

## Boosting Data Quality for HIV Recent Infection Surveillance Services

In the period from 13th to 24th November 2023, the Ministry of Health (MoH) conducted a Recency Data Quality Assessment and Improvement (DQAI) exercise. This initiative is part of ongoing efforts to ensure accurate and reliable data for planning and managing HIV programs.

The Monitoring and Evaluation Technical Support (METS) program, in collaboration with PEPFAR interagency implementing partners, plays a vital role in monitoring and supporting HIV interventions in Uganda. Recent program reports revealed discrepancies between reported program data and survey findings, highlighting the need for a comprehensive DQAI plan. The assessment was conducted in partnership with CDC, USAID, DoD, MOH, UCSF, and SITES.

The specific objectives were to verify Recency Program data from health facilities, validate reported data against national records, assess data management processes, and address data quality challenges.

In the period from 13th to 24th November 2023, the Key indicators included the number of newly identified Ministry of Health (MoH) conducted a Recency Data HIV-positive clients and the proportion of clients tested Quality Assessment and Improvement (DQAI) exercise. for Recency.

> The DQAI process comprised two major activities: 1. M&E Systems Assessment: Evaluating the Monitoring and Evaluation structure, functions, and capabilities, understanding indicators, reviewing data-collection tools, and assessing data management processes.

> 2. Data Verification: Reviewing documentation to ascertain data sources and manually validating outputs for accuracy in representing on-site counts.

This collaborative effort was aimed at enhancing the impact of Recency services by ensuring the quality of reported data for the period January to June 2023. By addressing data quality gaps, the initiative strives to improve the effectiveness of HIV interventions and client monitoring systems.

## Enhancing Cervical Cancer Care for Women Living with HIV

It was found that the health facility teams had a fair understanding of the data indicators, and had tools to aid data collection, however, efforts to put the collected data to use is still lagging at 70% as well as management processes for the data at 78% as shown below:



# COMPARISON OF PERCENTAGE SCORES IN M&E SYSTEMS FINDINGS BETWEEN OCT 2022 & NOV 2023 DQAS



# COMPARISON OF PERCENTAGE VARIATION IN DIFFERENT INDICATORS BETWEEN OCT 2022 & NOV 2023



Following data verification by joint count, it was observed that there was general underreporting (negatives) of HIV Recency data across the different data collection tools in the November 2023 DQA, as compared to the August 2022 DQA where most of the data collection tools had over reporting. On a good note, there was an improvement in reporting in EMRs from -67 to -37.

#### PERCENTAGE (%) OF HEALTH FACILITIES WITH DIFFERENT DATA ACCURACY LEVELS



Most of the health facilities had inadequate accuracy levels for HIV Recency data across the different data collection tools at the facility and in the reporting systems.

### NEXT STEPS

Moving forward, METS will support MOH implement routine support supervision to assist facilities in identifying and resolving data quality gaps; disseminating the Public Health Response Plan (PHRP) to enhance data utilization for decision-making; conducting targeted training and mentorship programs, with a specific focus on regions exhibiting poor data quality performance. Additionally, there is a commitment to supporting regional DQAI and Continuous Quality Improvement (CQI) projects across health facilities. Furthermore, it is important to scale up the utilization of Electronic Medical Records (EMR) for Recency data, aiming to streamline reporting processes and enhance data accuracy across the board.

# **Assessing GBV Services in Uganda**

Gender-based violence (GBV) poses serious public health challenges in Uganda, impacting lives significantly. Recognizing the critical role of GBV interventions in Uganda's HIV response, the Ministry of Health (MoH), in collaboration with the Monitoring & Evaluation Technical Support (METS) program and the Strategic Information Technical Support (SITES) project, recently conducted a Data and Service Quality Assessment (DSQA) to evaluate the quality of data and services for the national GBV program.

The DSQA was aimed at verifying reported GBV outputs from October 2022 to March 2023 through National and PEPFAR health information systems. Specific objectives included verifying health facility-reported data, assessing the Post Exposure Prophylaxis (PEP) cascade for GBV survivors, and comparing data in GBV and PEP facility registers. Covering ten regions, including Acholi, Ankole, Bugisu, and others, the DSQA reached 75 health facilities supported by 23 Implementing Mechanisms (IMs) (see map below).

#### MAP OF UGANDA SHOWING DISTRICTS WHERE THE D/SQA WAS CONDUCTED



### FINDINGS

While the M&E systems for GBV were well-established across all implementing mechanisms (IMs) and regions, regional referral hospitals and special clinics exhibited more robust systems compared to lower-level facilities (HCIVs and HCIIIs). Key gaps at lower-level facilities included insufficient supportive supervision and guideline availability.



