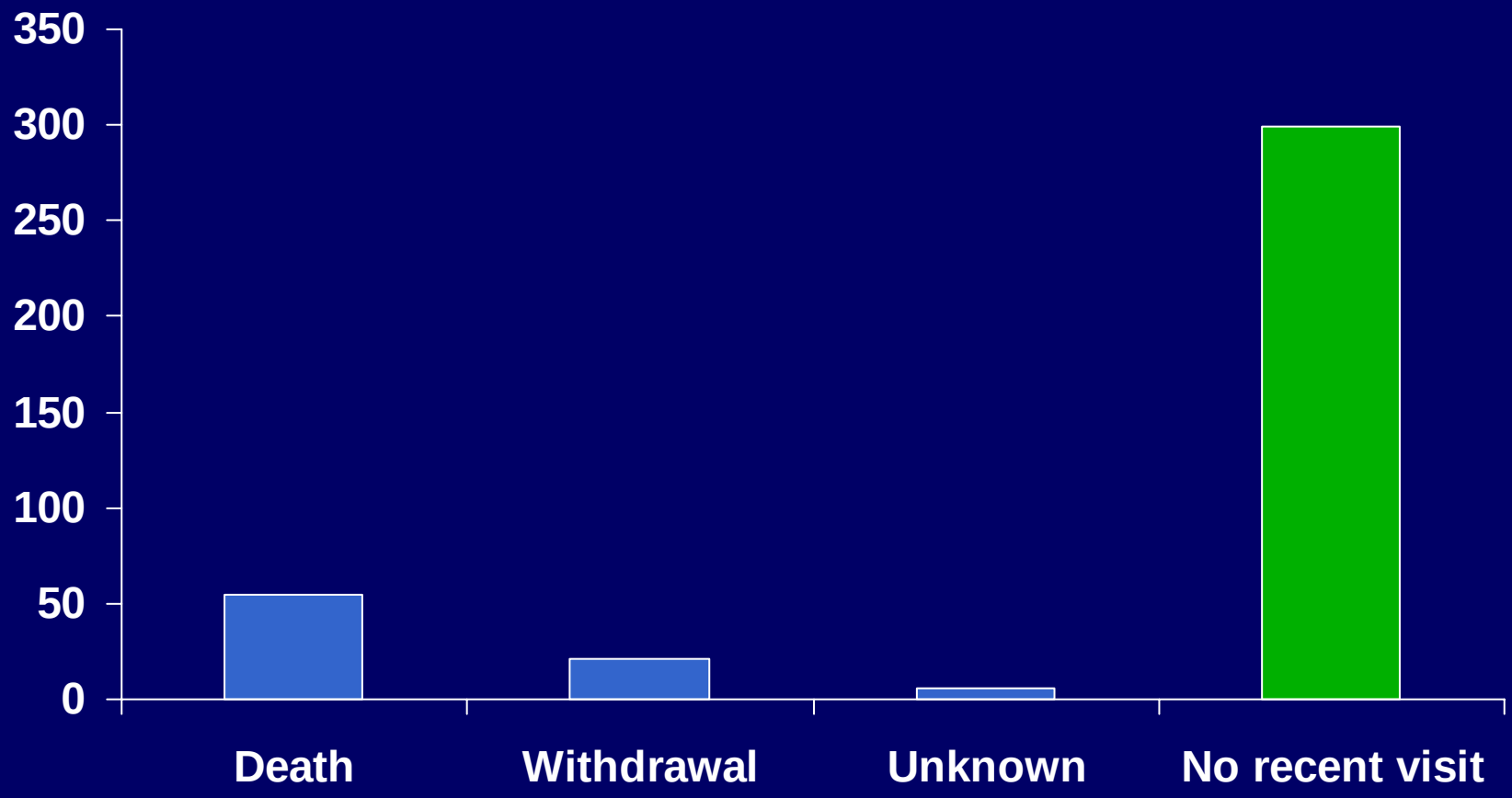
Site-level “M&E” technical assistance

- Develop or strengthen existing patient tracking systems
  - Developed in partnership with clinic staff
    - To be owned by sites
  - Capable of providing core, but comprehensive info for site/program monitoring and evaluation
  - Able to meet National and donor reporting requirements
- Ensure and maintain completeness and quality of data elements
- Enhance capacity to use of data at site and program level for monitoring and evaluation

Retention status of MTCT-Plus patients, November 2004



Program discontinuations and patients who have missed their last scheduled visit and have not returned to clinic, MTCT-Plus



MER Unit ongoing and next steps

- MER needs assessment
  - In country ICAP, MOH, CDC
- Prioritization
- Development of country MER work plan

Today’s panel

- Content
  - South Africa: Kanchan Reed, Lungi Sontyale
  - Tanzania: Gail Chanpong
- Format