Accelerating Support to Advanced Local Partners (ASAP) 2021 Webinar

USAID HIV TESTING SERVICES (HTS)

May 20, 2021

USAID/OHA HTS Team
Blessing Falade, Chelsea Douglas, Jessica Rose & Liz Manfredini

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OHA HTS POINTS OF CONTACT (May 2020)

Countries	HTS POCs	Email
Angola	Chelsea Douglas	chdouglas@usaid.gov
Asia Regional	Vincent Wong	vwong@usaid.gov
Botswana	Liz Manfredini	emanfredini@usaid.gov
Burundi	Illana Lapidos-Salaiz (ISME)	ilapidossalaiz@usaid.gov
Cameroon	Illana Lapidos-Salaiz (ISME)	ilapidossalaiz@usaid.gov
Cote d'Ivoire	Illana Lapidos-Salaiz (ISME)	ilapidossalaiz@usaid.gov
DRC	Illana Lapidos-Salaiz (SCA)	ilapidossalaiz@usaid.gov
eSwatini	Margo Sloan	masloan@usaid.gov
Ethiopia	Liz Manfredini	emanfredini@usaid.gov
West Afr Region (except Ghana)	Liz Manfredini	emanfredini@usaid.gov
Ghana (W.Afr Reg)	Liz Manfredini	emanfredini@usaid.gov
Haiti	Ilana Lapidos-Salaiz	ilapidossalaiz@usaid.gov
Dominican Republic	Kristina Bishop	kbishop@usaid.gov
Kenya	Kristina Bishop (ISME)	kbishop@usaid.gov
Lesotho	Kristina Bishop (ISME)	kbishop@usaid.gov
Malawi	Margo Sloan	masloan@usaid.gov
Mozambique	Margo Sloan	masloan@usaid.gov
Namibia	Vincent Wong	vwong@usaid.gov
Nigeria	Kristina Bishop (ISME)	kbishop@usaid.gov
Rwanda	HTS is CDC Only; no USAID HTS	
South Africa	Liz Manfredini	emanfredini@usaid.gov
South Sudan	Kristina Bishop	kbishop@usaid.gov
Tanzania	Vincent (ISME)	vwong@usaid.gov
Uganda	Liz Manfredini	emanfredini@usaid.gov
Ukraine	Liz Manfredini (SCA)	emanfredini@usaid.gov
Vietnam	Vincent (ISME)	vwong@usaid.gov
Western Hem	Kristina Bishop (SCA)	kbishop@usaid.gov
Zambia	Margo Sloan	masloan@usaid.gov
Zimbabwe	Vincent (ISME)	vwong@usaid.gov

MEET THE OHA HTS TEAM!

You can reach the entire team at htsteam@usaid.gov

Session Agenda

- HTS FY21 Q1 Highlights
- HIV Self-Testing
- Safe and Ethical Index Testing
- Best Practices for Data Sharing
- Local Partner Highlights & Best Practices

HTS
FY21 Q1
HIGHLIGHTS

Meeting Testing Targets

Note that USAID Global testing targets fell 34% (496K) from FY20 to FY21

	HTS_TST	HTS_TST_POS	HTS_SELF
Angola	48%	21%	
Asia Region	114%	28%	33%
Botswana	21%	15%	21%
Burundi	36%	39%	13%
Cameroon	30%	46%	21%
Cote d'Ivoire	13%	13%	49%
DRC	19%	30%	47%
Dominican Republic	38%	27%	
Eswatini	49%	42%	4%
Ethiopia	13%	8%	21%
Haiti	56%	94%	123%
Kenya	23%	15%	7%
Lesotho	34%	22%	44%
Malawi	47%	23%	59%
Mozambique	19%	13%	
Namibia	18%	75%	
Nigeria	39%	76%	3%
Rwanda			
South Africa	25%	17%	17%
South Sudan	16%	11%	
Tanzania	25%	18%	9%
Uganda	66%	66%	15%
Ukraine	37%	10%	19%
Vietnam	33%	33%	63%
West Africa Region	29%	19%	22%
Western Hemisphere ..	13%	5%	
Zambia	35%	27%	25%
Zimbabwe	46%	38%	42%
Grand Total	31%	23%	21%

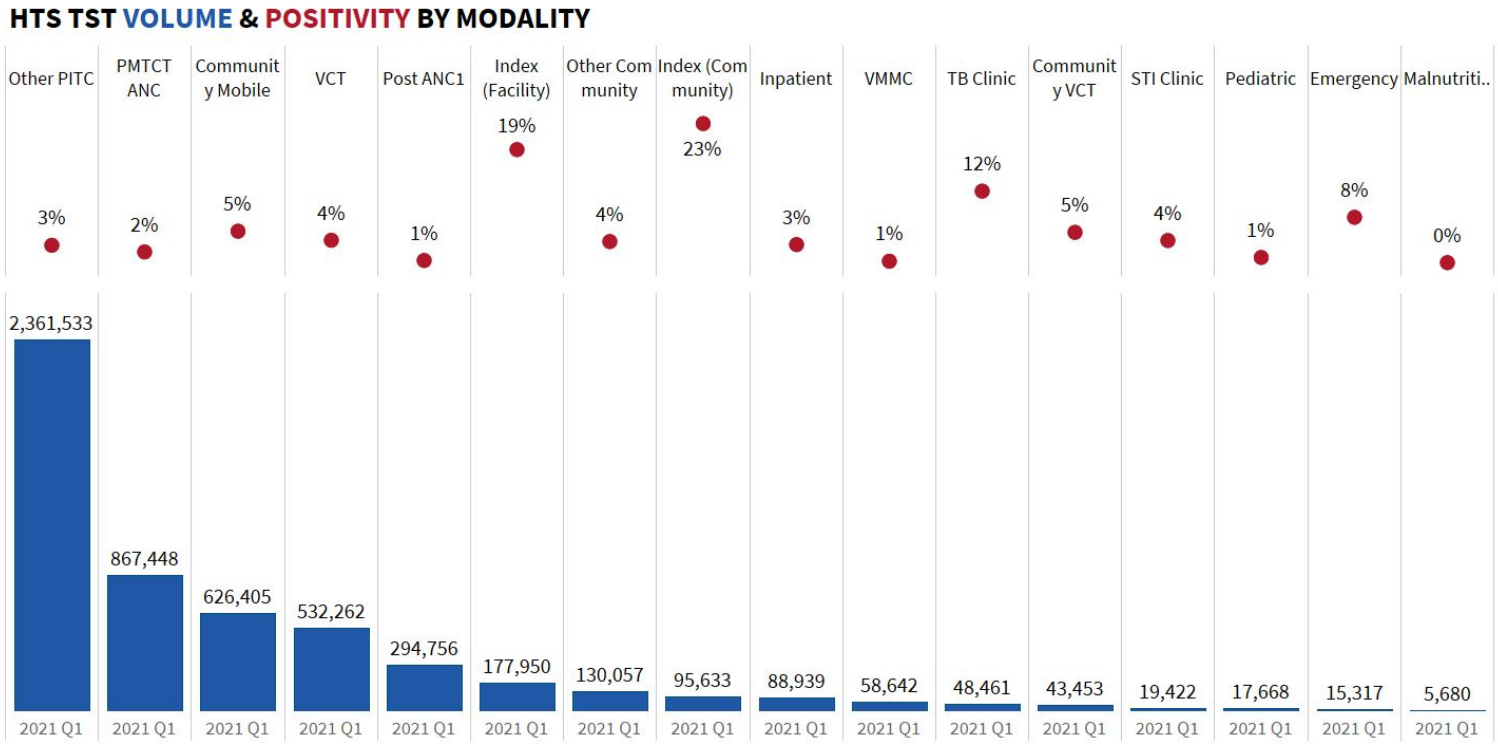
FY21 Percent Achievement USAID

<15%
15 - 35%
>35%

Globally, USAID at 31% for TST and 23% for TST_POS in FY21Q1. HTS_SELF achieved 21%.

- 24 OUs (TST) and 19 OUs (POS) a**re on or close to target**
- Overall **underperformance** (TST & TST_POS <15%) in 3 OUs (Côte d'Ivoire, Ethiopia, Western Hem)
- **Underdiagnosing** (TST_POS < TST%) in 5 OUs
- 12 OUs currently **overtesting**
- 15 OUs are **on or close to target for HTS_SELF**

Other PITC Continues to be Modality w/ Most Testing...

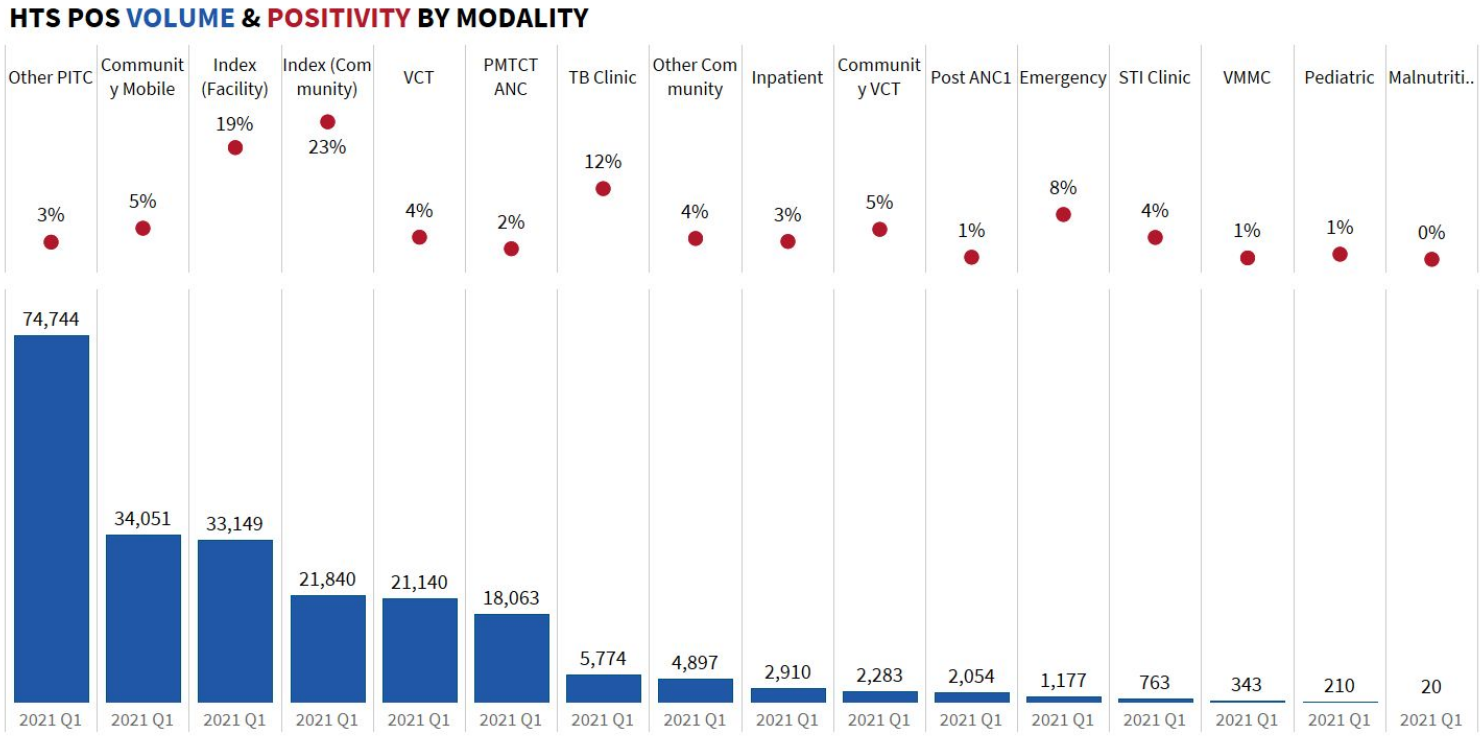


OU: All | **FY**: FY21 | **Agency:** USAID | **Indicator:** HTS TST | **Age:** All | **Sex:** All | **Partner/IM:** All | **SNU:** All | **PSNU:** All

FY21Q1MSD

Followed closely by PMTCT ANC, Community Mobile and VCT

…Other PITC Continues to be Driver of Case Finding



OU: All | **FY**: FY21 | **Agency:** USAID | **Indicator:** HTS POS | **Age:** All | **Sex:** All | **Partner/IM:** All | **SNU:** All | **PSNU:** All

FY21Q1MSD

Followed closely by Community Mobile, Index (Facility), Index (Community) and VCT

USAID at **14% for HTS via INDEX MODALITY**

INDEX TESTING CASCADE

Eligible to Offered (POS & Unsuppressed)	58%
Eligible to Offered (HTS POS Only)	139%
Offered to Accepted	82%
Accepted to Contacts	1.5
Contacts to Agreed to Testing	81%
Index Positivity	20%

- Null
- Offered
- Accepted
- Contacts
- Not Tested - positive at entry
- Tested - negative
- Tested - positive

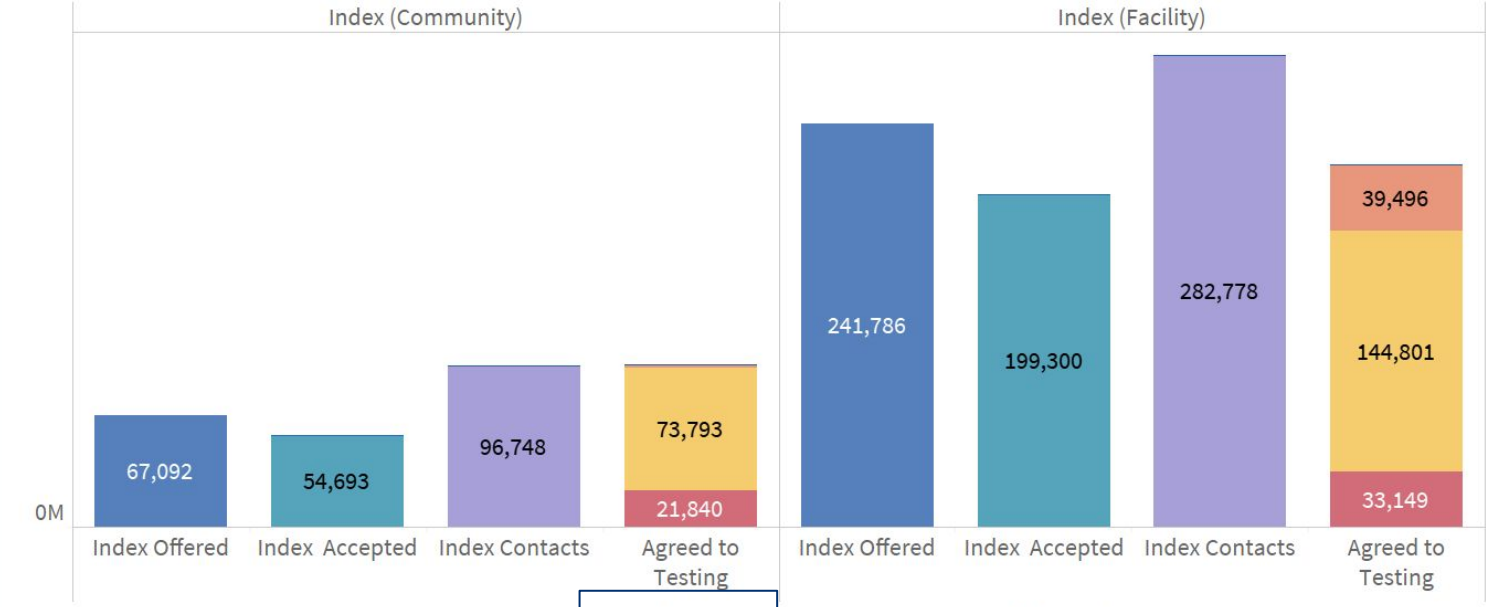
OU: All | **Quarter:** 2021 Q1 | **Agency:** USAID | **Age:** All | **Sex:** All | **SNU:** All

Index Testing Metrics Update: Please note that OGAC has removed the previous benchmarks that applied across the index testing cascade (i.e. the 1.5 contacts listed per index, 80% offered to accepted, and 80% contacts listed to tested) from the MER Guidance, the COP Guidance and the index testing tools found on the PEPFAR Sharepoint.

