MINISTRY OF HEALTH

PAEDIATRIC HIV CHANGE PACKAGE

REVISED PAEDIATRIC HIV CHANGE PACKAGE TO ATTAIN THE 95-95-95 GOALS FOR CHILDREN AND ADOLESCNETS

April, 2020

Contents

Acronyms

ART	Anti-retroviral Therapy
ARVs	Anti – retroviral Drug
CDC	Centres for Diseases Control and Prevention
CHAI	Clinton Health Access Initiative
CLHIV	Children Living with HIV
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
DBS	Dried Blood Spot
DNA-PCR	Deoxyribonucleic acid Polymerase chain reaction
DSD	Differentiated Service Delivery
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother-to-Child Transmission
HCW	Health Care Worker
HEI	HIV Exposed Infants
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTS	HIV Testing Services
IP	Implementing Partner
LIMS	Laboratory Information Management System
LPV/r	Lopinavir and ritonavir oral pellets
LTFU	Lost to Follow-Up
M&E	Monitoring and Evaluation
MIP	Mother Infant Pair
MoH	Ministry of Health
NSP	National Strategic Plan
OPD	Outpatient Department
PEPFAR	President's Emergency Plan for AIDS Relief
PITC	Provider Initiated Testing and Counselling
POC	Point of Care
PMTCT	Prevention of Mother to Child Transmission
SOP	Standard Operating Procedure
SQA	Service Quality Assessment

TAT	Turnaround time
TB	Tuberculosis
TOT	Training of Trainers
TWG	Technical Working Group
VL	Viral Load

Foreword

Zambia has made tremendous strides in tackling the HIV disease burden for paediatrics and adolescents. However, HIV remains a significant public health challenge. According to MoH approved national figures at the end of 2019, Zambia has an estimated 60,421 CLHIV under the age of 15, of whom 84% know their status, 98% of those diagnosed are on ART (83% are on ART among all CLHIV), and 72% of those on ART are virally suppressed (MoH 2019).

Paediatrics and adolescents are vulnerable populations that should not be left behind in the fight against ending the HIV epidemic. Paediatrics acquire HIV infections through various means; for example, vertical transmission is common through mother to child transmission at birth or during the breastfeeding period. While for adolescents, the lack of specific interventions tailored to their needs affects the uptake of HIV services provided at health service delivery points. For example, about 2 in 5 young women (43%) and young men (41%) aged 15 -24 have comprehensive knowledge of HIV (ZDHS, 2018). As a result, children and adolescents require more strategic, scalable and high impact interventions along the HIV implementation cascade to meet the 95-95-95 targets and end the HIV epidemic.

To address these challenges, The Zambian government, through the Ministry of Health, in collaboration with its partners revised the Pediatric HIV Change Package to align it to the current national guidelines for treatment and prevention of HIV. The Change Package is comprehensive in that it aims to improve HIV testing, linkage and retention in care, as well as viral load coverage and suppression. Additionally, the Change Package will address health education of pediatric and adolescent caregivers and strengthen male involvement to achieve the global HIV targets and close the tap of new infections.

The Change Package is a reference document useful to health workers and communities outlining the best practices that prevent HIV infections, ensure adequate treatment, care and support as well as enhance the quality of care available to children and adolescents. To have a healthy population, all communities across the nation must join hands and efforts to effectively manage the HIV epidemic and improve patient outcomes for all persons living with HIV.

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MINISTER OF HEALTH

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Executive Summary

The Pediatric and Adolescent HIV Change Package was created to accelerate progress toward 90-90-90 by expanding implementation of Provider Initiated Testing and Counselling (PITC) and address key challenges impeding identification and linkage to ART. At the end of 2019, paediatric ART coverage in Zambia was 83% and viral suppression was 72% among children under the age of 15 that had viral load test done (MoH, 2019). In April 2020, the Zambia Ministry of Health revised the Pediatric HIV Change Package in order to close the pediatric HIV treatment gap and ensure that the package of interventions comprehensively addressed needs of children and adolescents across the cascade of care in order to reach the 95-95-95 goals. The Change Package is comprised of scalable, high impact interventions to improve testing, linkage to care, retention in care, and viral load coverage and suppression for pediatric and adolescent HIV care and treatment. The main strategies along the treatment cascade are summarized below:

I. Pediatric and adolescent HIV Case Identification

- Institutionalize Early Infant Diagnosis (EID), Provider Initiated Testing and Counselling (PITC), and index testing
- Operationalize HIV screening tools
- Leverage national health campaigns such as child health week to offer pediatric HIV testing
- Strengthen tracking of postnatal mothers and infants to promote retention in PMTCT and repeat testing of breastfeeding mothers with HIV negative or unknown status.
- Optimize commodity stock management and sample transport management

