



**Government of Nepal  
Ministry of Health and Population  
National Centre for AIDS and STD Control  
Teku, Kathmandu**

## **Brief Report on ART site Assessment of TLE to TLD Transition**

**12 June 2020  
Monitoring Evaluation, Surveillance &  
Research Section**

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## Executive summary

National Centre for AIDS & STD Control recently (May 2020) updated and disseminated new national HIV testing and treatment guidelines which refine the testing strategy for the infants, adults and pregnant, introduces Dolutegravir (DTG) as the first-line drugs for all, and guideline also recommends rapid initiation of antiretroviral therapy (ART). NCASC in collaboration and coordination with HIV TWG members has updated and revised the Guideline to provide effective treatment to people living with HIV (PLHIV) in Nepal. The transition to a DTG-based regimen is being planned as per the tenofovir, lamivudine, dolutegravir (TLD) transition plan. The implementation of the guideline has been started since Jestha 1, 2077 (May 14, 2020) onwards from all ART sites and has recommended new regimen (fixed-dose combination pill-Tenofovir, Lamivudine and Dolutegravir) instead of previous one due to high HIV drug resistance (HIVDR) to Nonnucleoside Reverse Transcriptase Inhibitors (NNRTIs) group of medicine among PLHIV.

To ensure effective implementation of DTG based regimen in Nepal, NCASC planned and conducted a virtual orientation on the use of DTG-based regimen to all the health care provider's working at ART sites in all seven provinces. The orientation was conducted between May 6, 2020 and May 15, 2020. The participants were consultant physician, medical officers, ART Counselors, Health Assistant, and other stakeholders supporting HIV programs at the province level. More than 100 participants benefitted from the orientation. NCASC has also supplied DTG based regimen to all ART sites despite COVID-19 pandemic situation.

M&E, Surveillance and Research Section of NCASC developed a rapid site assessment tool to know the situation of DTG based regimen/TLD roll out at site level. This site assessment was also conducted to address any other queries and concern of the sites. We divided provinces among the team members and communicated regarding TLD transition (number of new clients, side effects and reasons for not prescribing DTG based regimen), recording/monthly reporting, updates in the DHIS2 Tracker system for TLD transition and receipt of the document with steps to enter the data in DHIS2 Tracker System.

Among all 78 ART sites who received DTG based regimen, 61 ART sites have already started prescribing DTG based regimen to PLHIV, and till 3<sup>rd</sup> June 2020, 1124 PLHIV/clients have received DTG based regimen. Among total ART sites, 16 sites not started prescribing DTG based regimen and one site, Salyan District Hospital did not receive our phone call during the assessment. Out of 1124, 528 clients' details are entered in DHIS2 Tracker System. Characteristics of PLHIV who started DTG-based regimen are presented in results section.

The main reasons for not starting DTG based regimen was related to recommended standard during virtual orientation such as suppressed viral load etc. Among sixteen sites, few of them have confusion about starting DTG based regimen and assessment team clarified their queries as per the recommended guidelines for initiation of DTG based regimen. ART counsellors also reported to the assessment team that some of the patients were reluctant to start DTG based regimen because they are feeling well with the existing regimen despite their eligibility for DTG based regimen. Some sites were clearing up their existing stock before starting a new regimen, to which our team clarified with the importance of TLD transition, and criteria to use old regimen and asked them to change to the new regimen to all eligible clients in next ART follow-up visit. Some of the ART counsellors had confusion over data entry process in DHIS2 Tracker, which was also clarified during the assessment.

The critical lesson learnt of this assessment was that the immediate follow up from the centre to service delivery points/ART sites helped to clarify queries and concern of sites which can be applied in the rollout of any interventions including TLE to TLD transition, data entry and other issues as well.