25% of HTS_POS coming from index testing.

Community Index Testing More Effective Against Metrics

INDEX TESTING CASCADE



	Index (Community)	Index (Facility)
Offered to Accepted	82%	82%
Accepted to Contacts	1.8	1.4
Contacts to Agreed to Testing	101%	73%
Index Positivity	22.8%	18.6%

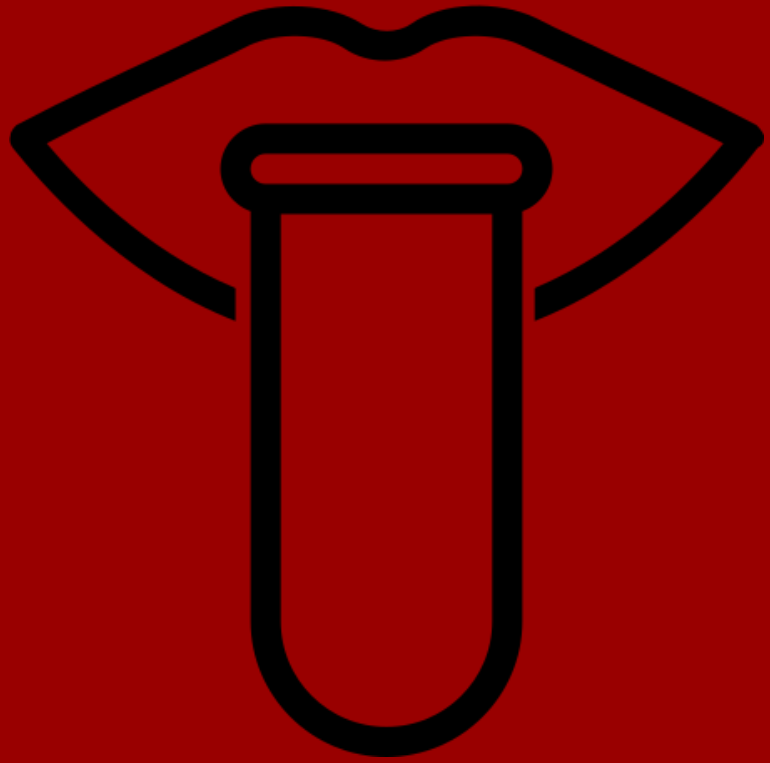
Offered
Accepted
Contacts
Not Tested - positive at entry
Tested - negative
Tested - positive

OU: All | **Quarter:** 2021 Q1 | **Agency:** USAID | **Prime Partner:** All | **Age:** All | **Sex:** All | **SNU:** All

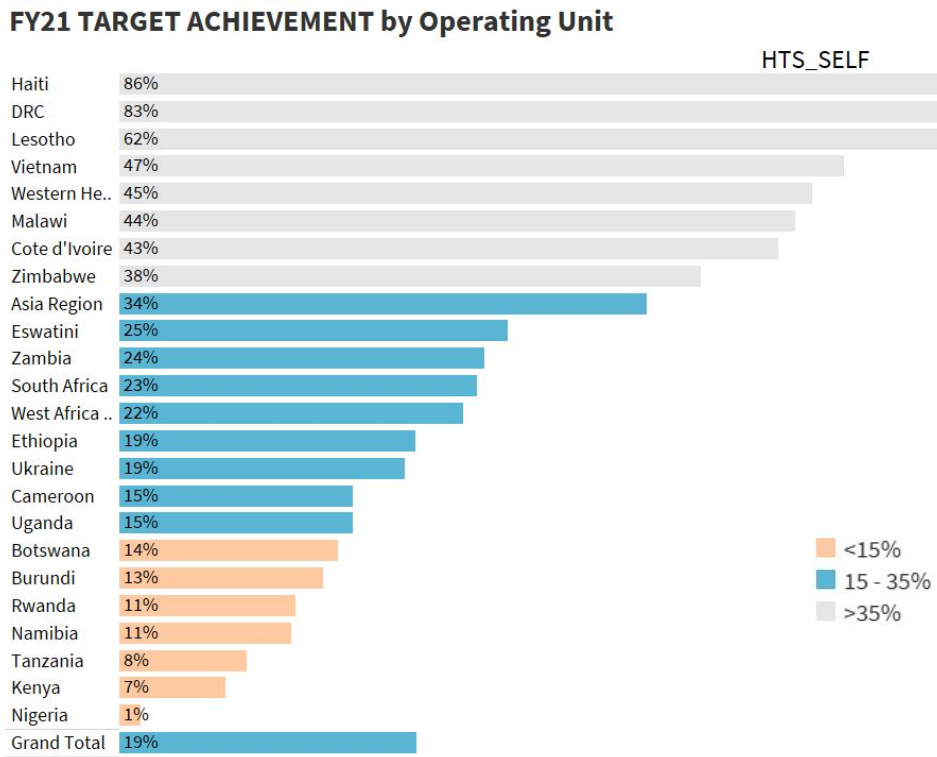
FY21Q1MSD

Q & A Break

Self Testing (HIVST)



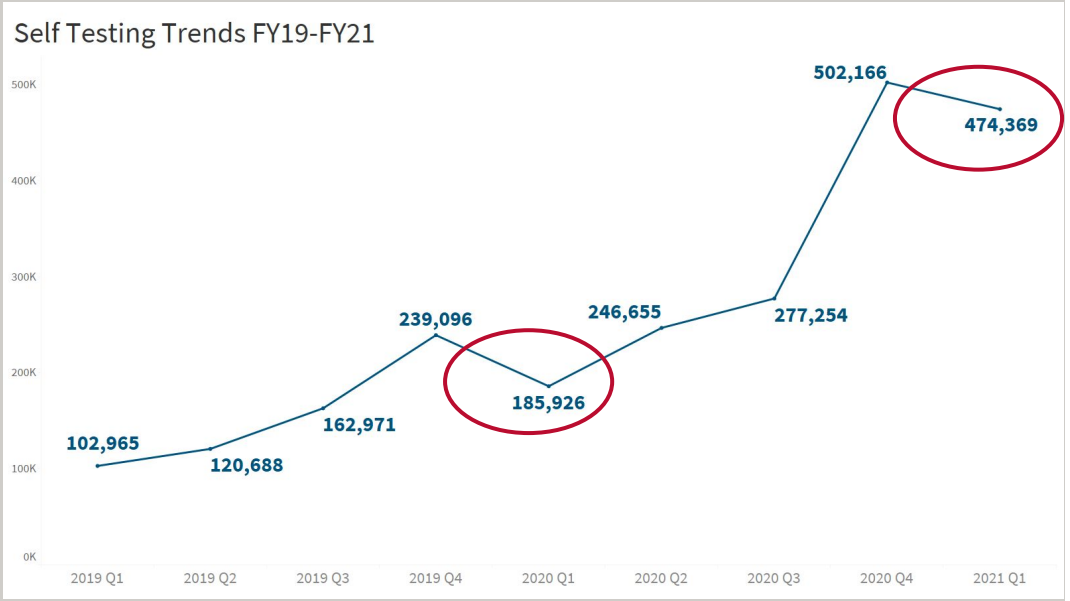
USAID at **23% for HTS_SELF**



- HIVSTs were most commonly **unassisted (53%, 251,715)**
- For optional reporting: Unassisted HIVSTs were distributed to **sex partners (39%)**, **self (45%)** and **other users (16%)**
- **FSWs(62.2%)** were the most frequent recipients of KP distribution, followed by **MSM (33.4%), PWID (2.3%)**, **TG (1.7%)** and **people in enclosed spaces (0.3%)**

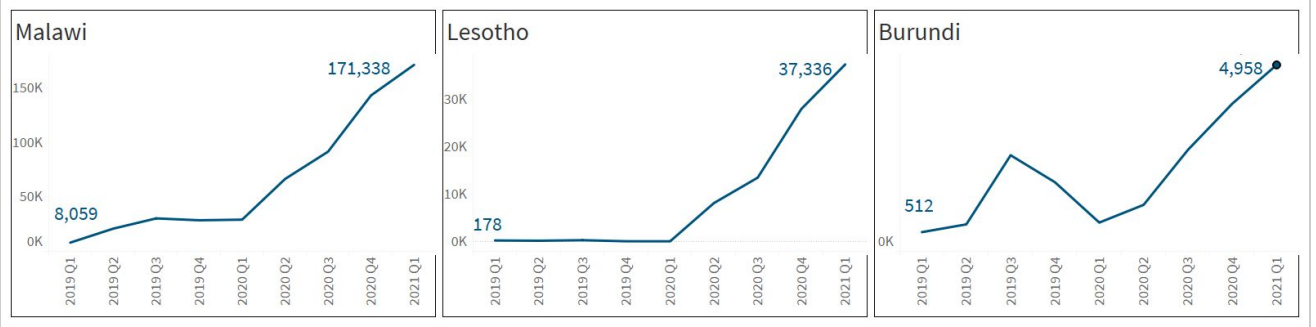
15 OUs are on or close to target for HIVST.

USAID's scale-up of HIV **self-testing** has continued, offering clients a safe way to access HIV testing, particularly during COVID-19 epidemic



In Q1, 479,369 kits were distributed compared to 185,926 in Q1 last year

HIVST was the only modality to not see declines overall during COVID lock-downs



HIVST Minimum Core Package Framework

Must include HIVST kit plan, HIVST programming components, distribution strategy for target populations; M+E to show outcomes.

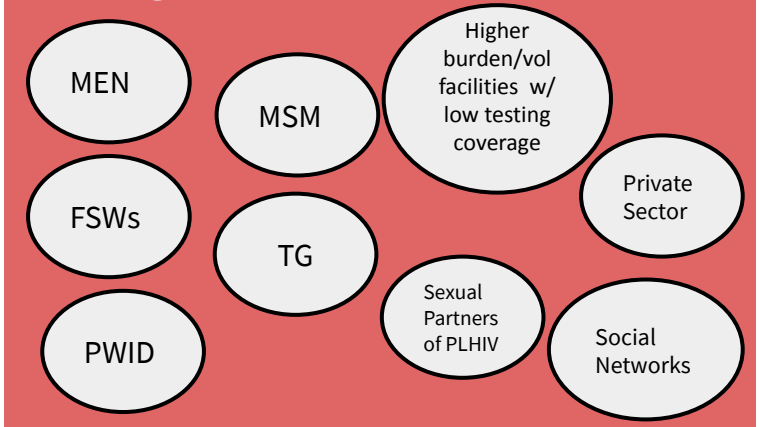
HIV Self-Test Kits

- Volume Forecasting
- Funding or clarity on where kits are coming from (GF etc)
- Procurement
- Assay choice
- Blood vs Oral Fluid
- Ensure Commodities at correct price point

HIVST Programming

- HIVST Communications
- Community **vs.** Facility Testing
- Unassisted **vs.** Assisted
- Primary **vs**. Secondary Distribution

Target Populations and Gaps



HIVST Outcomes

How are we measuring outcomes?

- Strong Linkage
- MER 2.4 + DISAGGS!
- Evaluations
- Intake Questions
- Increased diagnosis rates in target pops?
- Increased tx uptake in target pops?

HIVST Country Policies - Above Site Gaps

- Distribution and Use
- Policies in Development
- No HIVST policy yet in place?
- HIVST Kits approved for use? Protocols Established?

HIVST products with WHO PQ

Test (manufacturer)	Type	Approval
Mylan HIV Self Test	Blood	WHO PQ
INSTI® HIV Self Test ** (bioLytical Lab., Canada)	Blood	WHO PQ
OraQuick® HIV Self Test (OraSure Technologies, USA)	Oral	WHO PQ
SURE CHECK® HIV Self Test (Chembio Diagnostic Systems Inc., USA)	Blood	WHO PQ

- Policy/commodities Improvements happening:
  - Diversification to blood based assays in COP21
  - Unitaid & PSI agreement w/ Viatris for $1.99 for Mylan HIV Self Test
- HIVST pricing:
  - US$1.99-3.10 - though prices increase based on local distributor costs or if procuring through an IP
- More information available from the GHSC-RTK team.

Q & A Break

Safe and Ethical Index Testing

Ensure Safe and Ethical Index Testing

Please see the PEPFAR Safe and Ethical Index Testing Guidance for a full training on providing Safe and Ethical index testing services and conducting an Intimate Partner Violence Risk assessment (IPV)

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Safe and Ethical Index Testing Services

- All HIV testing services, including index testing, must **meet WHO's 5C standards**: consent, counseling, confidentiality, correct test results, and connection to HIV prevention, care and treatment services.
- Index testing is a **completely voluntary service** offered to people living with HIV to assist them with getting their partner(s) and child(ren) tested for HIV. They are free to accept or decline this service.
- Index testing should be **client-centered** and focused on the needs and safety of the index client and his or her partner(s) and children
- All recently testing HIV-positive or with recent unsuppressed viral loads **must be provided with all available HIV prevention, care and treatment services**, regardless of their decision to participate in partner notification services
- Services **MAY NEVER** be withheld from clients and clients **MAY NEVER** be pressured into disclosing the names and contact information of their partner(s)

Source: PEPFAR Guidance for Implementing Safe and Ethical Index Testing Standards

USAID Index Assessments

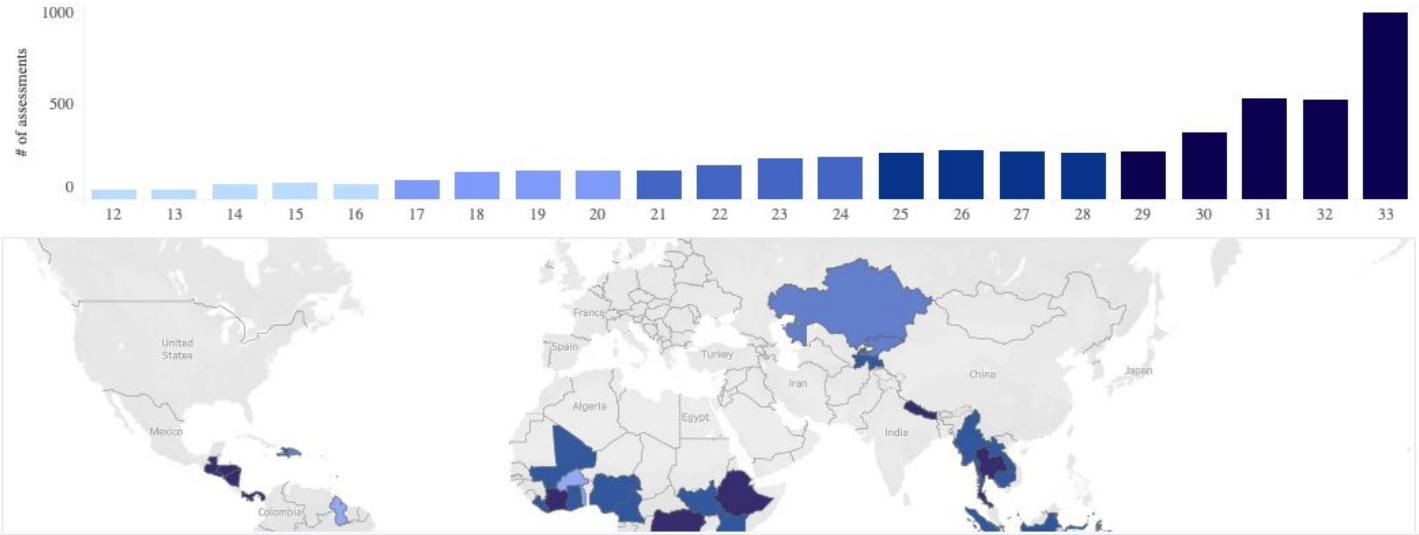
USAID Index Assessments - 5/17/21

Surveys Completed	Average Score (out of 33)	Median Score (out of 33)
5,345	26.9	28.0