II. Linkage to ART Services

- Institutionalize tracking and active follow-up of pregnant and breast-feeding women (PBFW) and HIV Exposed Infants (HEI), children, and adolescents
- Expedite pediatric DNA PCR results return through prioritization of pediatric samples and standardization of sample referral process and tracking

III. Adherence and Retention in ART

- Institutionalize appointment reminder system through phone calls or SMS
- Establish suite of differentiated service delivery models at facilities to continually meet dynamic needs and preferences of clients (e.g. weekend/after-hours clinics)
- Routinize provision and referral for supportive services (e.g. adherence counselling, peer mentors/ mother mentors, disclosure support)

IV. Viral Load Coverage and Suppression

- Enhance demand generation through national-level print- or media-based IEC materials and community sensitization
- Strengthen VL sample collection, coordination of sample transportation, and prioritization of pediatric VL results
- Establish dedicated time to care for children and adolescents with unsuppressed VL
- Capacitate health providers to conduct accurate VL results interpretation and clinical action to address unsuppressed VL
- Routinize electronic monitoring of VL, especially for elevated VL, and prescribed ART regimens and formulations by weight to increase provision of optimal ARVs and services

V. Health Education

- Provide targeted and appropriate pediatric and adolescent HIV health education to improve caregiver uptake of pediatric ART services and encourage male involvement.

VI. Monitoring and Evaluation

- To strengthen monitoring and evaluation of the Pediatric HIV Change Package implementation
- To provide operational guidance to health providers to improve the quality of data and data utilization to inform decision-making

Detailed activities to operationalize these **scalable, high-impact strategies** are described in the following pages.

Summary of scalable, high impact interventions to improve testing, linkage to care, retention in care, and viral load coverage and suppression for paediatric HIV

Thematic Area 1: Paediatric HIV Case Identification (Testing)
Goal: To improve paediatric HIV case identification to identify the remaining children and adolescents living with HIV.

Key Interventions/ Strategies:

- Optimize use of paediatric HIV screening tool to identify children and adolescents who are at risk of HIV infection and are in need of an HIV test
- Strengthen PITC for high risk entry points such as IPD, TB, and Nutrition
- Strengthen use of index testing to find paediatric HIV infected children and adolescents
- Implement know your child status campaigns to identify children and adolescents infected with HIV and leverage on national health campaigns (e.g. Child Health Week) to provide HIV screening and testing services
- Strengthen EID and repeat HIV testing for PBFW who initially test negative or with unknown status (Strengthen Cohort Monitoring for testing of mothers and children)
- Train HCWs in phlebotomy for EID/VL sample collection and DBS sample management
- Strengthen HIV testing commodity management through facility focal point person ensuring there is improved monitoring of stock status and communication to ensure HIV testing commodities are available

Thematic Area 2: Linkage to Care
Goal: To ensure all children tested positive are linked to ART services.

Key Interventions/ Strategies:

- Coordinate capacity building of other HCWs and CBVs through trainings and mentorships
- Locator form filled in with correct details
- Pairing each HIV positive child with the Community Based Volunteers (CBVs) for easy follow-up and leverage on existing community health structures such as the Neighbourhood Health Committees (NHCs)
- Use peer and/mentor mothers/Caregiver support groups/programs to support retention efforts
- Introduce a linkage registers in facilities which don't have and strengthen their use
- Improve the turn-around time for DNA PCR results by formation of EID and VL committees to improve coordination for sample referral processes, tracked results and feedback mechanism between the spoke and hub facilities, and VL Champion(s)/Focal Person(s)

- Paediatric focal person to coordinate the collection of samples between the facility and the collectors
- Strengthen use of the linkage tracking of clients by CBV-Zoning of the facility catchment population by CBV for follow up

Thematic Area 3: Retention, Adherence, and VL Coverage and Suppression
Goal: Improve retention, adherence, and VL coverage and suppression for children enrolled in care.

Key Interventions/ Strategies:

Retention:

- Implement family centred approaches
- Give priority to and provide same day appointments for family members seen under different clinics
- Create peer and mother support groups/programs to enhance retention efforts
- Implement DSD models for children and adolescents including those with unsuppressed VL
- Appointment reminders through phone calls (e.g. a day before), and follow-up phone calls on appointment days (Same day follow up for missed appointments)
- To have functional appointment systems able to also accommodate those who missed appointment days and come on different days
- Pair newly initiated clients with counsellors or CBVs for easy follow up and ensuring they remain in care

Adherence:

- Strength adherence counselling with a focus on both suppressed and unsuppressed clients at every visit
    - Use of job aids/SOPs and IEC materials during adherence counselling
    - Skills capacity building through trainings and onsite orientations in adherence support, counselling, and treatment literacy for caregivers of paediatrics and young adolescents
    - Increased supervision and monitoring of counselling and adherence support services at facility and community levels
- Social support assessment: health care providers should assess social support needs or family support issues for recipients of care, and take appropriate action including linkage to social support services or interventions
- Use expert clients, peer and caregiver support groups to strengthen adherence
- Encourage peer-to-peer counselling for adolescents
- Develop and roll out the use of SOPs on disclosure for adolescents
- Encourage caregivers or recipients of care to come with containers of the drug the child is taking when coming for pharmacy refills