## Introduction

NCASC in collaboration and coordination with HIV TWG members has updated and revised the National HIV testing and Treatment Guideline 2020 to provide effective treatment to people living with HIV in Nepal. The implementation of the new guideline has been started since Jestha 1, 2077 (May 14, 2020) onwards throughout all the ART sites. The transition from NNRTIs based regimen (NVP and EFV) to new DTG based regimen was a more significant challenge during this lockdown period. Similarly informing health workers about the transition was another challenge for the NCASC and the partners. To ensure the smooth rollout of TLE to TLD transition; NCASC conducted a virtual orientation on new National HIV Testing and Treatment guideline to all the health care personnel (Clinicians/ART counselors) of each ART sites from all seven provinces. The orientation was conducted between May 6, 2020 and May 15, 2020. The participants of this training were Consultant physician, Medical Officers, ART Counselors, Health Assistant, and other health care providers from ART Sites. The NCASC and partners (Save the Children, FHI360) facilitated the orientation and 193 (Female= 45 and Male=148) health workers participated remotely. Similarly, NCASC team also informed participants about data entry progress inside DHIS 2 Tracker and latest changes made inside the system, including data entry related to DTG-based regimen. During virtual orientation, participants were also informed about the importance of reporting data into the national health information system (DHIS2) of IHMIS/Management Division. To ensure a smooth rollout of TLE to TLD, NCASC supplied DTG based regimen to all 78 ART sites of Nepal.

## Methods

M&E, Surveillance and Research Section of NCASC developed a rapid site assessment tool to know the situation of DTG based regimen/TLD roll out at site level. This site assessment was also conducted to address any other queries and concern of the health workers working at ART sites. NCASC also realized the importance of immediate follow-up to sites; to understand their experience of TLE to TLD transition and to address any issues of service providers and users.

Assessment team of NCASC communicated with all ART counsellors via telephone for the site assessment (**refer to annex I for assessment tool**). Using the tool, the team asked ART counsellors about the availability of DTG based regimen at the site, whether they have started prescribing it to the patient or not, the number of clients prescribed with DTG base regimen and feedback from the clients regarding side effects of the new regimen.

The assessment team have also asked ART counsellors about recording, reporting and updates of DHIS2 Tracker system and their comments and suggestions to NCASC. All the ART sites were reached through phone call, except Salyan District Hospital.

## Findings

Out of the total 78 ART sites, all of them have received the DTG based regimen from NCASC. For one site, who wasn't reached through a phone call, the status of DTG regimen delivery was assessed from the Logistics team of NCASC.

Among total ART sites, 61 ART sites have started initiated DTG based regimen to PLHIV/clients, 16 sites have not initiated, and one site status couldn't be accessed; which is presented in the figure below.