Surveys Completed

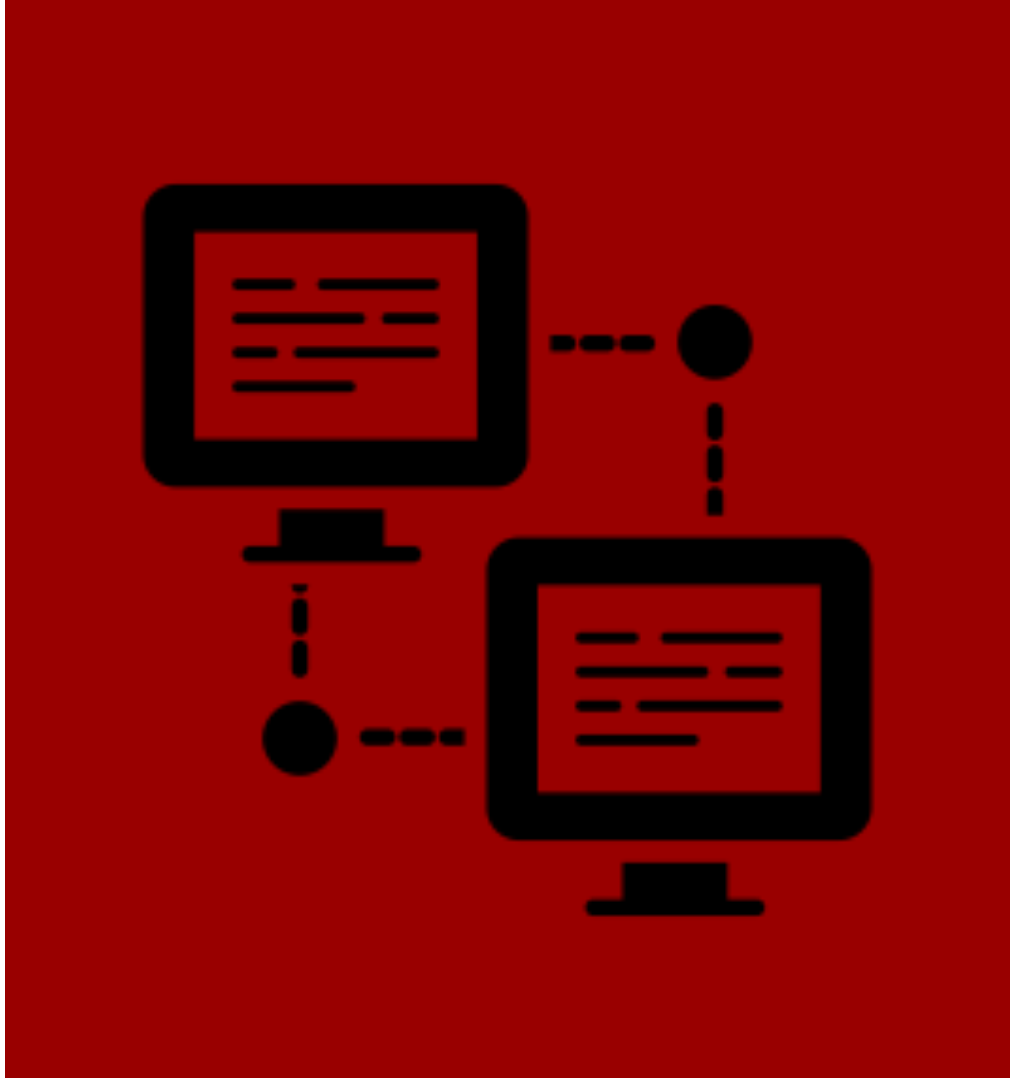
Grand Total	5,345
Angola	10
Barbados	1
Botswana	18
Burkina Faso	19
Burma	20
Burundi	340
Cambodia	14
Cameroon	47
Cote d'Ivoire	87
DRC	229
Dom Rep	10
El Salvador	1
Eswatini	18
Ethiopia	32
Ghana	32
Guatemala	1
Guyana	2
Haiti	5

Survey Scores



Q & A Break

Best Practices for Data Sharing



Principles in Data Sharing

1.	**IS THERE A NEED TO KNOW?**	• **Is the requested data necessary for the organization to perform their work?** • If yes, proceed to next question. If no, stop.

2.	**WHAT DATA DO THEY NEED?**	• Be as specific as possible when:
		  ○ Describing what requestor needs
		  ○ What authority you have to share
		  ○ For what purpose

3.	**HOW WILL THE RAW DATA & OUTPUTS BE USED?**	• What is the intended use of the data? • Who is the audience? • Concerns over disclosing sensitive details? • Specific strategies to mitigate risks of data misuse?
4.	**CLEARANCE ON PUBLIC FACING PRODUCTS USING THE DATA SHARED**	• Output products that use data require clearance by respective data owners • If ownership is co-mingled, all owners must clear.

Get Agreements in Writing

Non-disclosure agreements must be signed by each person who will receive or use the data in question.

Data sharing agreements must be developed and signed by the owner of the data and the data requestor. The document must explicitly address the following aspects of sharing:

- Justification for sharing (aka “need to know”)
- The scope and granularity of the data to be shared
- What the data will be used for and who outputs will be shared with
- Restrictions & limitations on use of the data

Q & A Break

Local Partner Highlights & Best Practices

USAID HIV Prevention, Testing and Treatment Services for Key Populations – Amhara Region/Ethiopia

Beza Posterity Development Organization (BPDO)

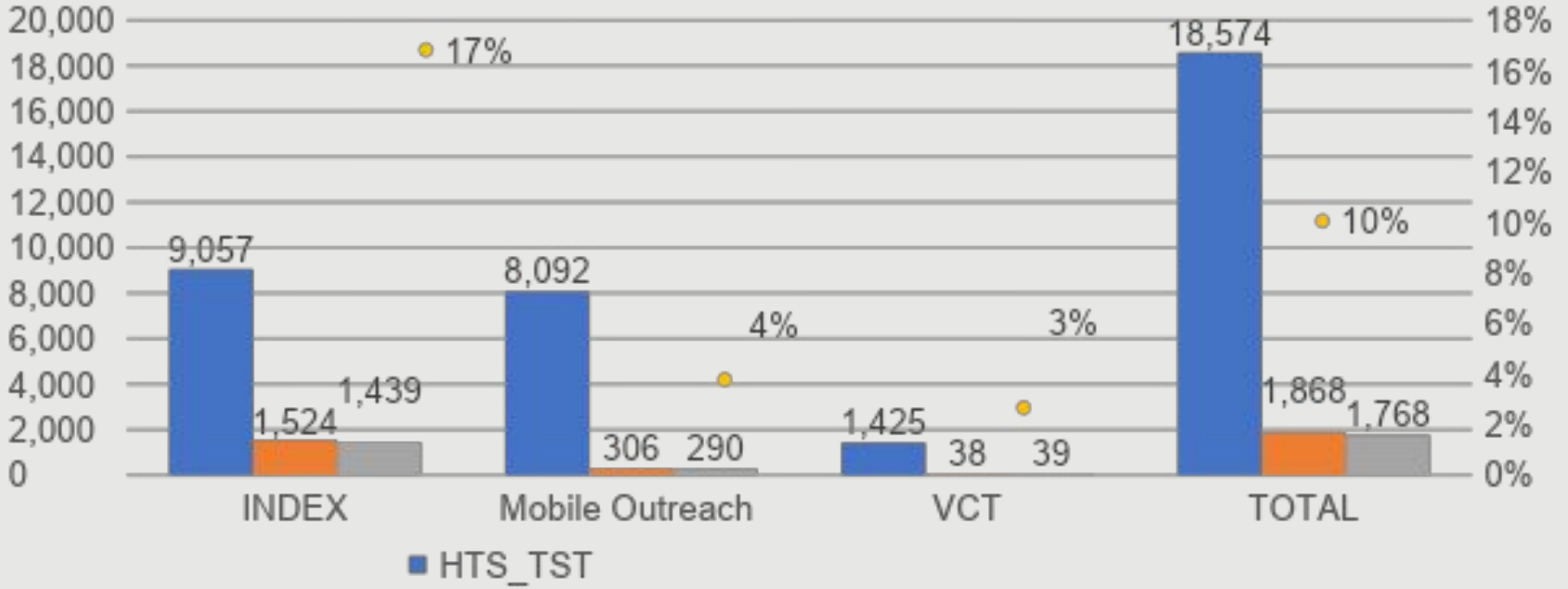
FY21 Semi-Annual HTS Modality Report

May 20, 2021
Presented by: Israel Lemma
Chief of Party

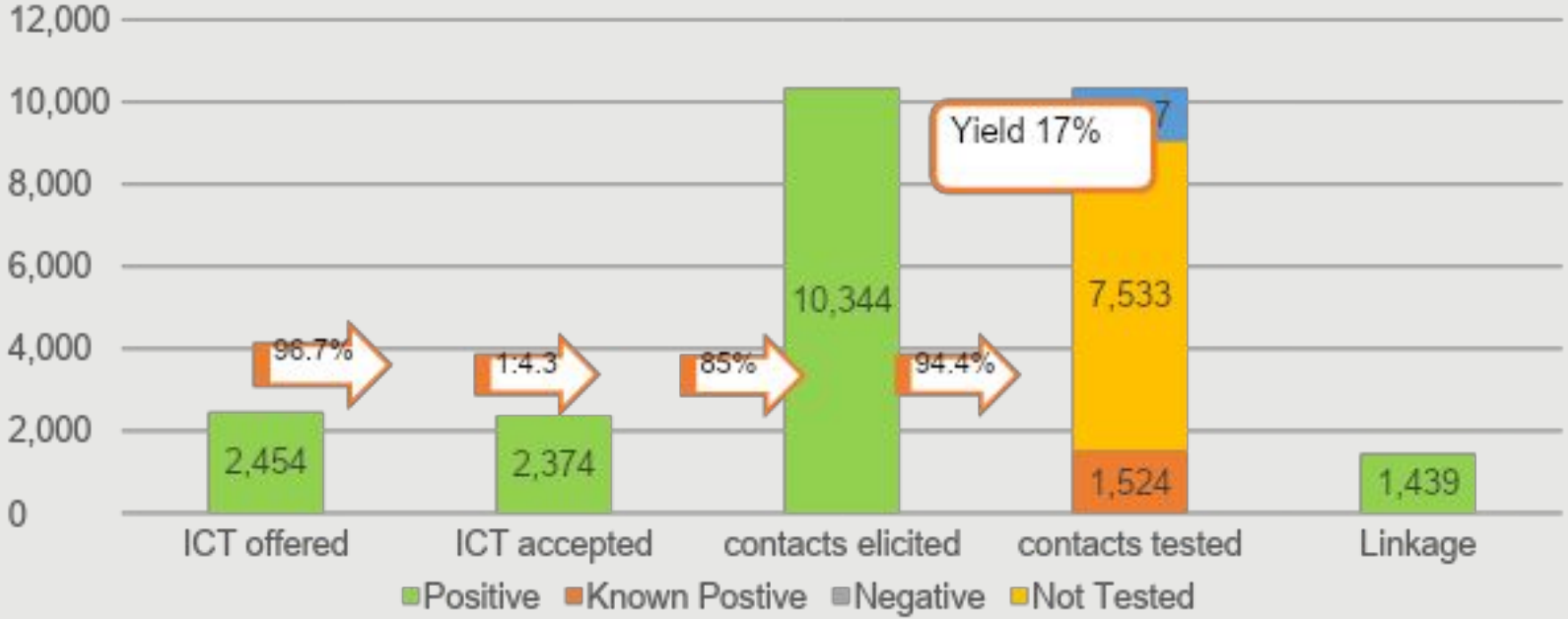
Project Profile

- **Project Name:** HIV Prevention, Testing and Treatment Services for Key Populations – Amhara Region
- **Donor:** USAID
- **Project Period:** August 12, 2020 through August 11, 2023.
- **Implementation Sites:** 117 SNUs of Amhara Region, Ethiopia
- **Target Groups (Beneficiaries):** Key and priority populations

USAID Amhara KP Activity, HTS Performance by Modality, October 2020- March 2021



USAID Amhara KP Activity, ICT/PNS Cascade, October 2020-March 2021



USAID Amhara KP Activity, ICT/PNS Best Performing Sites, October 2020-March 2021

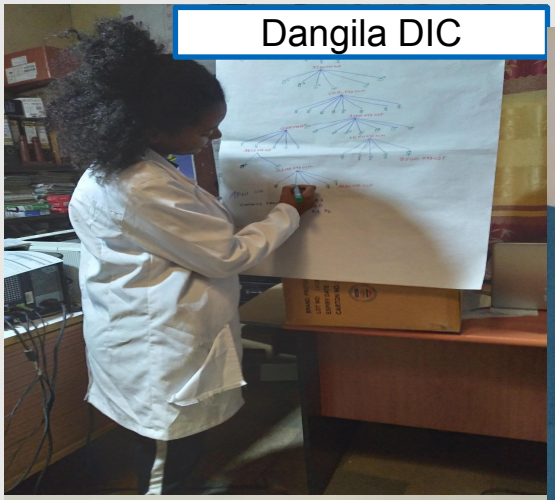
Site Name	HTS INDEX	HTS INDEX POS	Yield (%)
Dessie DIC	193	79	40.9%
Gondar DIC	241	72	29.9%
Debre Markos DIC	270	67	24.8%
Shewa Robit DIC	193	41	21.2%
Metema DIC	224	47	21.0%
Bahir Dar Liyu DIC	466	93	20.0%

Lessons Learned: ICT/PNS modality

- Fidelity to ICT/PNS microplanning tool and SOP
  - Safe and ethical ICT, 5 C's and IPV
- Continuous engagement with index client result in more contact elicitation (1:4 ratio); contact elicitation never be a one time effort
- Adherence support groups play a key role in convincing index cases and sexual networks to come for HTS-INDEX
- ICT/PNS is culturally challenging, ICT lead providers are selected based on their commitment, diligence and communication skills.
- ICT requires teamwork
- ICT requires a supportive environment
  - Site level TA and mentorship to support the microplanning process
  - Provide adequate logistical support

ICT Corner in the DICs as a hub for ICT/PNS follow up

Dangila DIC



Kemisse DIC

Dessie DIC

Thank You!

