



M&E capacity building
Photo: #EAWA

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New Capacity-building Strategy Technical Focus Component is Strengthening Local Partners in Push to End HIV and AIDS in Togo

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#EAWA PROJECT SUCCESS STORY

The Ending AIDS in West Africa (#EAWA) project is implementing an innovative strategy to continuously strengthen the capacity of implementing partners through technical assistance. The #EAWA team provides capacity building for monitoring and evaluation, clinical treatment, laboratory management, as well as institutional capacity, administration, and finance. This holistic approach to creating synergies among local partners is showing early signs of success and offers insights for other HIV programs. In Togo, a particular emphasis has been put in FY 22 in the core programmatic areas to advance sustained quality HIV service delivery and monitoring.

Introduction

In West Africa, local challenges to achieving the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets for HIV diagnosis, treatment, and viral suppression to end the HIV epidemic by 2030 require tailored interventions to address the performance gaps. The Ending AIDS in West Africa (#EAWA) project (Box 1) has been operating in Togo and Burkina Faso since 2017 and in Benin since FY22 to devise and implement such solutions.

In the 29 sites in four health regions of Togo where the #EAWA project is active, the team has begun implementing a series of innovations for ongoing capacity building to empower national and local partners to design, implement, and monitor all technical areas of the

HIV treatment cascade, as well as to mobilize populations to access services. This local capacity-strengthening (LCS) strategy is showing early signs of positive benefits for the transition of HIV treatment services to country ownership by enabling partners to take on greater leadership in the management of HIV services, performance monitoring, and program evaluation.

Importantly, these innovations will prepare local organizations to serve as prime partners for HIV programming supported by the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). They will also help USAID to achieve the goal of awarding 70 percent of its PEPFAR funding to local prime partners by 2025.



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#EAWA Togo began implementing the innovations with local nongovernmental organizations (NGOs) in FY22. Here we describe the activities related to three technical areas: monitoring and evaluation (M&E), clinical treatment, and laboratory management.

Box 1. #EAWA Project

The Ending AIDS in West Africa (#EAWA) project is a cooperative agreement (2017–2026) funded by the United States Agency for International Development (USAID)/West Africa and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Led by FHI 360, #EAWA's main goal is to accelerate progress in West Africa toward the UNAIDS 95-95-95 global targets for ending the AIDS epidemic by 2030: that is, for 95 percent of those living with HIV to know their status, 95 percent of those diagnosed to be on ART, and 95 percent of those on ART to be virally suppressed.

#EAWA's Approach to Technical Capacity Building

Prior to #EAWA Togo's technical capacity-building interventions, the main activities of partner sites were limited to mass HIV screening and linkage to the HIV treatment cascade after a pre-therapeutic assessment. There was no individualized follow-up of patients on antiretroviral therapy (ART). Patients were considered lost to follow-up after six months of interrupted treatment, and follow-up of individuals with interruptions in treatment was suboptimal.

The #EAWA team is building core capabilities in these areas among #EAWA Togo's implementing partners to improve HIV services and harmonize performance across health sites. This includes ensuring faithful execution of new screening approaches to detect HIV, improving the quality of services for patients on ART and retention on treatment, and expanding viral load testing and the achievement of viral suppression. As part of this, the team builds the capacity of site staff in day-to-day data management and use of the M&E systems required for the PEPFAR indicators.

#EAWA innovated several capacity-building processes for improving performance in these areas and provides ongoing technical assistance on effective implementation of the new processes. The project's capacity building extends beyond traditional training and refresher

courses to include daily follow-up technical assistance to all local partners at the direct service delivery sites. The innovation lies in the close, rigorous monitoring of site achievements and the tailored technical assistance provided post-session.

Weekly, or at least monthly, sessions take place in person or virtually via videoconferencing or telephone. The sessions cover either standard content developed for all project sites—but address only the menu of activities being implemented at that site—or issue-specific content to address emergent problems at the site. In addition, best practices are shared with all sites. Face-to-face and virtual sessions cover identical content; however, the latter format is dependent on internet availability at the site and does not permit trainers to physically verify data entry from paper data collection forms into the site database.

Sessions are structured similarly whether for M&E, clinical care, or laboratory management. Designated focal points at each site organize the weekly sessions and identify the standard or issue-specific content to be covered based on site performance and bottlenecks described in the weekly reports. Trainers plan the sessions in consultation with the focal point, including choice of an in-person or virtual format and based on the availability of site staff. They then send the focal point a list of tools to be used in the session and any data for the site to prepare in advance. Sessions last 90 minutes and include follow-up related to the previous session, review of site performance from the past week, areas identified for improvement, and ways to improve performance, as well as recommendations for follow-up. At the close of each session, follow-up discussions are scheduled as needed.

Post-session capacity strengthening consists of daily technical assistance from trainers to the site, according to the specific obstacles the site is facing. Performance gains following the sessions are monitored and the strategies employed to achieve them are documented and shared with other sites.

Monitoring and Evaluation (M&E)

To improve performance, #EAWA Togo is helping to strengthen individualized patient monitoring through daily technical support on data collection tools. The project's efforts to improve M&E focus on equipping partner staff to collect more accurate data in all program activities and

promote data analysis, sharing, dissemination, and use. This helps ensure that interventions are implemented with fidelity using granular data, aligned with national and PEPFAR priorities and guidelines, and based on global best practices.