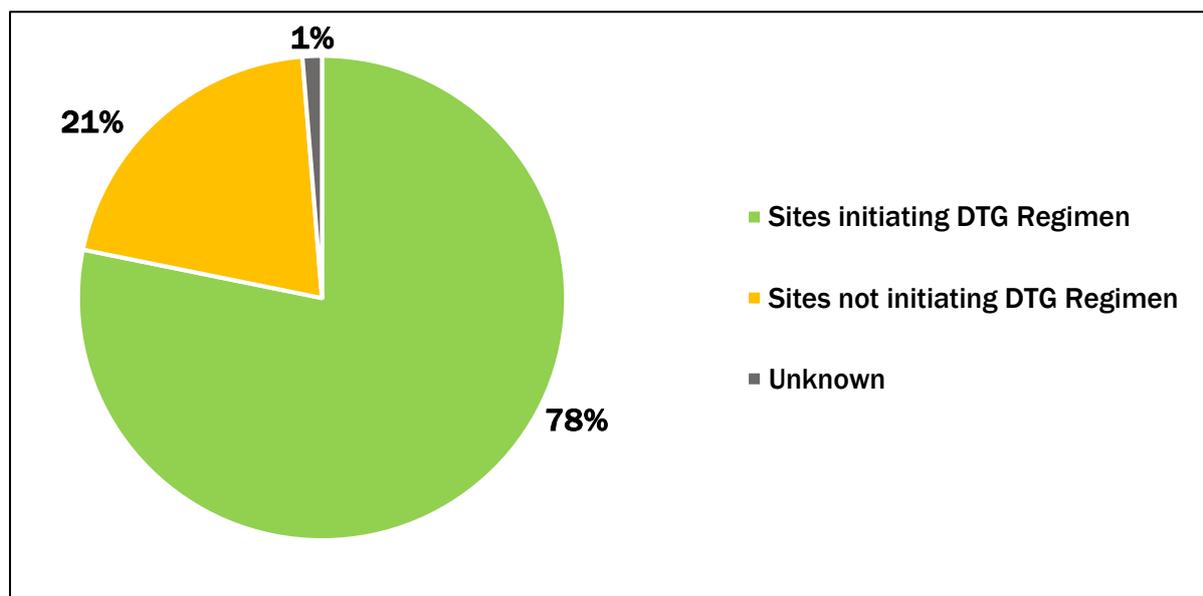


Figure 1: Status of initiation of DTG based regimen at ART sites

Till the date of assessment; 1124 clients have received DTG based regimen, and highest number of PLHIV started DTG-based regimen in the province 5, which is depicted in figure 2.

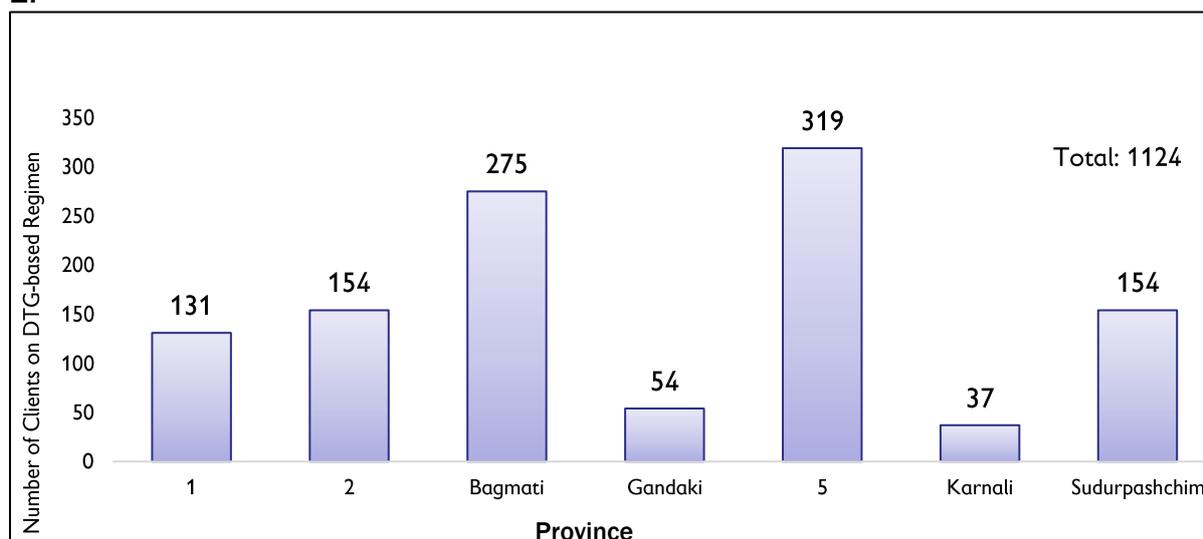


Figure 2: Number of PLHIV who initiated DTG-based regimen by province

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Out of total 1124 PLHIV on DTG based regimen, 528 PLHIV details are entered in the DHIS2 Tracker System, which makes 47% (Figure 3).