Q & A Break

Improving Efficiencies in HIV Testing Services for Key Populations in Malawi

LEAP/MALAWI

Presentation Outline

- Key Population Context in Malawi
- LEAP Activity Overview
- HIV Cascade Framework
- Service Delivery Models
- Best Practices in HIV Testing
- Acknowledgements

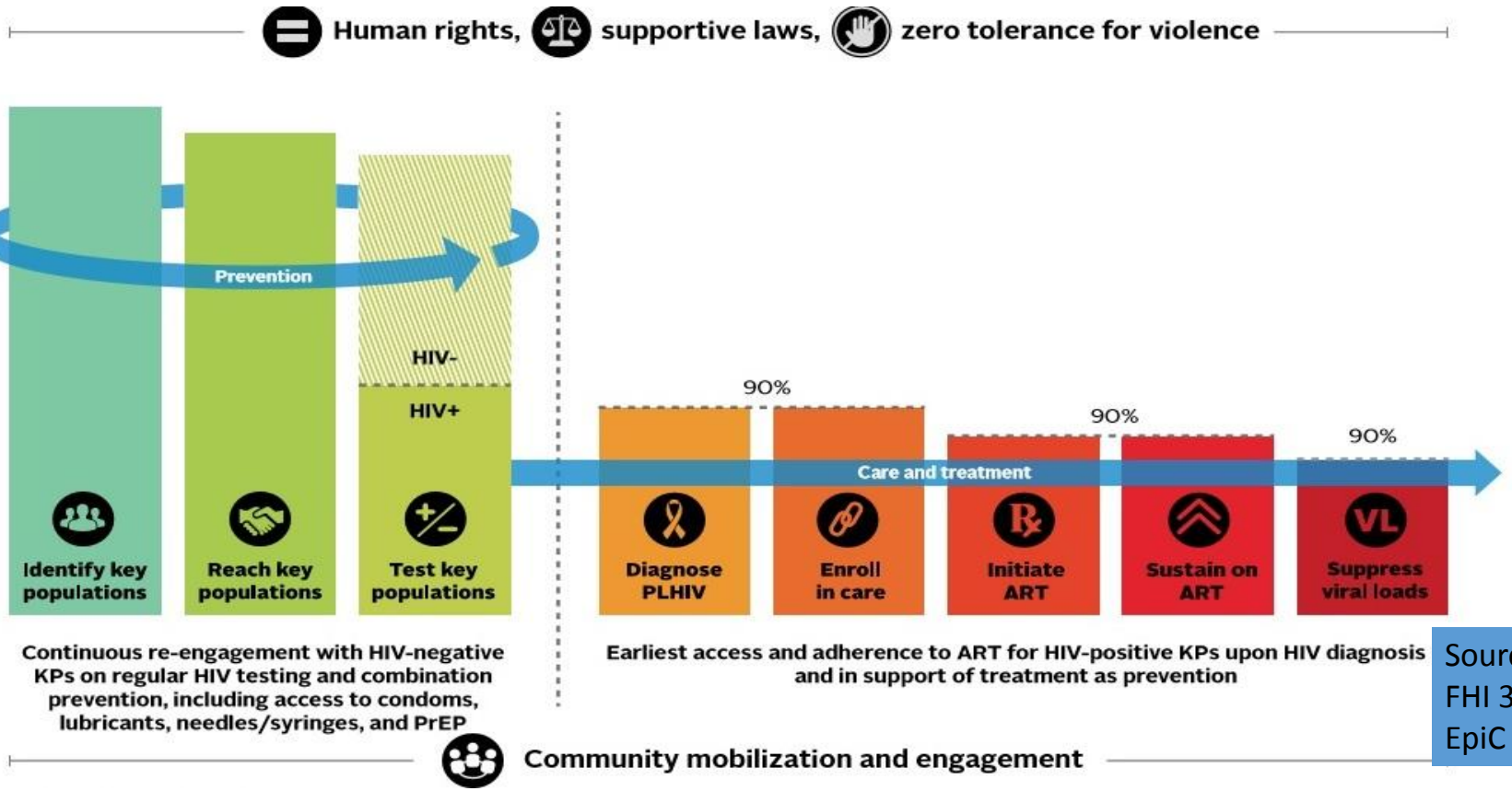
Key Population Context in Malawi

- Very high burden of HIV among KPs in Malawi
  - HIV prevalence among FSW – 62.7%
  - 17.5% among MSM
  - 8.8% among GP
- KP and partners account for high proportions of new HIV infections
- Poor access to HIV prevention, care and treatment services due to stigma & legal environment
- HIV testing services offers an opportunity to link KP to prevention and treatment services
- Critical need to implement innovative HIV testing strategies to reach the hard to each populations and at the same time avoiding over-testing

LEAP Activity Overview

- Between July 2015 and September 2019, Pakachere was a sub-recipient to FHI 360 under the USAID/PEPFAR funded-LINKAGES project but transitioned to ***Local Endeavors for HIV/AIDS Prevention and Treatment*** **(LEAP)** in October 2019.
- The activity builds on the success and legacy of LINKAGES
- LEAP aims to improve access to and uptake of HIV prevention, care and treatment services amongst female sex workers (FSWs), most-at-risk adolescent girls and young women (AGYW) and their social and sexual networks
- It is being implemented in 4 districts in Malawi; Lilongwe, Blantyrte, Mzimba & Mangochi

HIV Continuum of Prevention, Care, and Treatment Cascade for Key Populations



Source: FHI 360 EpiC

Core Service Package

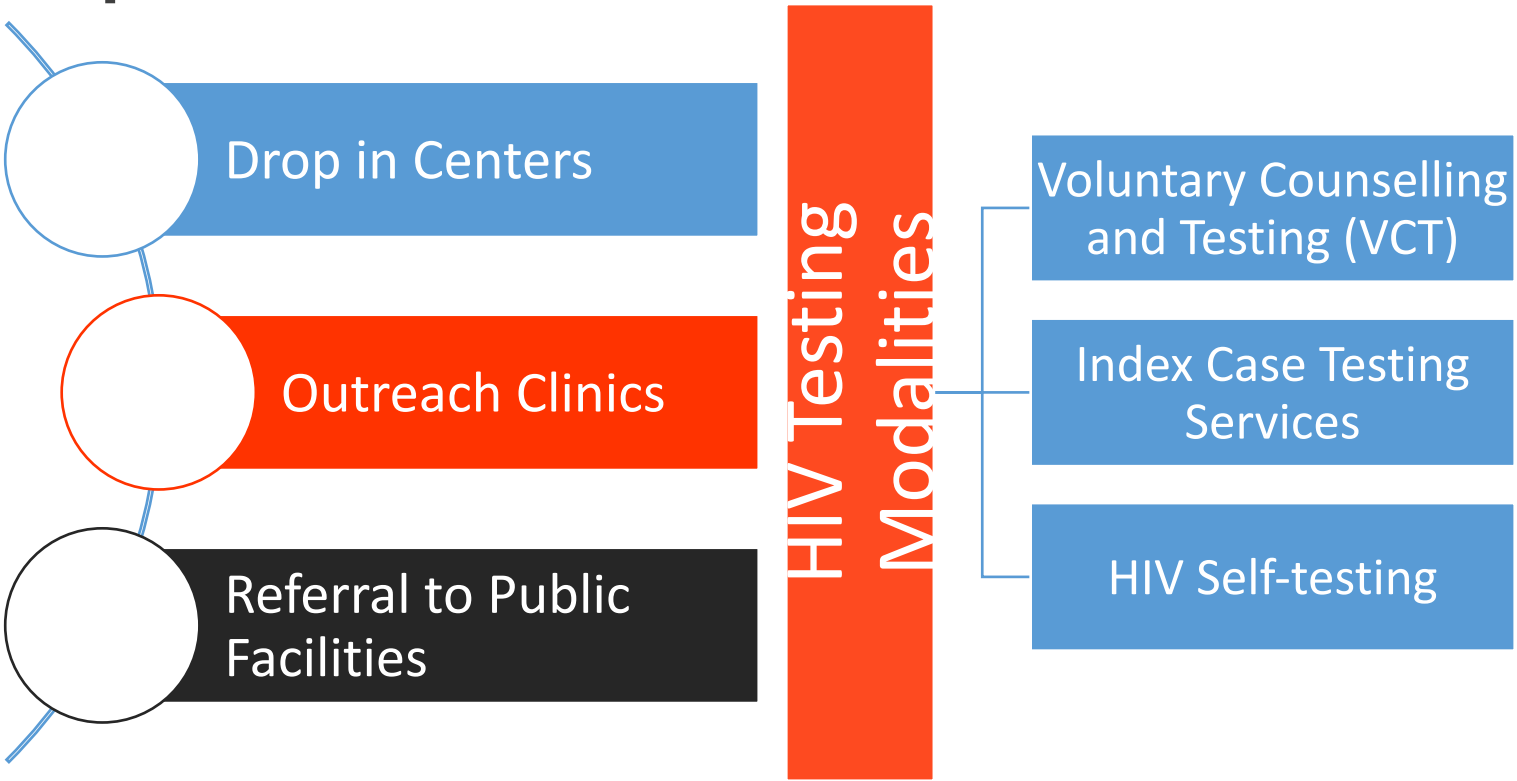
- Peer education, risk assessment, counseling, risk reduction planning
- HIV Testing Services (HTS), including Index case Testing
- PrEP, ART and Viral Load services
- GBV: Screening & Post-GBV Services (clinical and legal through referral and linkage)
- Promotion of HTS for partners/clients
- Condom & lubricants distribution; promotion of use
- Sexually Transmitted Infection (STI) syndromic management and referrals
- Cervical Cancer Screening and Referrals
- Family planning education, counseling, screening for pregnancy risk, and provision of short-acting methods, including emergency contraceptives, and referral for long-acting and permanent methods.
- TB screening and referral

Best Practices: How are we improving HIV Testing efficiency among KPs?

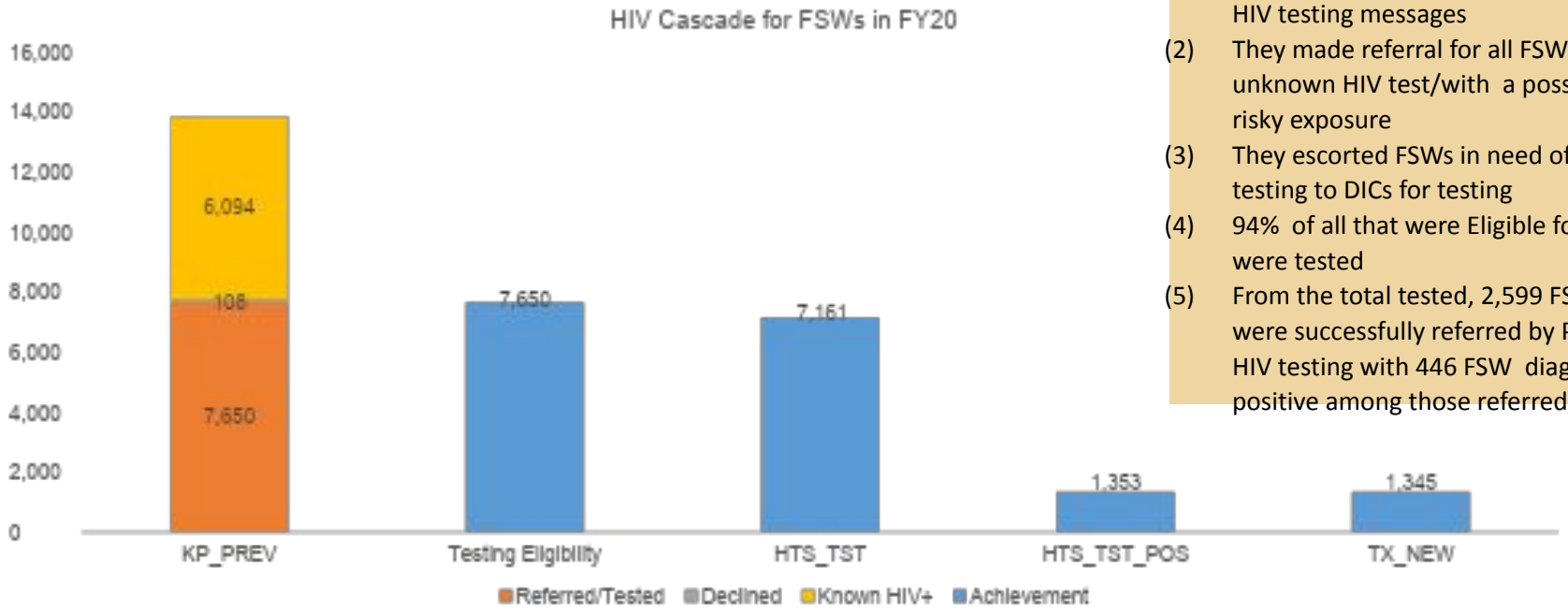
- Tailoring HTS to the needs of key populations through differentiated service delivery for HIV testing
- Use of peer cadres to enhance active referrals for HIV testing services
- Use of HIV testing screening tool
- Optimizing HIV self-testing and index testing
- Implementation of innovating testing strategies, including Enhanced Peer Outreach Approaches (EPOA) & Risk Network Referrals (RNR)
- Targeted and data-driven planning for HTS

How are we improving
Testing efficiency amo
KPs?

Tailoring HTS Service Delivery to Key Population Needs



Use of peer cadres to enhance active referrals for HIV testing services



Strategy

(1) Peer Educators reached FSWs with HIV testing messages

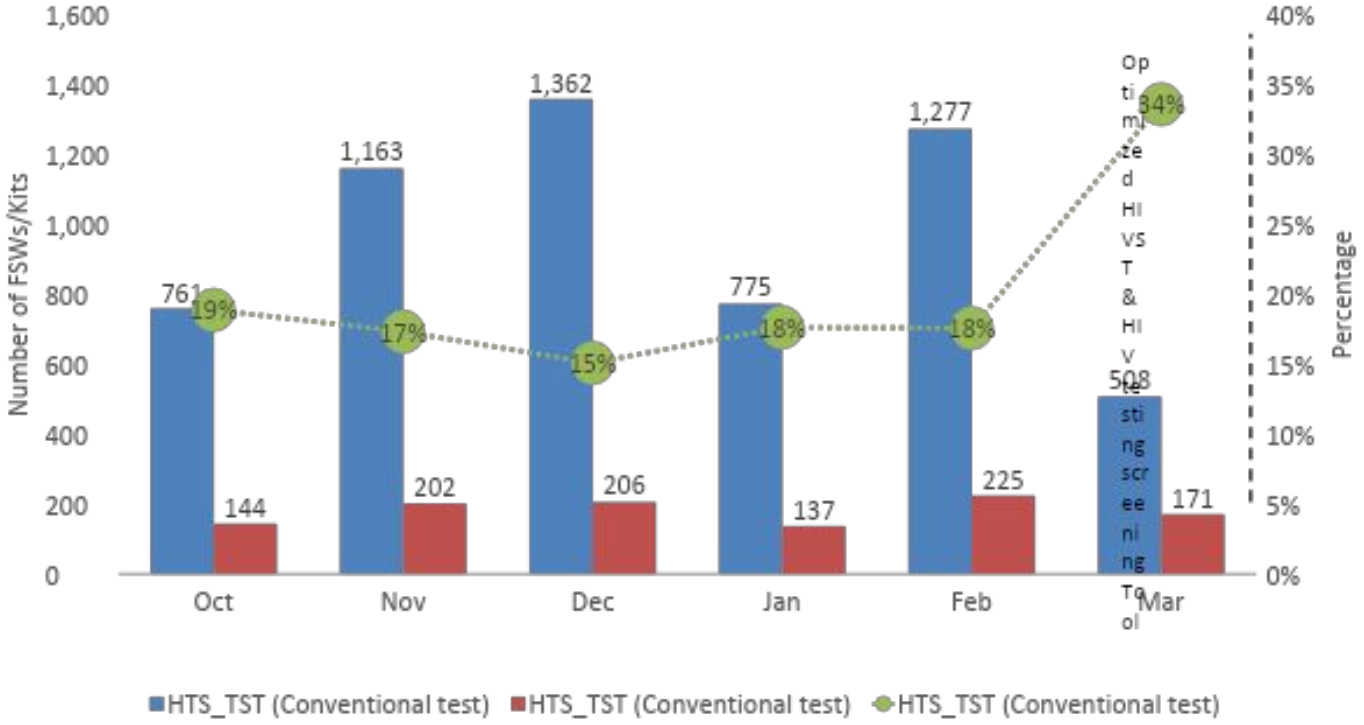
(2) They made referral for all FSWs with unknown HIV test/with a possible risky exposure