- Pair caregivers or recipients of care with high viral load and suspected adherence issues or other challenges with facility HCWs and CBVs for improved EAC and other support services
- Provide age appropriate disclosure

Viral load coverage & monitoring:

- Demand generation (caregiver and health care worker demand generation) through:
  - Community sensitization using CBV, drama groups, etc.
  - Heath talks, IEC, TV and Radio programs (including recorded programs)
  - Work with the Civil Society Organisations (CSOs) and PLHIV to create demand and increase VL coverage in the paediatric population
- Leverage on national health campaigns (e.g. Child Health Week) for VL campaigns and mop-up activities
- Improve coordination of VL sample transportation from requesting facility to hub and/or testing facility through the paediatric focal point persons
- Improve tracking, and communication of VL results back to the facility and to the recipient of care, and filing in patient folders through paediatric HIV focal point person to enhance utilization of results for monitoring patients on ART
- Prioritize paediatrics VL samples and results
- Improve health care provider VL results interpretation and clinical action to address unsuppressed VL
- Separate Paediatrics from Adult VL result when received
- Focal point person prioritizes high VL results
- Conduct onsite evidence based, structured, paediatric and adolescent specific mentorships

Viral load suppression:

- Discourage “buddy” collecting drugs on behalf of children and adolescents by giving short period refills to ensure the child is brought back to the clinic
- Promote outreach or community activities to support mothers/caregivers having challenges to bring their children when collecting drugs, e.g. have CBVs weigh children and have the weight documented and shared with the static service delivery points (ART health facilities)
- Ensure weight-based dosing for paediatric HIV regimens is being done and monitored routinely as per the 2020 Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection
- Use more efficacious regimens for ART services (Phase out Non-Nucleoside Reverse Transcriptase Inhibitors or Non-Nucs)
- Introduce High Viral Load Clinics (where not existing) to have dedicated time to children and adolescent with unsuppressed VL (DSD for high VL)

- Use VL unsuppressed registers (High VL Register) as a basis for identifying recipients of care who are eligible for high viral load clinics

Thematic Area 4: Health Education

Goal: Provide targeted and appropriate paediatric and adolescent HIV health education to improve caregiver uptake of paediatric ART services.

Key Interventions/ Strategies:

Health Education and HIV Testing services:

- Provide targeted IEC materials to facilities to encourage HIV testing for children and adolescents
- Encourage male involvement through targeted activities in communities through the Neighbourhood Health Committees (NHCs)

Health Education and Linkage to care:

- Importance of giving correct contact information
- Advantages of early initiation of children to care and treatment
- Care givers role in following up children's results
- It is important to educate caregivers on the importance of bringing in sexually abused children for PEP

Thematic Area 5: Monitoring and Evaluation

Goal: To measure the effectiveness of the Paediatric HIV Change Package of interventions in addressing the needs of children and adolescents across the cascade of care in order to reach the 95-95-95 targets

Key Interventions/ Strategies:

Use of Paediatric HIV data for decision making:

- PHOs and DHOs provide operational guidance (including a template with tracer indicators) to the facilities on how to effectively hold monthly in-house data review meetings
- Weekly facility level data review meetings in ART departments
- Monthly facility level in-house data reviews before HIA 1 and 2 reports are submitted to the DHO or entered in DHIS2
- Hold joint district data review meetings with all the partners and stakeholders operating in the paediatric HIV space
- Site level DHIS2 training and regular mentorship of PHO/ DHO/ facility personnel to improve the use of HMIS data

Improve the quality of Paediatric HIV data:

- On-site training/ re-training of Health Care Workers on data quality techniques and approaches such as use of monitoring tools (e.g. standardised tables and charts showing coverages for Paediatric HIV data).

- Improve the quality of data through joint data quality audits and review meetings
- Working with the DHOs, IPs support facility-level DHIS2 data entry

Roles and Responsibilities for National, Provincial, District, Facility Management and Facility Focal point person

1. National Level (TWG) - Roles and Responsibilities

The Paediatric HIV, PMTCT and Adolescent subcommittee of the National HIV Technical Working Group (TWG) under the leadership of MoH, will coordinate the implementation of the revised Pediatric and Adolescent HIV Change Package to ensure that there is consistence and uniformity in implementing interventions/activities in all facilities national wide. Among the key roles and responsibilities of the subcommittee TWG, include;