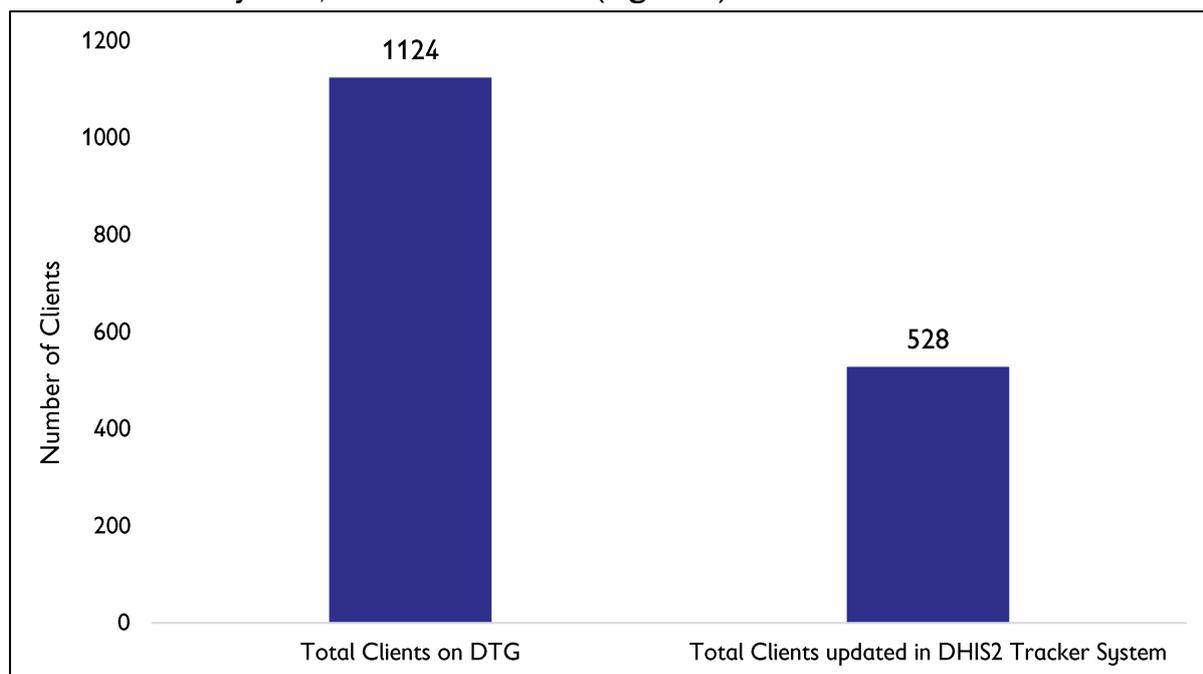


Figure 3: Status of DHIS 2 Tracker System update of DTG based clients

Out of 528 PLHIV/clients updated in DHIS2 Tracker System; the majority of clients are of Gandaki province followed by province 5 (Figure 4).