The activities focus on strengthening the capacity of:

- M&E officers and focal points on data collection tools and understanding of the various PEPFAR indicators
- M&E and data entry operators (OPS) in the use of the E-Tracker platform
- M&E and OPS in the extraction, processing, and analysis of data through the E-Tracker platform

Most programmatic data are generated by the partners as part of routine monitoring across the HIV testing and treatment cascade. Site staff enter the data into the E-Tracker database, which uses individualized monitoring modules for clients of the various HIV services. Areas the project has identified for improvement include data extraction and analysis, updating patient records on interruption in treatment, identifying eligibility for viral load testing, entering viral load data into the E-Tracker database, and using the platform's numerous features.

Technical assistance is aimed at ensuring that primary paper tools are completed correctly, data are entered accurately into the E-Tracker database every week, and high-quality monitoring reports are sent weekly to #EAWA Togo. Data are entered on new HIV tests, HIV case finding, new ART clients, index testing clients, client retention on ART including those who did not honor appointments, client renewal of antiretroviral (ARV) refills, and clients with treatment interruptions. Data on viral load tests are also updated weekly, including the number of people living with HIV who are eligible for viral load testing, how many were sampled the previous week, the quantity of samples sent to laboratories, and the number of clients who received their results.

Reinforcement between the weekly sessions includes online support and phone calls between the trainers and site staff. Subsequent site-level actions may include phone calls to clients who did not pick up their ART refills, contacting individuals who interrupted treatment or missed their viral load sampling appointments, and updating client contact information.

Clinical Care

#EAWA Togo conducts continuous capacity building for care providers on all aspects of the clinical care cascade: prevention, screening, linkage to and retention in care, viral load monitoring, and psychosocial care. Particular attention is placed on fidelity to the screening approaches including enhanced peer outreach approach, risk network referral, index testing and motivational interviewing, community screening, and provider-initiated counseling and testing; ART initiation; case management of patients; prevention and reintegration of patients in treatment interruption; the process of status disclosure for HIV-infected children; pediatric HIV care; gender-based violence and intimate partner violence; pre-exposure prophylaxis; and therapeutic education of patients living with HIV.

Laboratory Management

Laboratory staff play a pivotal role in measuring viral load to assess whether individuals have interrupted treatment and confirm that those adherent to ART are undetectable and can no longer transmit the virus to sex partners. Site laboratories collect blood samples for viral load testing, store the samples, and send them to the supervisory viral load laboratory. In turn, viral load laboratories conduct the testing and return the results to the site laboratories for communication to patients. #EAWA Togo's capacity building in this area seeks to harmonize laboratory practices across partner site laboratories and viral load laboratories.

The weekly capacity-building sessions focus on ensuring that laboratories conduct effective quality assurance, including external quality assessments and monitoring the stock of HIV testing inputs in site laboratories, nonlaboratory testing points, and community testing teams. The sessions are also designed to improve the efficacy of site laboratories as well as to ensure that viral load laboratories accurately quantify the viral load of the samples and dispatch the results in a timely manner.

Each session covers follow-up from the previous session, the laboratory's technical problems, and review of performance from the past week. Discussions focus on implementation of the project's recommendations and identifying further capacity-strengthening needs. Daily follow-up is provided as needed to handle emergent problems.

Next Steps

In FY23, #EAWA Togo will continue to provide ongoing technical assistance, support, and capacity-building services to all local partners. The project will also work closely with EpiC to support #EAWA's overall LCS strategy. EpiC support will include enhanced monitoring of all partners to ensure capacity strengthening and compliance, as well as continuing to provide oversight for the #EAWA team.

In addition, #EAWA Togo will mentor three NGOs that have been designated as “HIV centers of excellence” in the skills required to transition to direct USAID awards by 2026. An initial step will be to conduct baseline technical and organizational capacity assessments for the three NGOs to identify the areas that will need extensive capacity building in each center. Based on the results, #EAWA Togo, with support from EpiC, will provide technical assistance to each NGO to develop a tailored capacity-building action plan with specific activities to improve each technical area of concern, along with timelines and metrics to measure change. In addition to the areas identified for improvement in the baseline assessment, each plan will include activities to strengthen leadership and governance, fraud identification and reporting, business development and sustainability, financial management and internal control, and human resources.

Conclusions

Strengthening efficacy and building operational harmony across all partner sites in the areas of M&E, clinical care, and laboratory management are proving fundamental to #EAWA Togo's progress toward the 95-95-95 targets. Critical to this enhanced performance is the continuous capacity building comprised of weekly sessions supported by ongoing communication and regular follow-up. Even at this early stage, #EAWA Togo's approach to local capacity strengthening through targeted technical assistance and continuous support to each site can constitute a replicable methodology for other countries to accelerate progress toward the UNAIDS targets.

In addition to partner staff benefiting from the ability to provide improved services with increased skills in program areas across the cascade, #EAWA Togo's capacity-building efforts have created synergies across partners for a more unified approach to ending HIV in the country. And, in the spirit of “nothing for us without us,” the project is empowering local partners to be leaders in crafting solutions to public health challenges.

For more information about the #EAWA project, please email eawainfo@fhi360.org

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