- Advocate for and support the roll out and integration of the Paediatric and Adolescent HIV Change Package in all IP supported health facilities
- National monitoring of Paediatric and Adolescent HIV Change Package implementation and review of performance data
    - IPs and MoH reporting progress on Paediatric and Adolescent HIV Change Package activities being implemented in each thematic area during monthly TWGs and quarterly review meetings
    - IPs and MoH reporting on Paediatric and Adolescent HIV Change Package logical framework indicators monthly/quarterly to national Pediatric HIV Coordinator
    - IPs and MoH share best practices and lessons learnt in implementing Paediatric and Adolescent HIV Change Package during the quarterly review meeting

2. Provincial Level- Roles and Responsibilities

The Provincial Health Office (PHO) has the responsibility to supervise and support the district health office in implementation of Paediatric and Adolescent HIV Change Package. Through the Provincial Paediatric-adolescent HIV focal person/coordinator, the PHO shall liaise with the district paediatric-adolescent HIV focal persons/coordinators, MoH national level (HQ), and IPs to improve overall pediatric and adolescent HIV management through the Paediatric and Adolescent HIV Change Package. Among other specific responsibilities, include:

- Ensure there is a designated focal point person at PHO to coordinate the implementation of the Paediatric and Adolescent HIV Change Package in the province
- Ensure that DHOs roll out the Paediatric and Adolescent HIV Change Package in all health facilities
- Support the DHO to manage/address barriers to implementing Paediatric and Adolescent HIV Change Package intervention activities

- Through targeted Technical Supportive Supervision and mentorship field visits, review facility implementation Paediatric and Adolescent HIV Change Package interventions, performance data, and provide technical support to implementation of activities
- Review monthly/quarterly reports on Paediatric and Adolescent HIV Change Package implementation from the DHOs
- Prepare implementation and performance reports for sharing during quarterly national review meetings

3. District Level –Roles and Responsibilities

The District Health Office (DHO) shall directly support and supervise facility management teams in the implementation of Paediatric and Adolescent HIV Change Package interventions in all facilities. Through the district paediatric-adolescent HIV focal point persons/coordinator, the DHO will liaise with facility management and paediatric-adolescent HIV focal point persons, PHO and IPs to improve overall pediatric and adolescent HIV management through the Paediatric and Adolescent HIV Change Package interventions by thematic area. Among the other specific responsibilities include:

- Ensure there is a designated focal point person at DHO to coordinate the implementation of the Paediatric and Adolescent HIV Change Package in the district
- Ensure health facilities roll out the Paediatric and Adolescent HIV Change Package interventions/activities as per MoH Paediatric and Adolescent HIV Change Package implementation guide
- Work with facility management teams to ensure that names of facility staff selected by facility management to take on additional tasks as facility pediatric/adolescent HIV focal point persons are submitted to DHO
- Support facilities to manage/address barriers to implementing the Paediatric and Adolescent HIV Change Package interventions/activities
- Through TSS/mentorship/field visits monitor and verify implementation of Paediatric and Adolescent HIV Change Package interventions and review performance
- Prepare implementation and performance reports on Paediatric and Adolescent HIV Change Package for reporting to PHO
- Ensure IPs implement Paediatric and Adolescent HIV Change Package activities as per MoH Paediatric and Adolescent HIV Change Package implementation guide
- Ensure collaboration and alignment of IP HIV activities with the MoH Paediatric and Adolescent HIV Change Package
- Ensure IP supported HIV coordinators/project staff collaborate with MoH pediatric/adolescent HIV focal point persons
- Support pediatric/adolescent HIV focal point persons to fast-track linkage to care of HIV positive children and adolescents
- Support pediatric/adolescent HIV focal point persons in management of HIV commodities

- Ensure all pediatric/adolescent HIV data reported to the DHO is reviewed by facility management teams monthly prior to reporting to the next level using the existing tools (HMIS)
- Review monthly/quarterly reports on Paediatric and Adolescent HIV Change Package implementation from the facility teams
- Prepare implementation and performance reports for sharing during quarterly District and Provincial review meetings (District Integrated Program Review Meetings and Provincial Integrated Program Review Meetings)
- Map out all the available OVC partners in the catchment area and conduct active referral both to and from OVC partners
- Build capacity for school teachers to support children and adolescent on ART

4. Facility Management Roles and Responsibilities

- Liaise with facility staff, District staff, Province and IPs to improve overall pediatric and adolescent HIV management.
- Identify the facility Paediatric-adolescent HIV focal Point Person in line with the selection criteria below
- Ensure staff transfers between departments factor in orientation for important skills like DBS collection, overall HIV management for children and adolescents
- Ensure availability of health facility staff as needed:
    - prioritize screening and documenting the status of children at every entry point within the facility and also during outreach services
    - escort clients to testing points if one is not located in the entry point (where necessary)
- Ensuring proper data collection and documentation for pediatric HIV including cohort monitoring and DBS at birth
- Work with Paediatric-adolescent HIV focal point person by providing operational support and guidance to ensure the successful implementation of the HIV change package for children and adolescents
- Provide ongoing support to Paediatric-adolescent HIV focal point person in reviewing facility progress towards achieving HIV targets for children and adolescents