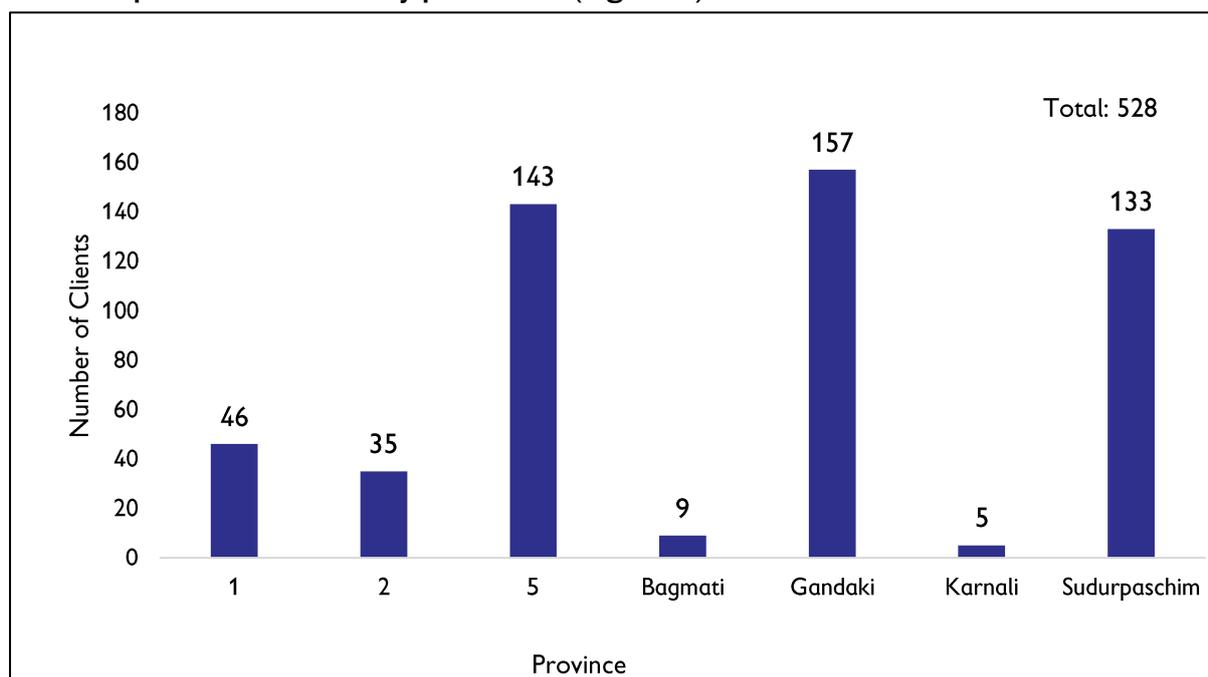


Figure 4: Data entry of client-initiated DTG based regimen in DHIS2 Tracker by province

Figure 5 describes the gender-wise distribution of DHIS2 Tracker update, of a total 528 PLHIV who initiated DTG based regimen.

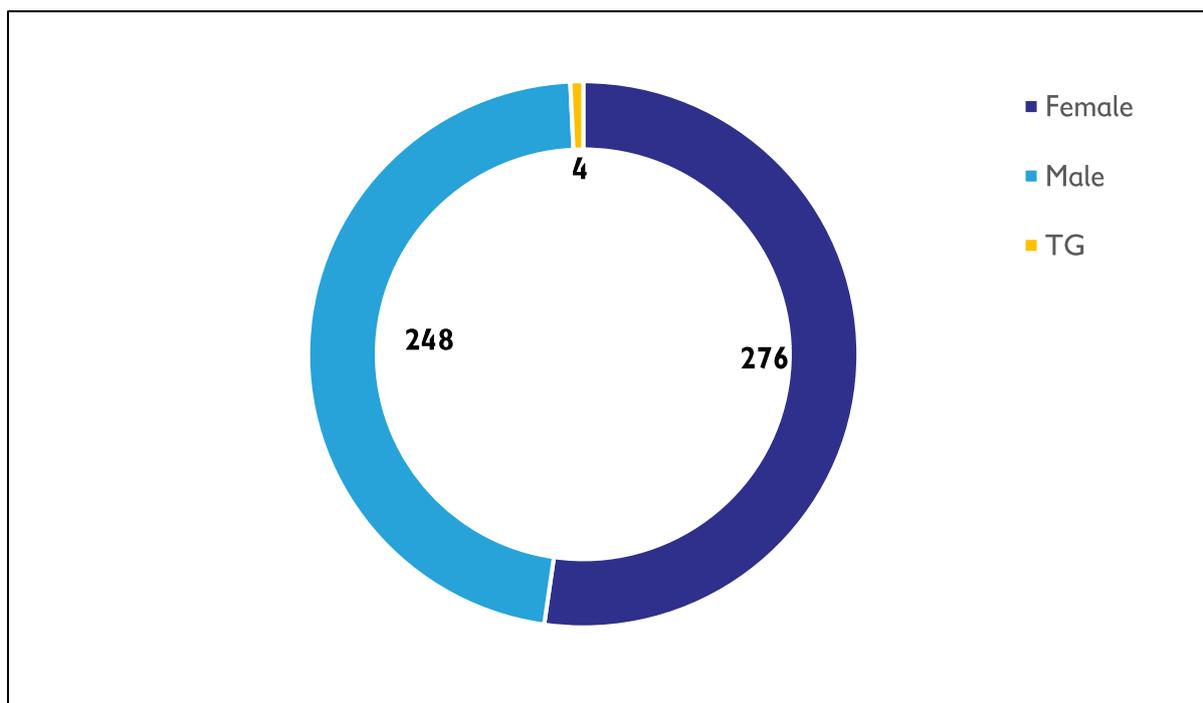


Figure 5: Gender Wise Distribution of PLHIV who initiated DTG based regimen recorded in DHIS2 Tracker

Out of the total updates in DHIS2 Tracker, the majority of clients are of risk group 'Spouse of migrants'; which is displayed in figure 6.