(3) They escorted FSWs in need of HIV testing to DICs for testing

(4) 94% of all that were Eligible for HTS were tested

(5) From the total tested, 2,599 FSWs were successfully referred by PE for HIV testing with 446 FSW diagnosed positive among those referred

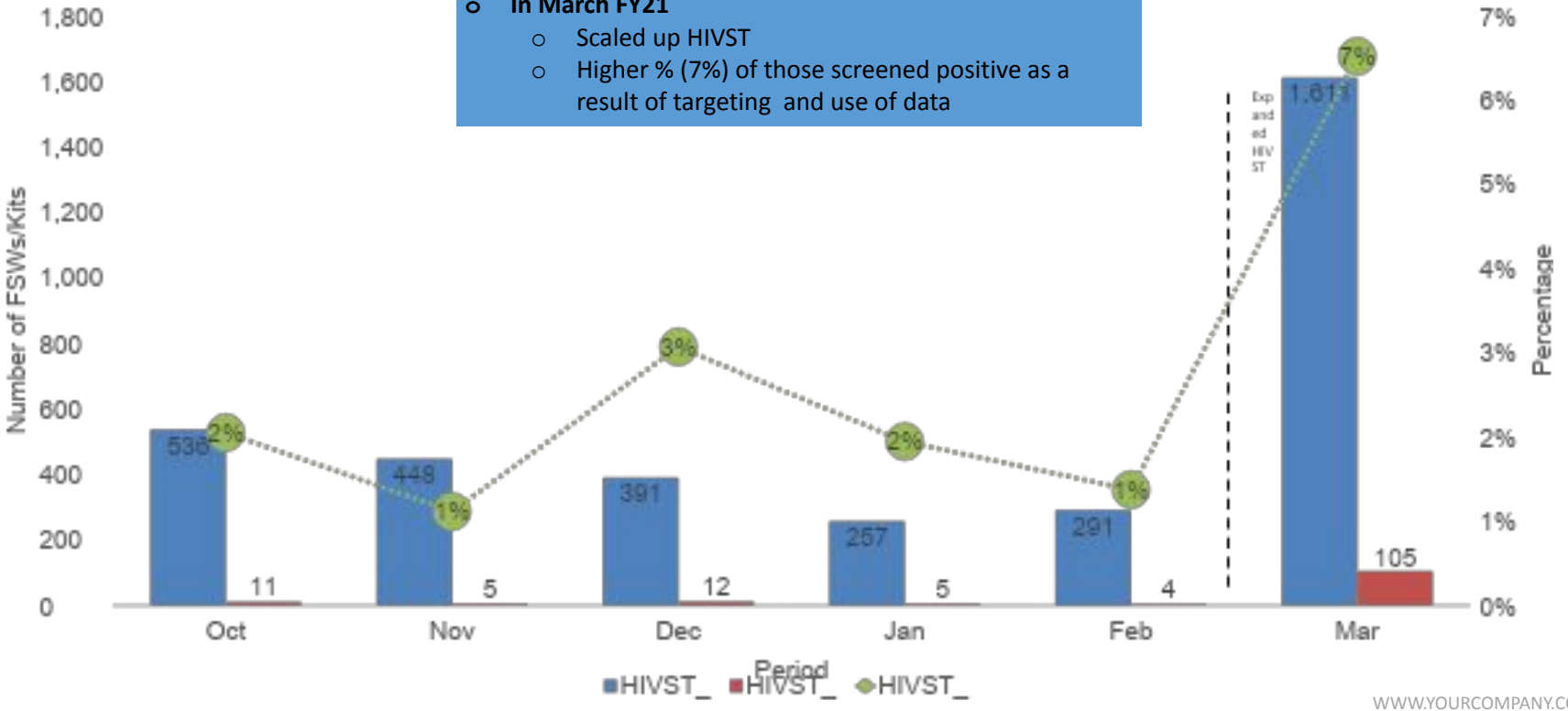
Use of HIV Testing screening tool improved case detection



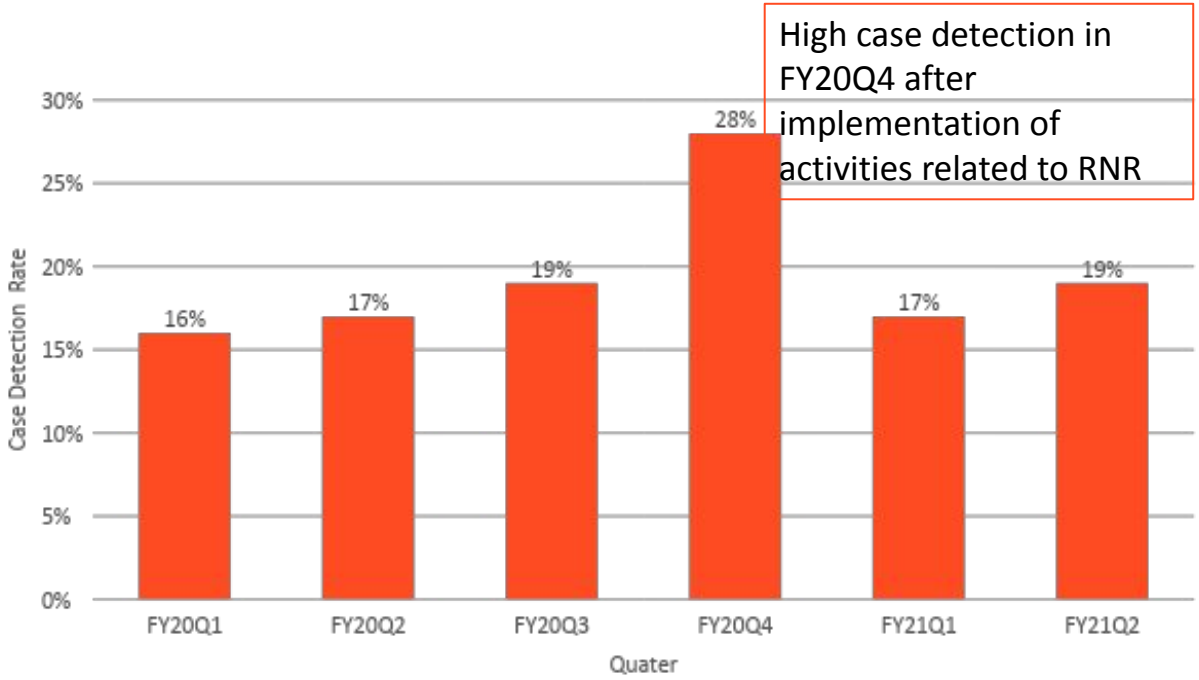
- High testing numbers from **OCT_ FEB FY21**
  - Lower case detection of up 15%
- **In March FY21**
  - Optimized use of HTS screening Tool
  - Scaled up HIVST
  - Lowest HTS_TST numbers
  - Higher case detection of up to 34%

HIV Testing: Optimization of HIVST in March FY21

- Low HIVST conducted from OCT_FEB FY21
- **In March FY21**
  - Scaled up HIVST
  - Higher % (7%) of those screened positive as a result of targeting and use of data



Innovative HIV Testing Strategies



Risk–network referral (RNR)

- High-risk KP were requested if they would get referral slip for HTS for their peers (of similar risk characters)
- Outreach Workers followed up on referrals made
- Strategy helped to break into hard to reach networks e.g home based

Acknowledgement

- Ministry of Health & District Health Offices
- FHI 360 EpIC- Our Technical Assistance Partner

CONTACT US

info@pakachere.org

+265 1 831331

https://twitter.com/ihdcPakachere

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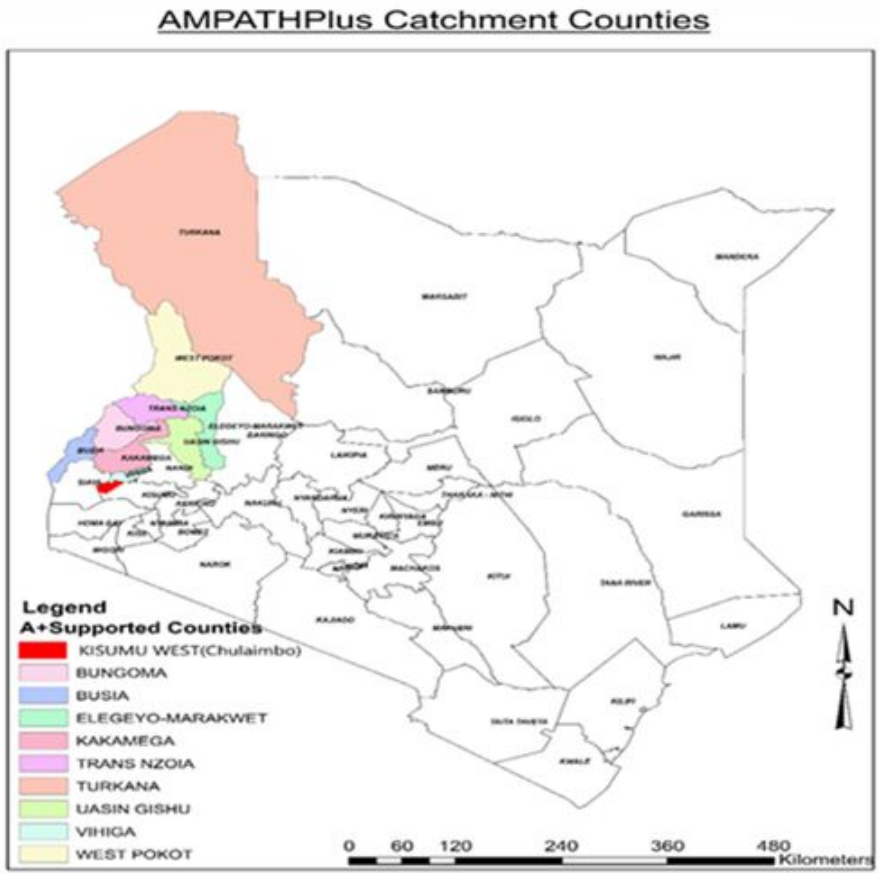
Q & A Break

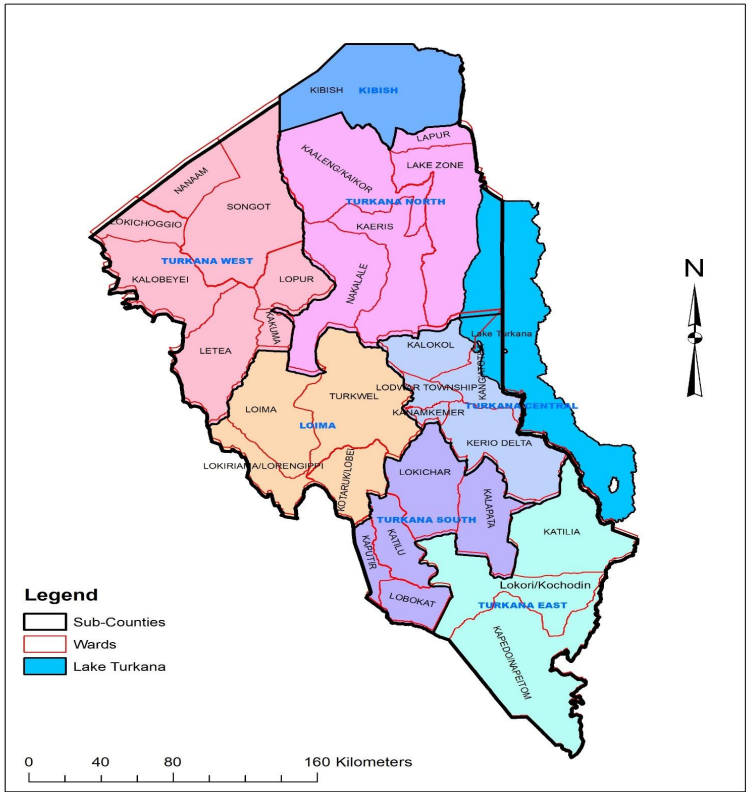
Turkana Community Integrated Health Service Delivery: Enhancing ART Uptake through Innovative HTS

Activity Dates: August – Nov 2020

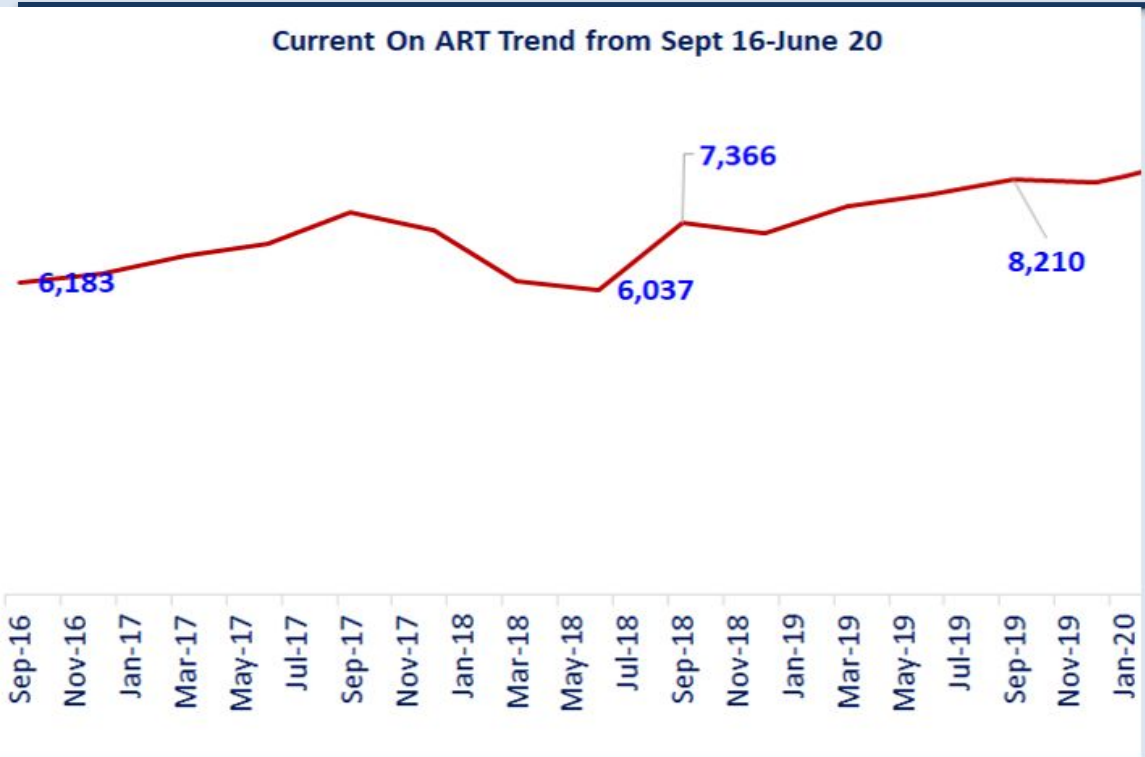
Location of Turkana County: Kenya, East Africa