Selection Criteria

The focal point person should be selected using the following selection criteria:

- Should be elected by ART and MCH staff and vetted by facility management
- This name should be submitted to the District Health Office who will have a list of all District facility Paediatric and Adolescent HIV focal point persons
- This must be an existing Health Care Provider under the Ministry of Health
- This person has active involvement in HIV management for children and adolescents including data management and reporting

- This person is in good standing with majority of his/her peers and possesses excellent child and adolescent communication skills
- Demonstrated commitment to duty

5. Paediatric-Adolescent HIV Focal Person – Roles and Responsibilities

The Paediatric-Adolescent HIV Focal Point person shall work in close collaboration with the designated Facility **Adolescent Health Focal person/coordinator** or the team coordinating overall adolescent health activities to supplement each other's efforts in improving adolescent HIV/AIDs services at the health facility.

Overall Responsibilities

- Provide overall coordination and monitoring of HIV testing, linkage to care and treatment including retention and viral load monitoring for children and adolescents.
- Lead day-to-day implementation of the HIV Change Package for children and adolescents.
- Liaise with Facility management, District staff, Province and IPs to improve overall HIV management for children and adolescents.
- Work with Focal point person offering operational support and guidance to ensure the successful implementation of the HIV change package for children and adolescents
- Provide ongoing support to focal person reviewing facility progress towards achieving paediatric targets

Detailed Roles and Responsibilities

1. Coordinating and monitoring paediatric and adolescent HIV testing through:

- Working with facility management, District, Province, IPs on continually improving knowledge and skills of HCWs in conducting PITC in and the use of a risk-screening tool.

2. Ensure repeat HIV testing in mothers of children under 2 years (or longer if still breastfeeding due to continued risk)

- Reiterate key messages for HTS during clinic meetings and staff reviews. Messages should emphasize that: All parents/caregivers in ART should know their children's HIV status
- Confirm that HTS/Screening flow charts are displayed in each entry point and encourage HCWs to reference them
- Orient and mentor other HCW on index testing strategies
- Identify HCWs in need of training on Pediatric ART and Adolescent HIV
- Work with facility staff, management, District/Province and IPs to coordinate trainings and on-site mentorship

3. Supporting implementation of the HIV Change Package for children and adolescents

- Working with facility management, District/Province and implementing partners to coordinate trainings and mentorships for the change package

4. Increasing access to HIV Services for children and adolescents

- Assign persons (e.g. lay counsellors or expert clients) to conduct structured Health Education on HIV testing, linkage, adherence and viral load monitoring for children and adolescents with caregivers
- Work with Facility Management, District/Province and IPs to ensure availability and use of appropriate IEC materials for HIV services at the facility
- Working with community structures to improve pediatric and adolescent HIV services through:
    - Increased demand for services such as testing, linkage and viral load
    - Improved adherence and retention
- Work with Facility management and staff to incorporate screening and testing into patient flow for maximized efficiency at every service delivery point. Determine how all children and adolescents who need a test will be identified and routed to the testing point

5. Coordinating and monitoring access to and retention on ART through:

- **Improving linkage to care**
    - Assign persons to provide physical escort to ART initiation if not available in each entry point
    - Ensure HCWs record ART confirmation numbers for each child and adolescent identified positive and flag those not initiated so that they can be followed up

- **Improving retention on ART**
    - Review facility registers every day (DAILY) for children and adolescents identified positive and not yet initiated
    - Ensure that children in need of follow-up (missed appointments, unlinked to care etc.) are followed up by Health Care Workers/ Community Health Workers/Community Based Volunteers and their outcomes are clearly documented in appropriate registers
    - Identify and provide the names of children and adolescents who have missed ART appointments to lay cadres and CHWs for follow-ups and document their outcomes in the linkage registers/tools
    - Create a list of children and adolescents with missed appointments by isolating from the list of clients with missed appointed

- **Improving resources for Paediatric and adolescent ART Treatment**
    - Work with persons responsible for completing requisitions for paediatric ART drugs ensuring that all documentation is appropriately updated
    - Work with persons responsible to monitor stock consumption
    - Support reporting/notifying facility management, Districts, Province and IPs of low or no stock of required drugs, supplies and commodities

- **Improving HIV Management for children and adolescents**
    - Coordinate with facility management in identifying Paediatric HIV training gaps for facility staff (Counsellors and ART providers) and work with management to mitigate the gaps
    - Work with the facility management, District/Province and IPs as the point of contact for all Pediatric ART matters including but not restricted to trainings, on-site mentorship and data related matters
    - Work with facility management to ensure that all providers comply with weight based dosing: Ensuring clients bring medication to each review
    - Work with facility management to ensure that all providers comply with nutrition assessment guidelines for optimized nutrition in all children and adolescents
    - Ensure that all children are monitored with Viral Loads which aid in clinical decision making
    - Support roll out of E-learning tools to train HCWs
    - Support roll out of the Delphi Paeds Decision Making tool to enhance case management