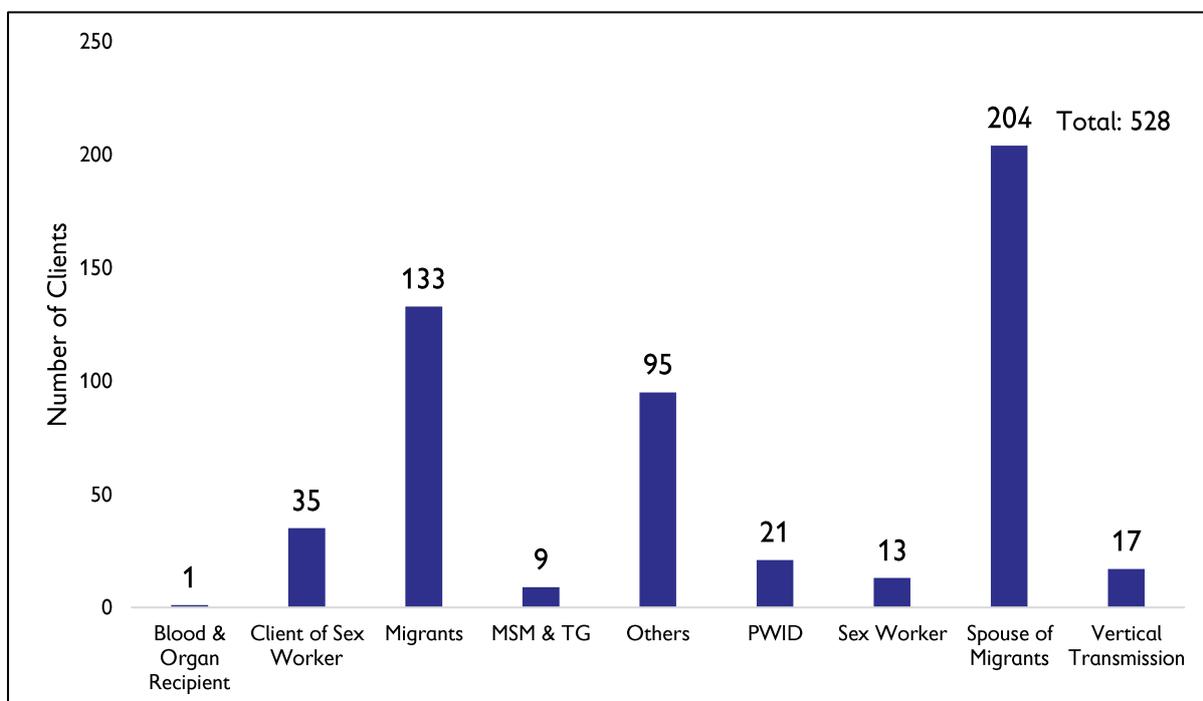


Figure 6: Risk Group Wise Distribution of PLHIV who initiated DTG based regimen recorded in DHIS2 Tracker

## Concerns and Challenges Shared by ART Counselors

### Regarding TLD Transition and ART Management:

- In the majority of DTG non-initiating sites, the previous regimen was given to the clients during their last follow-up visit, so they were not starting the new regimen. However, most of them are aware of the recommended guideline for initiating DTG based regimen.
- In some sites, clients have shared to ART counselors that the previous regimen is working well to them and does not have any side effects; reluctant to initiate DTG based regimen and hence counsellors have not started DTG based regimen for those PLHIV.
- There is no ART clinician during this lockdown period at Bir Hospital, and there is a large stock of old regimen so could not start DTG based regimen.
- No side effects reported by PLHIV who initiated DTG based regimen except Hetauda Hospital as a counsellor has reported that some clients reported to her of the side effects such as nose bleeding, diarrhea, vomiting, nausea, weaknesses such leg pain and cramps. Assessment team suggested her to consult with the clinician to address the issues shared by PLHIV.
- Other challenges faced by the ART team was conducting lab investigations to change the regimen like few had not done VL test, required SGPT, Sr, urea and creatine to assess the client's conditions for a new regimen. Even to do follow up monitoring test at 15 days seemed challenging.
- The ART and CHBC is working closely to deliver the medicines and transitioning the regimen according to the counselor.