Turkana County

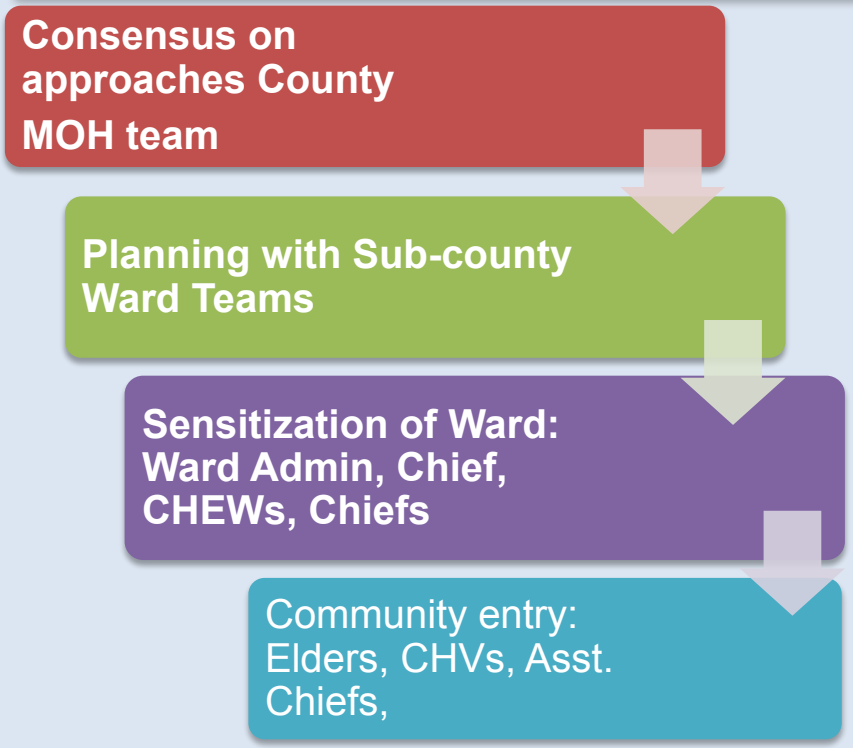


Key Rationale: Increase ART coverage



- **Slow growth** of ART treatment coverage; **34%** of PLHIV on ART of **23,000 PLHIV**
  - Urgency to identify and link infected persons for ART treatment services
- **Vastness of the region,** long distance to facilities of (~31 Miles) coupled with a h**ighly mobile communities**
  – hence need for **a tailored community ART models** for those identified
- **Poor healthcare seeking behavior** especially **among men.**

Methodology: Approaches & Steps



- **MOH-led activity** that engaged **leadership at all levels** for ownership and sustainability
- **Household level** screening and linkage for services
- Utilization of **community strategy and local administration** to mobilize households
- **Continuous monitoring of activity implementation** for quick learning and improvement of processes
- Preceded by **training and deployment of HTS** to conduct screening and provision of HTS
- **Integrated health service approach** to enhance service uptake and reduce stigma

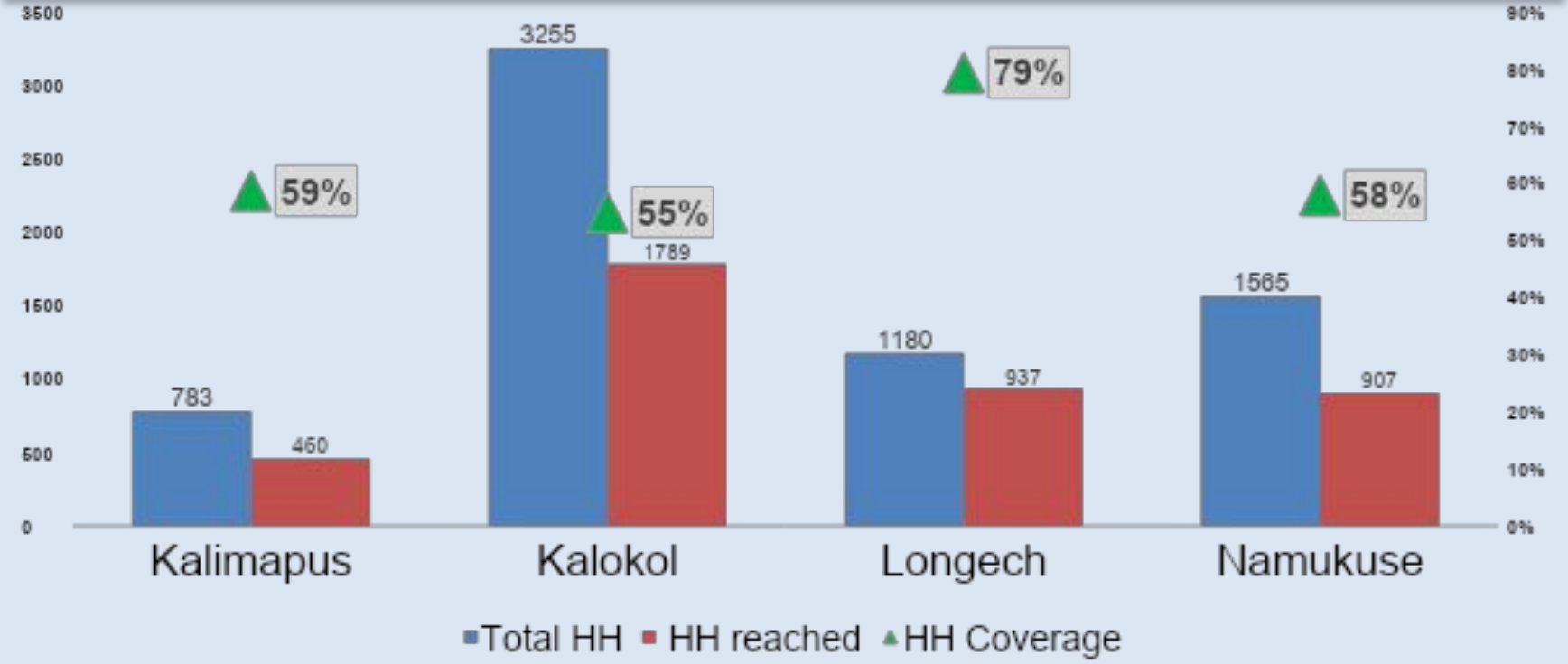
Community Health Integrated Approach Defined

- Screening and provision of related health services to household level from a wider perspective: **HIV Testing and linkage to care, TB screening, pregnancy screening and linkage for ANC, immunization status, circumcision status of men, priority population and linkage of population for appropriate health services**.
- Integrated approach aimed to:
  - ***Reduce HIV-related stigma*** *among households particularly among men*
  - ***Improve overall health service delivery*** *to households from increased number of referrals and service uptake*
  - ***Avail services closer to the people*** *because of huge distances to health facilities*

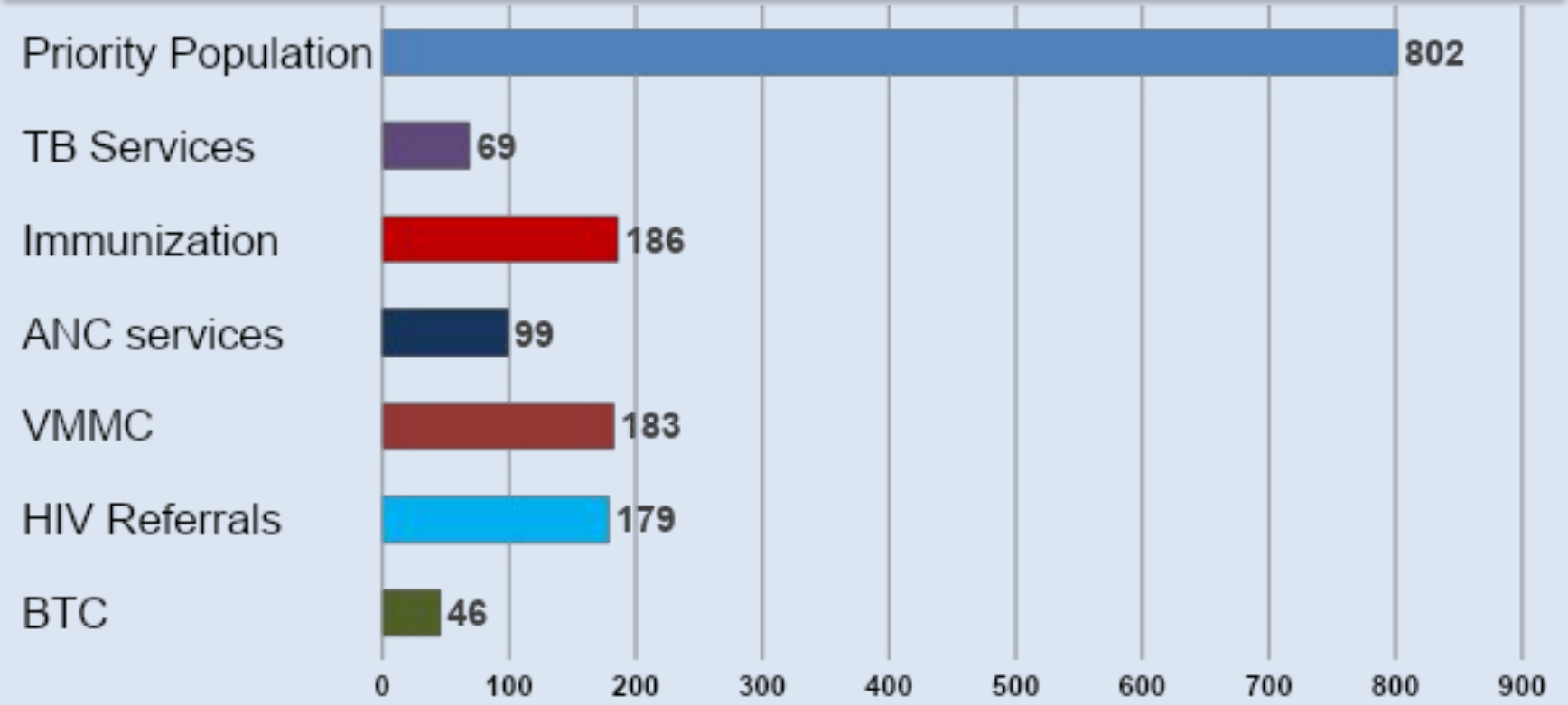
Selection of Community Units

- Turkana County has 146 Community Units
- Focus on the 4 Community units (Kalokol, Namukuse, Longech & Kalimapus) in Turkana Central Sub-county Hotspots:
  - ***Fishing/ fisher folk population & priority population*** *- with both mobile and static population*
  - *Fishing and business activities around Kalokol CHU*
  - *High population density*

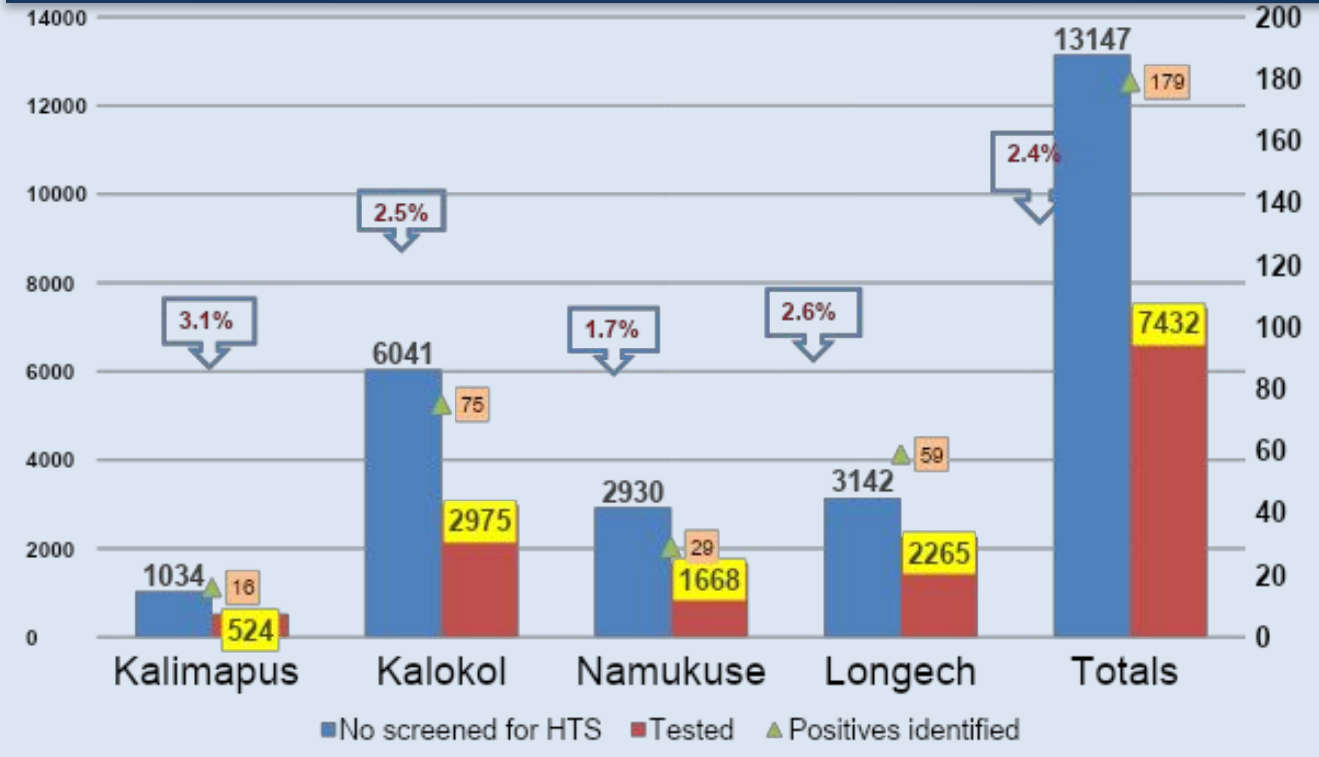
Household Screening Coverage Per Unit: Sept –Nov 2020