- **Data review and reporting**
    - Work with facility management to review facility data before it is reconciled into HMIS. Ensuring facility awareness of testing targets and overall facility buy-in of child and adolescent related HIV data.
    - Ensure that HIV status/screening status is documented for each child and adolescent at admission
    - Ensure that all children above 2 years (and have stopped breastfeeding) are screened accordingly
    - Ensure that those children that need testing (TB, under 2 years, still breastfeeding etc.) are tested according to national guidelines
    - Discuss challenges revealed by the data reviews or raised by HCWs and Clients and work with facility management/District/Province/IPs to address these challenges
    - Work with facility management to review child and adolescent HIV progress and challenges at monthly facility data review meetings ensuring management's full participation and data use for decision-making

- Attend to data requests/inquisitions to the District/Province/IPS through facility management

- **Supply Chain Management**
  - Work with facility Lab, pharmacy and management to monitor ART supplies including Test Kits, DBS, ARVs, OI drugs, Lab Reagents where applicable etc.

Pediatric and Adolescent HIV Change Package Logical Framework

IMPACT

Goal: To close the Pediatric and adolescent HIV treatment gaps and ensure that the package of interventions comprehensively address needs of children and adolescents across the cascade of care in order to reach the 95-95-95 goals

OUTCOME

Outcome 1: Improved HIV case identifications among children and adolescents

Outcome 2: Improved linkage to care rates for all children and adolescents tested HIV positive

Outcome 3: Improved retention and VL suppression for children and adolescents

OUTPUT

Output 1: Optimized use of the available tools and methods to identify HIV positive children and adolescents

Output 2: Methods for improving Paediatric and adolescent initiation on ART institutionalized

Output 3: Approaches aimed at improving retention, adherence, and VL coverage and suppression for children and adolescents institutionalized

Output 4: QIQA approaches to ensure provision and documentation of quality Paediatric and Adolescent services institutionalized

Selected Key Strategic Interventions

- Institutionalize EID, PITC and index testing; Operationalize HIV screening tools
- Strengthen tracking of postnatal mothers and infants to promote retention in PMTCT and repeat testing of breastfeeding mothers with HIV negative or unknown status; Optimize commodity stock management and sample transport mgt.;
- Institutionalize tracking/ active follow-up of PBFW & HEI children and adolescents; Prioritize Paediatric DNA PCR results return through prioritization of pediatric samples/ standardize sample referral system; Establish DSD models;
- VL sample collection, coordination of sample transportation, and prioritization of pediatric VL results; Establish Dedicated time to care for children and adolescents with unsuppressed VL; Targeted Paediatric and Adolescent HIV Health Education
- Use of Paediatric HIV data for decision making
- Improve the quality of Paediatric HIV data

Pediatric and Adolescent HIV Change Package Logical Framework

Goal/ Impact *(Measured from the national surveys such as ZAMPIA and ZDHS)***: To close the Pediatric and adolescent HIV treatment gaps and ensure that the package of interventions comprehensively address needs of children and adolescents across the cascade of care in order to reach the 95-95-95 goals**

Objectives	Indicators	Numerator	Denominator	Means of verification	Data collection frequency	Assumptions and Risks
Outcome 1: To improve HIV case identifications among children and adolescents	Proportion of children and Adolescents tested HIV positive (identifications)	Number of Pediatrics and Adolescents testing positive for HIV **(HIV tests positive**)	Number of Pediatrics and Adolescents who tested for HIV **(HIV tests performed)**	HMIS	Monthly	SmartCare and all the relevant registers at facility level will be up to date Steady availability of required supplies and commodities Favourable political and economic environment to support implementation of the change package
	EID positivity rate at 8 weeks of birth	Infected < 8 weeks	Number of Initial DNA-PCR Tests _< 8 weeks	HMIS	Monthly	
	EID positivity rate at between 2 – 11 months of birth	Infected 2-11 months	Number of Initial DNA-PCR Test 2-11 months	HMIS	Monthly	
	EID positivity rate at 12 months of birth and thereafter	Infected 12 months & thereafter	Number of Initial Rapid Test_12 months & thereafter	HMIS	Monthly	
	Proportion of HIV positive Paediatrics and Adolescents (0-19)	Number of HIV positive Paediatrics and	Number of Paediatrics and Adolescents	HMIS	Monthly	SmartCare and all the relevant registers