### Challenges, Duty Hours and Expectations of Counsellors:

- In Narayani Hospital, Bhim Hospital and Achham District Hospital; because of the pandemic COVID-19; ART sites have been shifted to other buildings to set the isolation ward for the COVID 19 clients. ART sites are dispensing medicine only, so regular monthly reports have not been sent and could not enter data in DHIS2 Tracker or monthly report to DHIS/IHMIS section.
- Some of the ART counsellors are busy in delivering medicines to clients to their home; so, it is difficult for them to perform data recording and reporting activities.
- ART sites of Bara, Nuwakot, Sarlahi, Rakamkarnali HP, Dodhara PHC and Sindhuli districts have no computer at their sites.
- Mechi Provincial Hospital, Pyuthan Hospital, Rolpa Hospital, Maharajgunj PHC, Rapti Provincial Hospital, Dhading District Hospital, Myagdi District Hospital, Dailekh District Hospital, Rukum District Hospital, Okhaldhunga District Hospital, Bardiya District Hospital have no internet facility.
- Some of them are facing problems to post reports via DHIS2/IHMIS because of the absence of medical recorder at the hospital during the lockdown period.
- Some ART counselors have reported that in this pandemic situation; there are no personal protective equipment (PPE) provided from hospital management and they are treated as if they are directly recruited from NCASC or as if ART program is a vertical program. They requested NCASC to send high-quality PPE to sites so that they can provide services more effectively.
- ART counsellor of BPKIHS has stated that she has not received a salary in the past six months.

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- Some of the counselors had a query about salary increment and other bonuses; to which the assessment team clarified the new salary scale for the coming fiscal year.

All the ART counsellors have committed for the timely submission of routine reports via DHIS2/IHMIS, whenever possible. They have committed to submit the monthly report through email, or through social media to NCASC where reporting to DHIS2/IHMIS reporting is not possible. However, the assessment team highlighted the importance of mandatory reporting of monthly report to national information system/DHIS2 of IHMIS/ Management Division.

## Conclusion

Site assessment was done to all ART sites except one site was not reachable through phone contact. All sites have received the DTG based regimen from NCASC, and among them, 61 ART sites have started prescribing DTG based regimen to PLHIV and till date 1124 clients have received DTG based regimen. Out of 1124, 528 clients' details are updated in the DHIS2 Tracker System.

Some counsellors have been prescribing old regimen without being aware of the recommended standard for transition to DTG based regimen. We have recommended them for prescribing old regimen based on recommended guideline and suggested to take help from clinician and technical experts. ART sites not starting DTG based regimen have reported that clients will be given new regimen in the next ART follow-up following the recommended guideline. Some of the ART counsellors have been involved in other activity of COVID-19 contact tracing in the field, fever clinic, quarantine, and isolation ward as well. In few sites, no computer or poor internet are the biggest challenge for timely data entry in DHIS2 Tracker system.

Assessment team suggested counsellors be safe and apply safety measures while providing services and supply medicines to the clients using social networks as well, which they have been applying during the lockdown period. The lesson learnt of assessment team was that the immediate follow up to ART sites helped all the ART counsellors to clarify their queries and concern related to TLE to TLD transition, data entry and other issues as well.

## Annex I Tool used for Site Assessment

S.N	Name of SDP	Province	Name of Contact Person	Contact Details	TLD regimen received from NCASC	TLD Started at site	Number of PLHIV prescribed with DTG	If provided then enter number of patient data prescribed with DTG based regimen entered into DHIS2 Tracker	Remarks (Site or SCI field staff)	Discuss update entry i effect develo note".