Community Health Services Uptake: Sept –Nov 2020

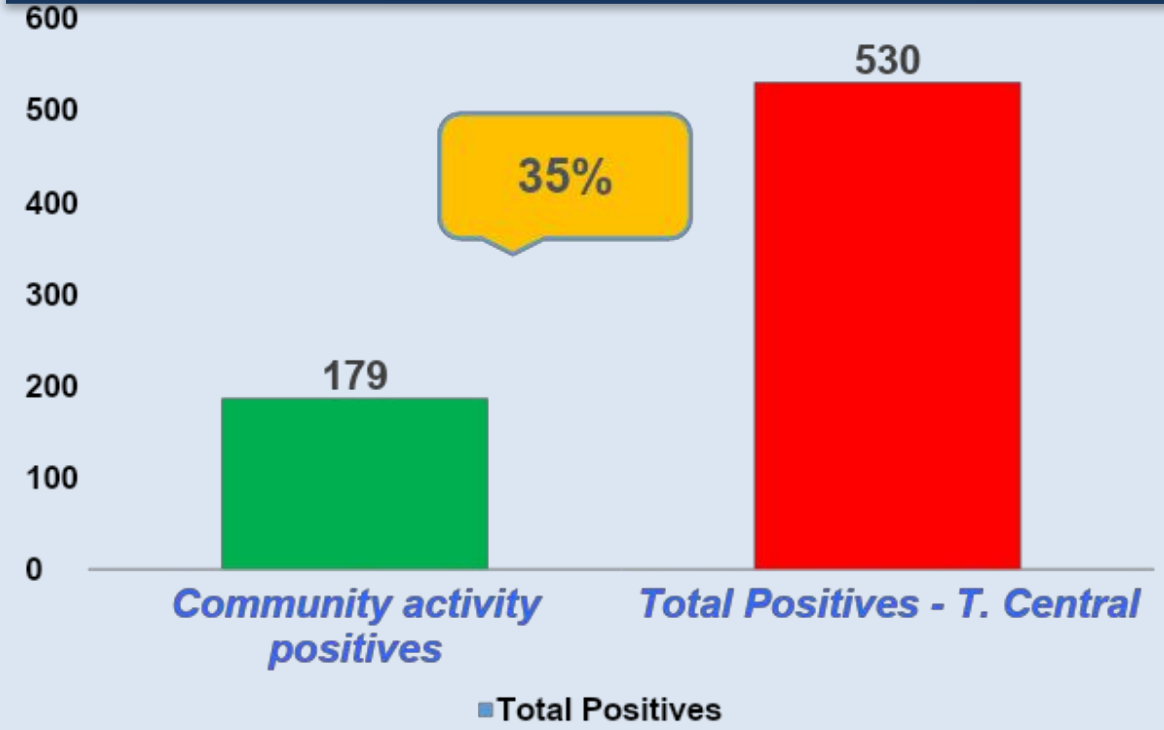


HIV Positive Identification and Yield



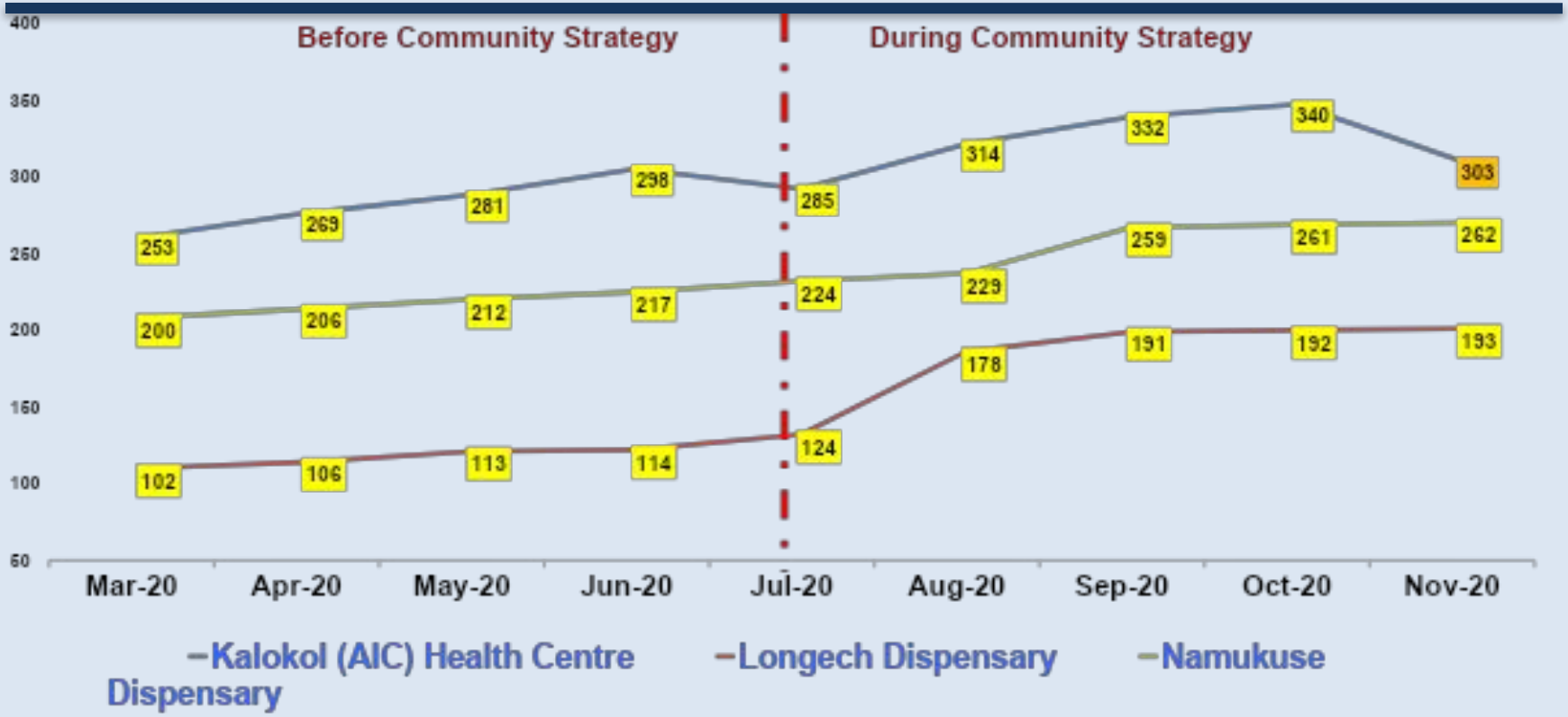
- ***57%*** *of household members were screened and found eligible for HIV Testing*
- *Increased positivity to* ***2.4%*** *from facility's* ***0.9%***

Activity Contribution to Total Positives – Turkana Central (Aug – Nov 2020)

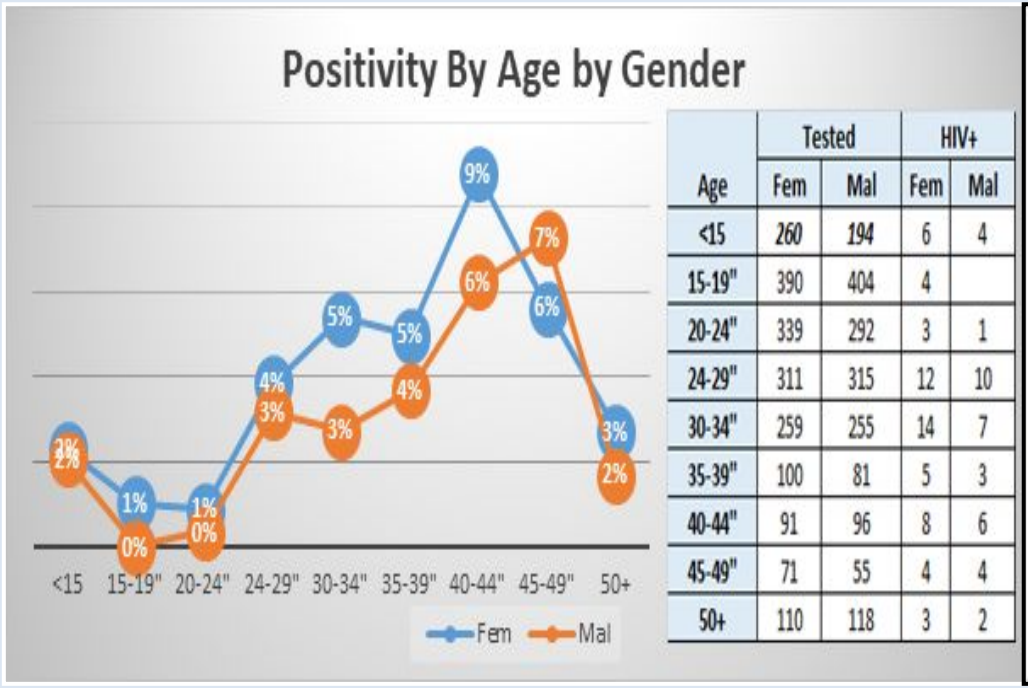


- **35%** of total positives for the period were from the community activity
- They would not have been identified from the health facilities
- Total 34 community units

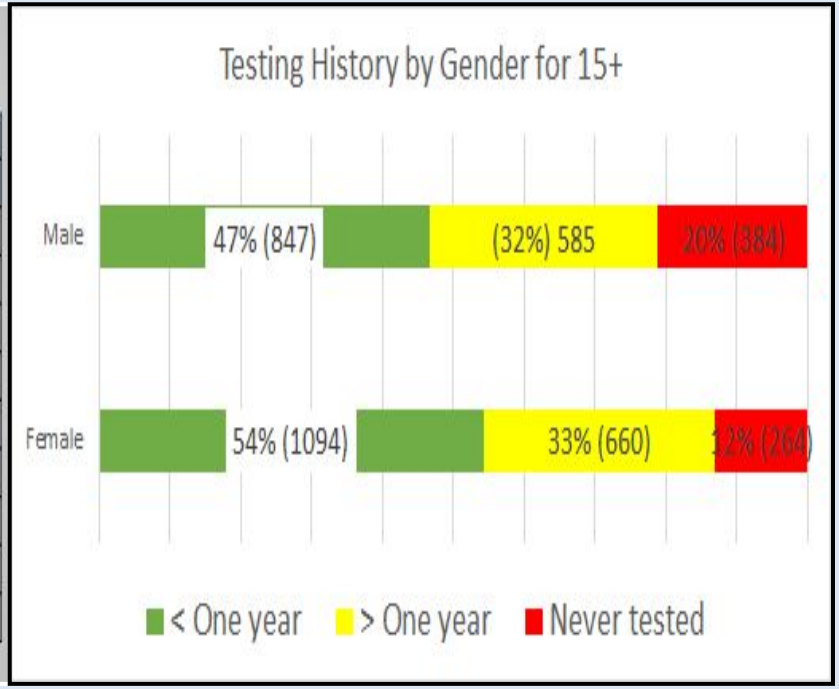
ART Treatment Coverage Trends in 3 Facilities: Mar 2020 –Nov 2020



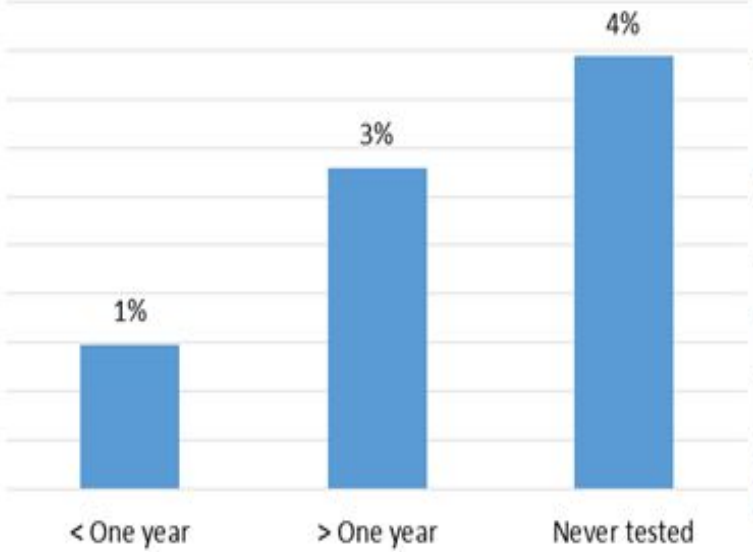
Positivity Analysis – Namukuse & Longech Units



Age	Tested		HIV+	
	Fem	Mal	Fem	Mal
<15	260	194	6	4
15-19"	390	404	4	
20-24"	339	292	3	1
24-29"	311	315	12	10
30-34"	259	255	14	7
35-39"	100	81	5	3
40-44"	91	96	8	6
45-49"	71	55	4	4
50+	110	118	3	2



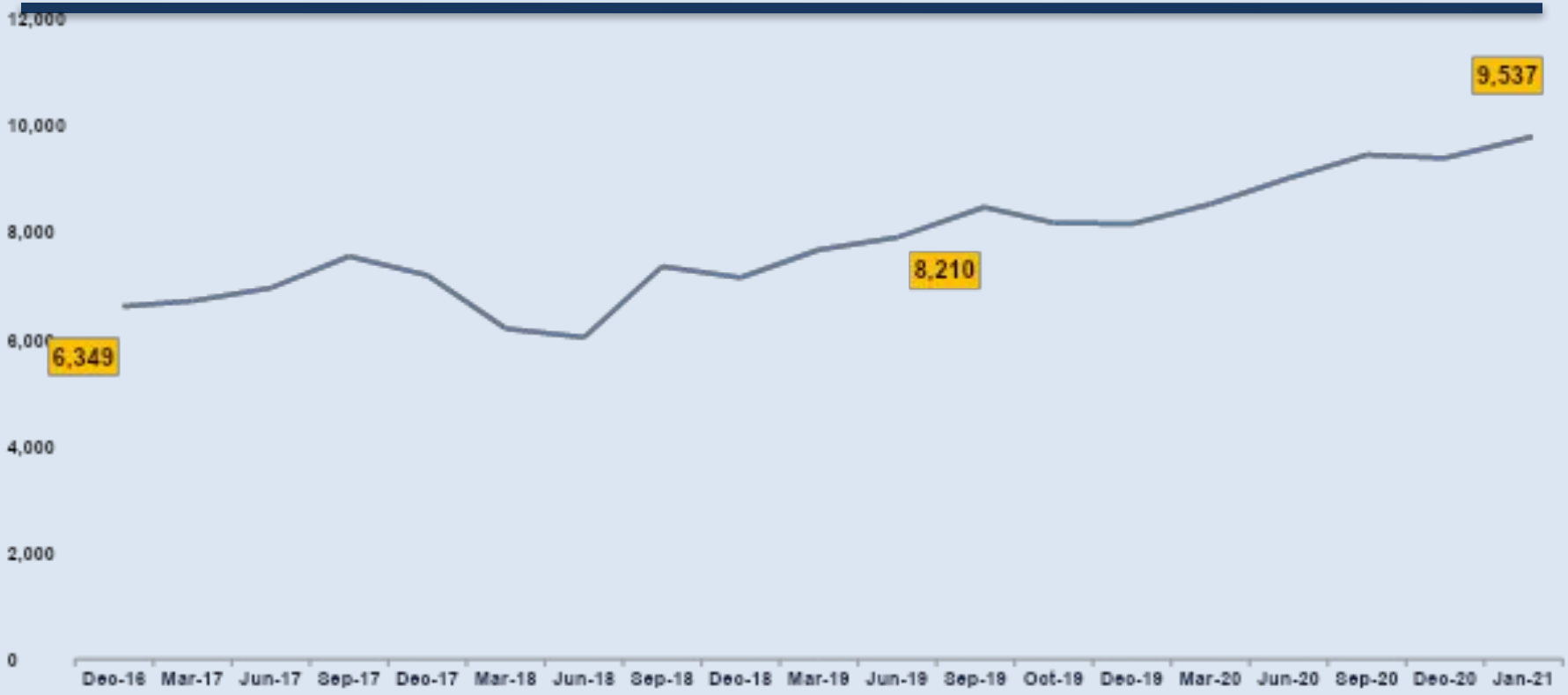
Positivity by Testing History



HTS results by testing history			
Last Tested	Results		
	HIV+	HIV-	Positvity
< One year	27	1798	1%
> One year	38	1116	3%
Never tested	31	668	4%
not stated		63	
Grand Total	**96**	**3645**	**3%**

- Those never tested had the highest positivity

ART Treatment trends from 2016 to Jan 2021



Lessons learnt

- Integrated health screening approach significantly enhances uptake of related health services
- Community approach significantly increases identification of positives resulting to increased ART coverage
- Entrench a system for community follow-up for those who were not reached
- MOH commitment and leadership is key for future implementation of community approach
- Engagement of leadership at all levels enhances acceptability of community health services
- CHVs and village elders are key stakeholders in determining the success of community activities

Recommendations

- **Hot spot community testing approach** is cost effective in identification and linkage of HIV infected persons in Turkana County context
- A proven strategy for **reaching men who are hard-to-reach** and those who have **never been tested**

- AMPATH Screening and HTS Form V1.0- edited - Final.doc

Field Experience

Community Entry Meeting in Kalokol before the start of enumeration exercise

Q & A Break

QuickRes: Supporting online demand of HTS and Virtual Case Management

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

USAID
FROM THE AMERICAN PEOPLE

IntraHealth
NAMIBIA
For a Healthier Namibia

KP STAR

EpiC
Meeting Targets and Maintaining Epidemic Control

Background

- In Namibia lockdown restrictions have resulted in closure of hot spots, thereby impacting the routine delivery of HIV prevention and linkage to clinical services for Key Populations.
- To address gaps in service delivery during lockdown, QuickRes, a website online application was adapted to ensure continued delivery of HIV prevention interventions for key populations including linkage to antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP).
- QuickRes allows clients to book HIV services online and facility-based Case Managers to remotely monitor clients on ART and PrEP, provide phone-based support, track clients who are lost to follow-up, schedule and plan client refill appointments.
- QuickRes, was developed by fhi360 through Meeting targets and Maintaining Epidemic Control (EpiC) project. About 19 countries globally use QuickRes, including, Lesotho, Botswana and Malawi.