AVERAGE M&E PERCENTAGE SCORE (%) BY HEALTH FACILITY LEVEL

Overall, the DSQA found that the M&E system for the GBV program was well established and functional.



#### AVERAGE PERCENTAGE SCORE (%) OF GBV INDICATORS ACROSS DIFFERENT DATA SOURCES

Despite the generally well-established M&E system, there were discrepancies in reported GBV data, particularly for the PEP completion indicator. Only 31% of GBV survivors received PEP within the recommended 72 hours, with a mere 18% completing the treatment regimen. Some Implementing Partners even reported zero completion rates, indicating a significant gap in the quality of delivered GBV

Efforts are needed to standardize functionality of the Monitoring and Evaluation systems across all health facility levels, address reporting discrepancies, and enhance the quality of GBV services, especially in lower-level facilities. The findings serve as a call to action for collaborative efforts to strengthen the response to GBV, ensuring effective and timely support to survivors.

#### METS AT THE PEPFAR SCIENCE SUMMIT: UNVEILING INNOVATION FOR HIV/TB PROGRAMS

The annual PEPFAR Science Summit is a United States - Uganda Mission-led platform that brings together U.S. government researchers, Uganda's Ministry of Health, and the U.S. Government's implementing partners (IPs) in Uganda to share new scientific research to inform the implementation of HIV and programs and related policies. The sixth annual summit took place from 22nd - 23rd January at Mestil Hotel and Residences, Kampala.

Themed "Following the Science to Epidemic Control" the summit aimed at disseminating key findings from recent HIV, TB, and related scientific research as well as discussing the implications for national programs, including for the PEPFAR Country Operating Plan. Over the two-day summit, presentations broadly focused on care and treatment, case-finding, and prevention programs. The summit was attended by delegates from the Ministry of Health, the Uganda AIDS Commission, implementing mechanisms, and the U.S. government with the U.S. Ambassador to Uganda, William W. Popp as the chief



Amb. William Popp (seated center) with representatives from US mission and Government of Uganda (MOH, Uganda AIDS Commission)

In his opening remarks, Ambassador Popp highlighted the fast-changing resource landscape and advocated for increased country ownership of HIV programs through increased domestic funding and sustained political engagement. He also urged stakeholders to pay attention to the data that shows the harmful impact that policies have on epidemic control and was pleased to note that the summit would feature data from a recent assessment of the legal environment.

Representing the Ministry of Health, Dr. Cordelia Katureebe, the HIV care, and treatment coordinator recommended a synthesis of the evidence presented at the summit. She emphasized that this would prompt a deeper analysis of the HIV and TB programs to explore misalignments. Dr. Cordelia also raised concerns about sustainability and data use at all levels of the health system, especially by frontline health workers.

"How do we engage our district teams and facility staff to use this data and follow the science for sustainability? At the program level, we want to see more frontline health workers presenting this information". -Dr. Cordelia Katureebe, MOH



METS had the privilege of making three presentations to share the implementation experience of HIV case-based surveillance and highlight gains from the 2022/2023 TB/HIV Quality Improvement collaborative. The team also presented preliminary findings on using machine learning techniques to identify clients at high risk of disengagement from care and those unlikely to achieve viral suppression. The presentations were as follows:

1. Implementation experiences of HIV Case-Based Surveillance - Dr. Edgar Kansiime

2. Using Machine Learning to Predict ART Interruptions & Viral Load Suppression -Alex Mirugwe

*3.* Improving TB/HIV Clinical Care Outcomes through a National TB Quality Improvement Collaborative in Uganda -Dr. Flavia Nakanwagi.

# Gallery



The software developers during a brainstorm session for the requirements for the TB point of care module in UgandaEMR. This module is going to be rolled out in selected sites across the country

Dr. Simon Walusimbi and Mabel Nakawooya (L) receive equipment to be used to by the pilot sites implementing TB point of care





Drs. Edgar Kansiime (L) and Flavia Nakanwagi (R) making their respective presentations during the PEPFAR Science Summit at Mestil Hotel, Kampala Dr. Alice Namale (Director METS) making her remarks during the Viral Load Health Information Exchange workshop at Hotel Africana, she encouraged the participants to put the innovations into practical use especially at the health facilities as we transition to paperless as well as reducing turnaround time of results to under two days.





Group photo of the participants that attended the Outpatient Department in OpenMRS Workshop held in Mombasa. The workshop was used to share experiences for the OPD module in UgandaEMR and benchmark these lessons for a minimum viable product for OpenMRS.

Naseef Mayanja demonstrates the current UgandaEMR viral load (VL) health information exchange during the exchange workshop held at Hotel Africana on 30 January. This exchange reduces turn around time for accessing the VL results as it allows automation of VL requests and issues test results from the facility EMR to the central database (VL LIMS) managed by CPHL





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