Objectives	Indicators	Numerator	Denominator	Means of verification	Data collection frequency	Assumptions and Risks
	initiated on HIV care and treatment	Adolescents started on ART	testing positive for HIV **(HIV tests positive)**			at facility level will be up to date
Outcome 2: To improve linkage to care for all children and adolescents tested HIV positive	Proportion of Paediatrics and Adolescents active on ART (Tx Curr for Pediatrics and Adolescents)	Number of Paediatrics and Adolescents currently receiving ART (Currently on ART)	Number of Paediatrics and Adolescents living with HIV (People living with HIV (Spectrum))	HMIS/ Spectrum	Monthly	Steady availability of required supplies and commodities
	Proportion of HEI started on ARV Prophylaxis within 6 weeks of birth	Number of infants less than 6 weeks started on AZT/3TC/NVP prophylaxis (Started on AZT/3TC/NVP prophylaxis_<6 weeks)	Number of HIV Live Exposed births	HMIS	Monthly	Favourable political and economic environment to support implementation of the change package
Outcome 3: To improve retention and VL suppression for children and adolescents	Proportion of Paediatrics and adolescents retained into care 12 months after initiation	Number of Pediatrics and Adolescents Retained on ART last 12 months	Started ART 12 months ago	HMIS	Monthly	
	HIV viral load testing coverage (%)	Pediatrics and adolescents living with HIV tested for viral load	Pediatrics and adolescent on ART currently on ART	Spectrum Data/ HMIS	Quarterly	
	Proportion of Pediatrics and adolescent currently ART with suppressed viral load	Viral load Suppressed (undetectable)	Viral load suppression (Tested)	HMIS	Monthly	
	Proportion of facilities using the Paediatric and Adolescent HIV screening tool	Number of facilities using the Paediatric and Adolescent HIV Screening tool	Total number of facilities providing HTS services / Total	TSS/ Field Visit Reports	Quarterly	SmartCare and all the relevant registers at facility level will be up to date

Objectives	Indicators	Numerator	Denominator	Means of verification	Data collection frequency	Assumptions and Risks
			number of facilities			
Output 1: To optimise the use of the available tools and methods to identify HIV positive children and adolescents	Proportion of facilities implementing PITC in **ALL** entry points	Number of facilities implementing PITC in ALL entry points	Total number of facilities providing HTS services	TSS/ Field Visit Reports	Quarterly	Steady availability of required supplies and commodities Favourable political and economic environment to support implementation of the change package
	Proportion of facilities implementing INDEX testing in **ALL** entry points	Number of facilities implementing INDEX testing in **ALL** entry points	Total number of facilities providing HTS	TSS/ Field Visit Reports/ HMIS	Quarterly	
	Proportion of facilities integrating Paediatric and adolescent HIV Testing and Counselling in National Health Campaigns (Child Health Week, VMMC, World AIDS Day, National TB day, National Health Week)	Number of facilities where Pediatric and Adolescent HIV Testing and Counselling is integrated in National Health Campaigns	Total number of facilities providing HTS	National Health Campaign Reports / HMIS	Quarterly	
	Proportion of districts with District Paediatric and Adolescent HIV focal point persons	Number of districts with a staff designated as District Focal point person for Paediatric and Adolescent HIV	Total number of districts	TSS/ Field Visit Reports	Quarterly	
	Proportion of facilities with Focal Point Persons for Paediatric and Adolescent HIV	Number of facilities with Focal Point Persons for Paediatric and Adolescent HIV	Total number of facilities providing HTS	TSS/ Field Visit Reports	Quarterly	
	Proportion of facilities with at least 1 staff from **ALL** the HIV testing entry points (OPD, IPD, FP, Nutrition, MCH,	Number of ART facilities with at least 1 staff from ALL the HIV testing entry points (OPD, IPD, FP,	Total number of facilities providing HTS	TSS/ Field Visit Reports	Quarterly	

Objectives	Indicators	Numerator	Denominator	Means of verification	Data collection frequency	Assumptions and Risks
	ART, TB) oriented in the Paediatric and Adolescent Change Package	Nutrition, MCH, ART, TB) oriented in the Pediatric and Adolescent Change Package				SmartCare and all the relevant registers at facility level will be up to date
	Proportion of facilities with at least one staff trained in Phlebotomy for EID and DBS sample collection	Number of facilities with at least one staff trained in Phlebotomy for EID and DBS sample collection	Total number of facilities providing HTS	Training/ Field Visit/ TSS Reports	Quarterly	Steady availability of required supplies and commodities
	Proportion of facilities providing ART	Number of facilities providing ART	Total number of facilities	Training/ Field Visit/ TSS Reports	Quarterly	
	Proportion of facilities with staff able to initiate children on ART	Number of facilities with staff who can initiate children on ART	Number of facilities offering Paediatric HIV services	Training/ Field Visit/ TSS Reports/HMIS	Quarterly	Favourable political and economic environment to support implementation of the change package
	Proportion of facilities implementing cohort monitoring in **ALL** entry points	Number of facilities implementing Cohort Monitoring in ALL entry points	Total number of facilities providing HTS	TSS/ Field Visit Reports	Quarterly	
Output 2: To institutionalise methods for improving Paediatric and adolescent initiation on ART	Proportion of HIV+ children and adolescents initiated on ART	Number of HIV+ children and adolescents initiated on ART	Total number of children and adolescents tested HIV positive	HTS Register/Linkage Register/SmartCare/ ART Register/	Quarterly	
	Proportion of facilities with linkage to care registers at all ART dispensing points	Number of facilities with linkage to care registers at all ART dispensing points	Total number of facilities providing ART including Pediatric	TSS/ Field Visit Reports	Quarterly	
	Proportion of facilities with trained staff in Paediatric HIV management	Number of facilities with staff trained in Paediatric HIV management	Total number of facilities providing ART including Pediatric	TSS/ Field Visit Reports	Quarterly	