QuickRes Client Functions

- HIV and STI risk assessment
- Appointment booking (including HTS/STI testing)
- Client referral tool
- Live chat support
- COVID-19 self-screening
- SMS appointment reminders and follow-ups

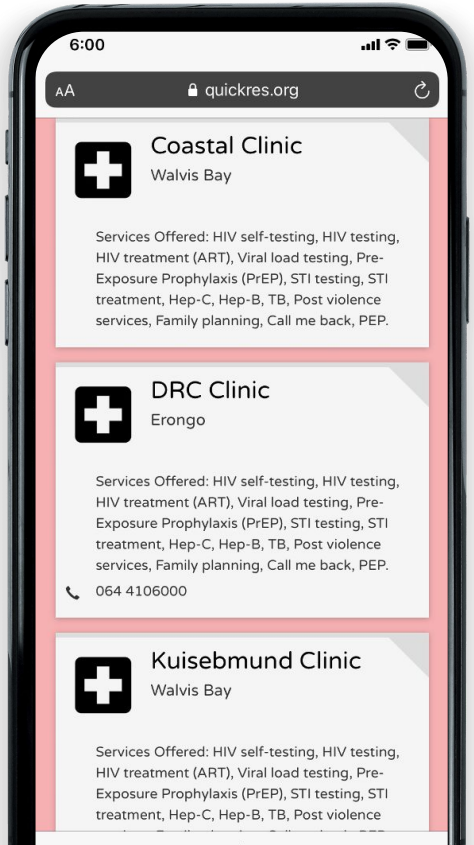
QuickRes Provider Functions

- Clinic appointment management
- Reporting service provision
- Initiate WhatsApp chat/call with client
- Decentralized service referrals and tracking (DDD)
- Assign records to outreach and case manager staff
- Longitudinal ART and PrEP cohort tracking
- Track results from online campaigns and outreach
- Live data visualizations
- Send SMS blasts to client cohorts
- Programmable client notifications

How does QuickRes work?

1

2



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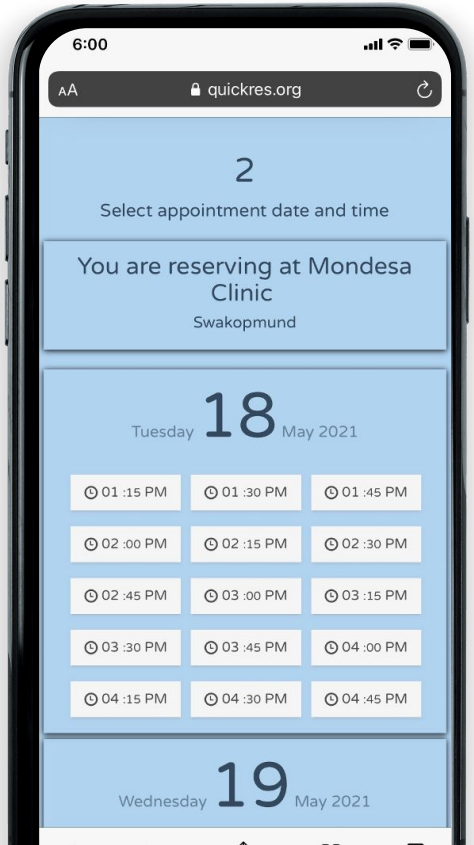
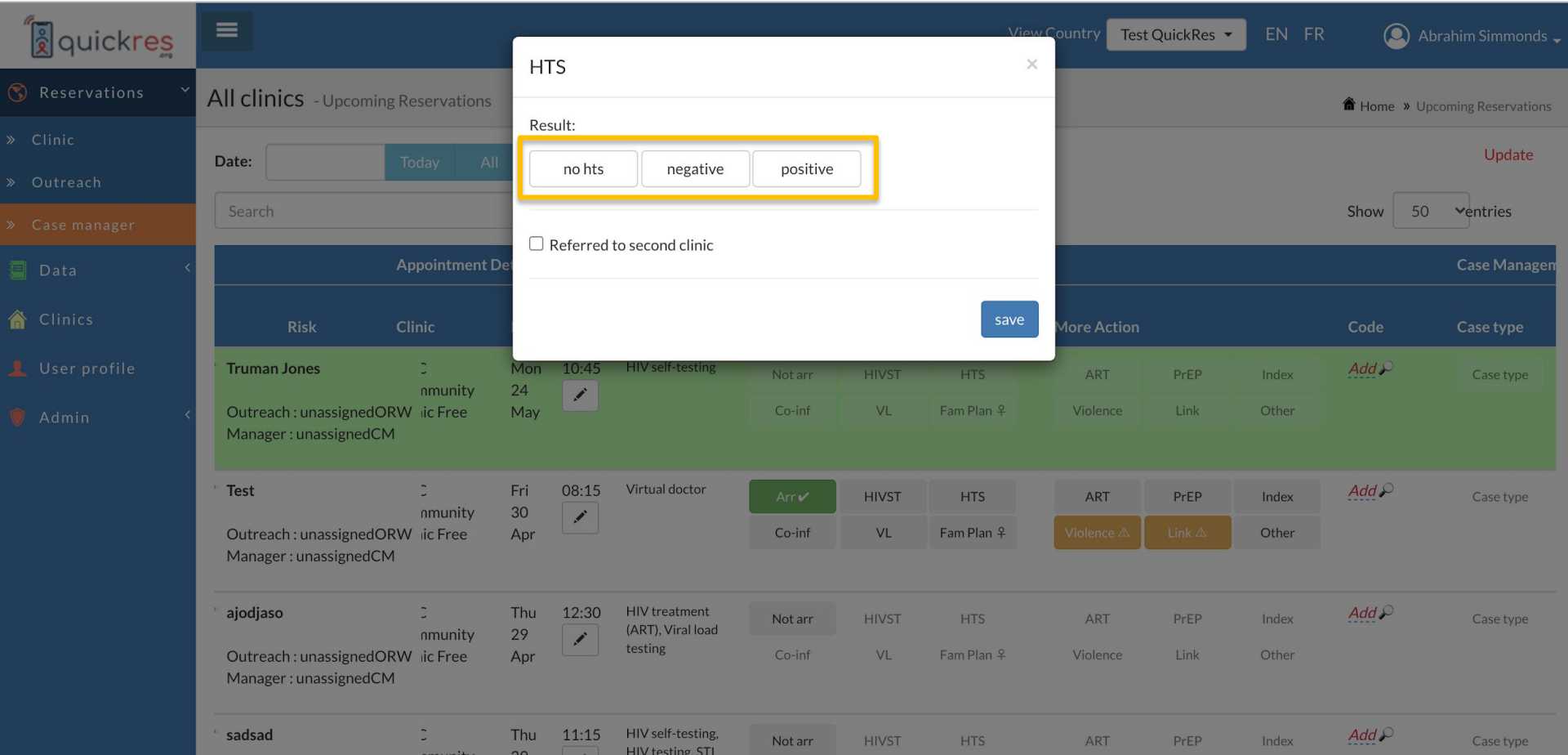
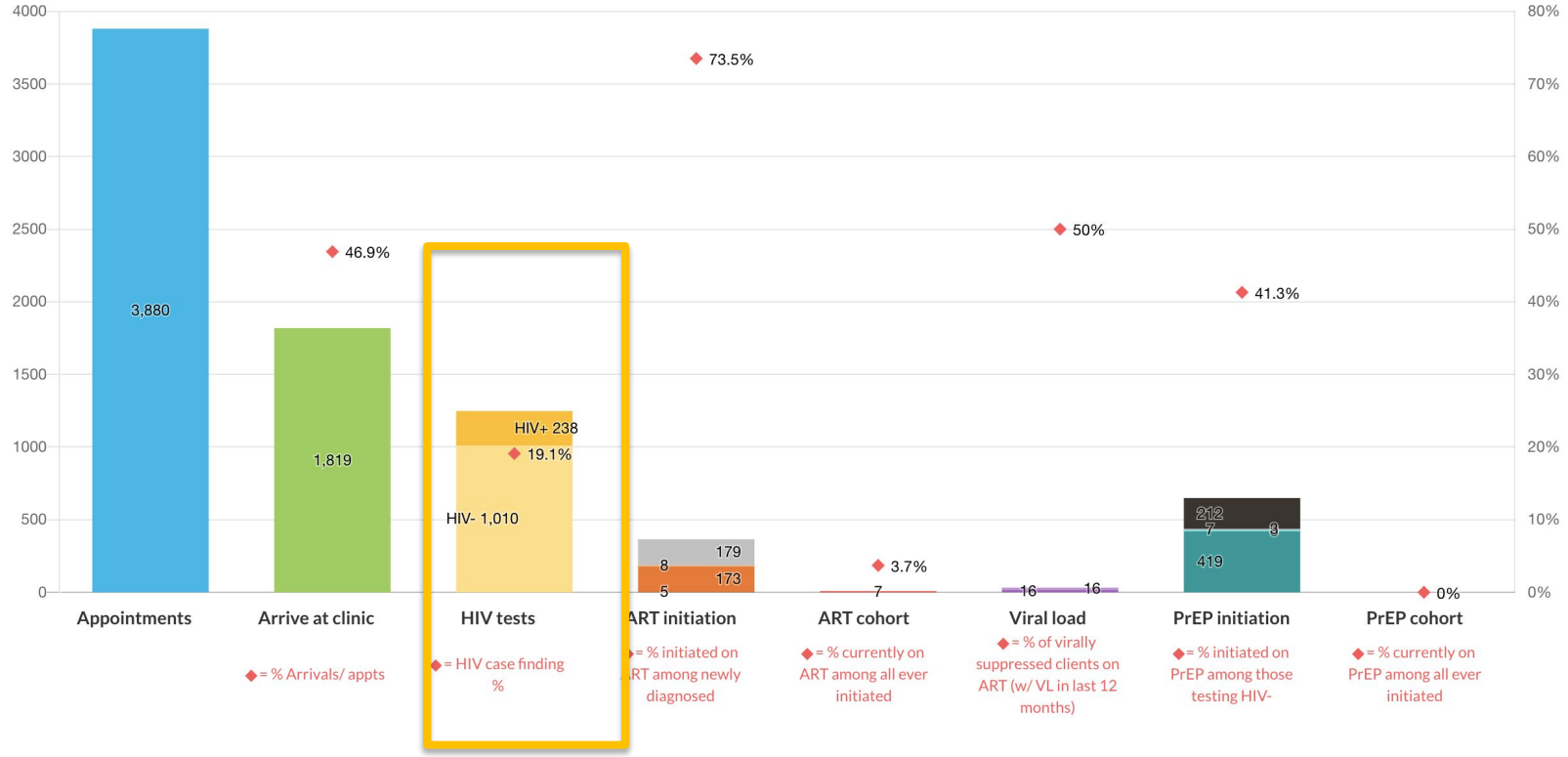


How does QuickRes work?



Results

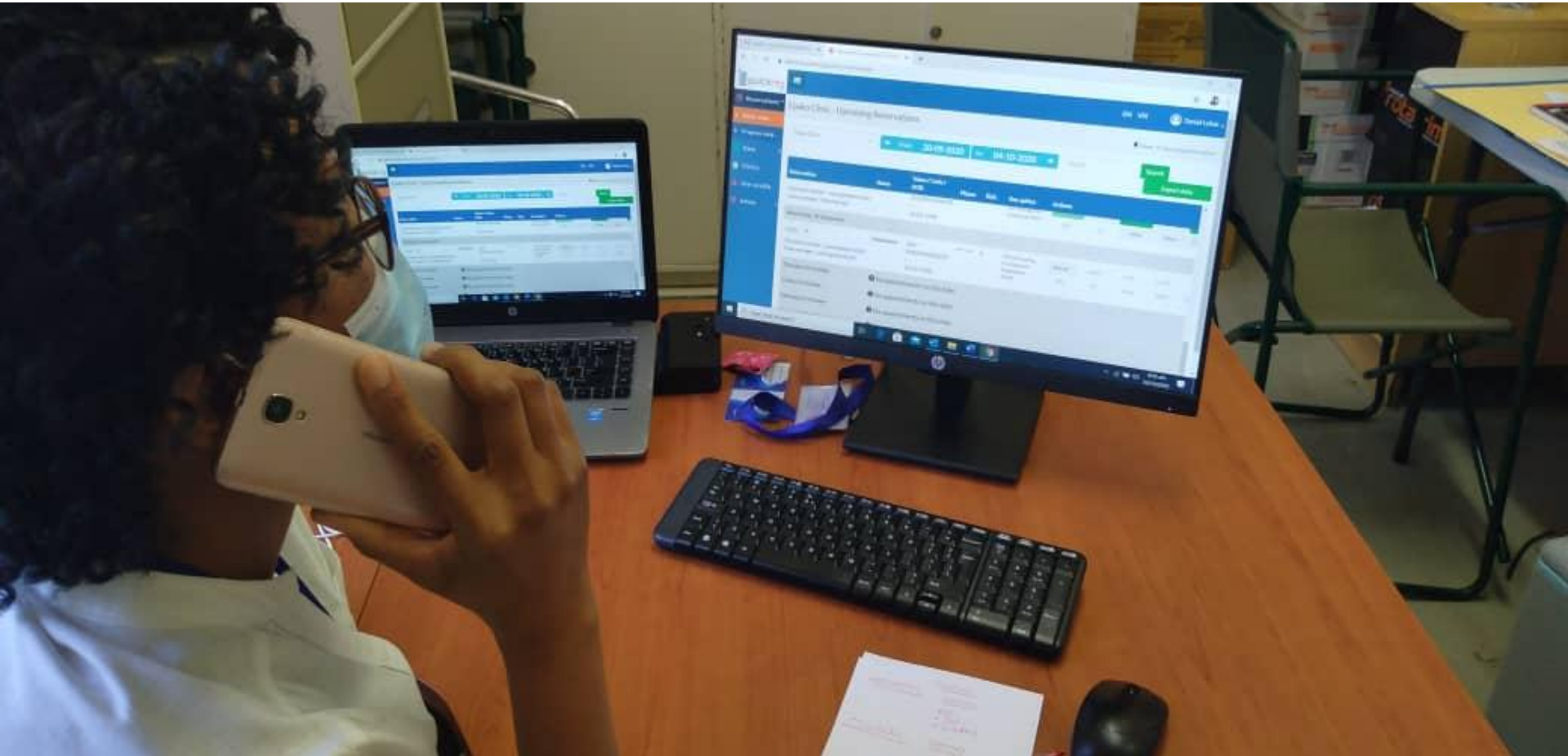
Total site users: 3880 total (1578 risk assessments and 2302 direct bookings)



Future benefits of QuickRes to KP-STAR

- Help to move away from paper-based case management to electronic case management.
- Improve efficiency in case management.
- Making data easily accessible and to ensure data security and client confidentiality.
- Extending the online application to MoHSS to get health workers on board, which can improve coordination of appointments at health facilities between health workers, clients and Case Managers.
- The online reservation helps and will continue to help with the decongestion in healthcare facilities and shortening the waiting time at the health facilities.

Thank you!



Q & A Break

THANK YOU FOR ATTENDING AND PARTICIPATING!

You can reach the entire team at htsteam@usaid.gov