Objectives	Indicators	Numerator	Denominator	Means of verification	Data collection frequency	Assumptions and Risks
	Proportion of facilities **DISPENSING** ARV regimens according to weight and age of the children and adolescents	Number of facilities dispensing ARV regimens according to weight and age of the children and adolescents	Total number of facilities providing ART including Pediatric	TSS/ Field Visit Reports	Quarterly	SmartCare and all the relevant registers at facility level will be up to date
Output 3: To institutionalise key approaches aimed at improving retention, adherence, and VL coverage and suppression for children and adolescents	Proportion of facilities implementing a minimum of two DSD models for Pediatrics and Adolescents (e.g. Viremia Clinic and Extended clinic hours)	Number of facilities implementing at least two DSD models for Pediatrics and Adolescents	Total number of facilities providing ART	TSS/ Field Visit Reports	Quarterly	Steady availability of required supplies and commodities
	Proportion of facilities with at least 2 staff trained in DSD	Number of facilities with at least 2 staff trained in DSD	Total number of facilities providing ART	TSS/ Field Visit Reports	Quarterly	Favourable political and economic environment to support implementation of the change package
	Proportion of Paediatrics and Adolescents late for appointments (Pharmacy/ Clinical) tracked	Number of Paediatrics and Adolescents late for either Pharmacy of Clinical visit tracked	Total of Paediatrics and Adolescents late for either Pharmacy and Clinical visit	SmartCare/ ART Register/ Community	Monthly	
	Proportion of facilities with active peer and mother support groups	Number of facilities with active Peer and Mother support groups	Total number of facilities providing ART	TSS/ Field Visit Reports	Quarterly	
	Proportion of facilities with functional EID and VL committees	Number of facilities with functional EID and VL committees	Total number of facilities providing ART	TSS/ Field Visit Reports	Quarterly	
	Proportion of quarterly mentorship activities conducted focusing on at	Number of quarterly mentorship activities conducted with a focus	Number of quarterly	Mentorship Reports/ Field Visit Reports	Quarterly	SmartCare and all the relevant registers at

Objectives	Indicators	Numerator	Denominator	Means of verification	Data collection frequency	Assumptions and Risks
	least **ONE** of the following; VL sample collection, test results interpretation, results utilization, and clinical action	on at least ONE of the following; VL Sample Collection, Test Results Interpretation, Results Utilization, and Clinical Action	mentorship visits to the facilities			facility level will be up to date Steady availability of required supplies and commodities Favourable political and economic environment to support implementation of the change package
Output 4: To institutionalise Quality Improvement and Assurance approaches to ensure provision and documentation of Paediatric and Adolescent related services	Proportion of facilities where SQAs were conducted with remedial measures in at least one of the following; Pediatric ART, Adolescent Health and eMTCT	Number of facilities where SQAs were done in one for the following; Pediatric ART, Adolescent Health and eMTCT	Total number of facilities providing ART	TSS/ Field Visit Reports	Quarterly	
	Proportion of ART facilities implementing Quality Improvement projects developed in response to **ANY** or **ALL** of the following; Pediatric ART, e-MTCT and Adolescent Health ART Service Quality Assessment (SQA) findings	Number of ART facilities implementing quality improvement projects in response to ANY or ALL of the following; Pediatric ART, e-MTCT or Adolescent SQAs	Number of ART facilities implementing quality improvement projects	TSS/ Field Visit Reports	Quarterly	
	Proportion of facilities holding monthly in-house data reviews before submission of the HIA1 and 2 reports to the DHO	Number of facilities with **DOCUMENTED** evidence of holding monthly in-house data review meetings	Total number of facilities providing ART	TSS/ Field Visit Reports	Quarterly	

References

1. Quality Improvement and Assurance Guidelines for Health Care Workers in Zambia (2nd Edition)
2. Management of Paediatric HIV Training Course Participant's Manual
3. Mentorship Guidelines for Health Care Workers in Zambia (3rd Edition)
4. Ministry of Health Spectrum Estimates (2019)
5. The 2020 Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection
6. Zambia Demographic and Health Survey (2018)
7. Zambia Health Management Information System