

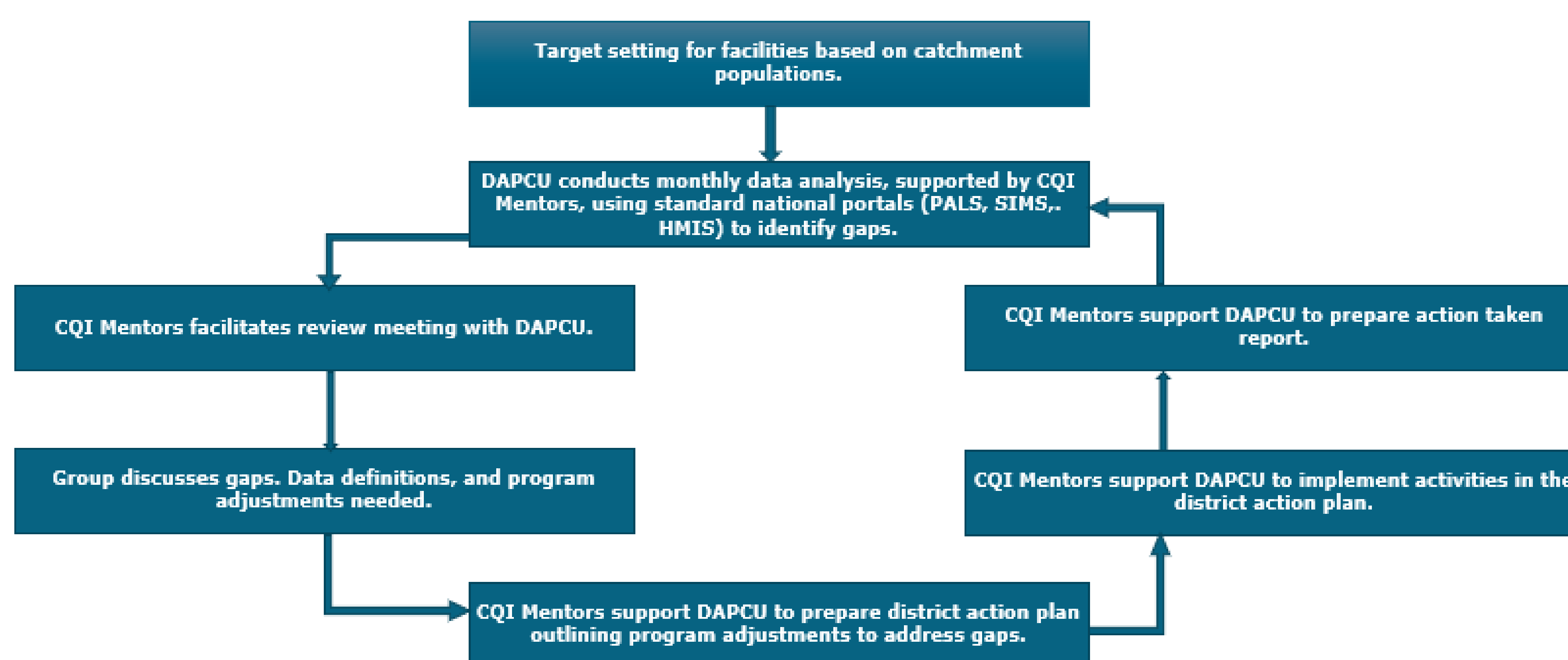
Background

Regular analysis and use of programmatic data for planning has the potential to optimize service delivery and program outcomes. Under the CDC-funded **Strengthening Strategic Information Management System (SIMS) Project**, PATH supported the Andhra Pradesh State AIDS Control Society (APACS) to roll out a granular data-driven district-level planning process to improve district-level HIV programming to achieve the first 95.

Description

Continuous quality improvement mentors trained and mentored seven District AIDS Prevention and Control Units (DAPCU) on the district-level planning process (see Figure). This process involved analyzing routine data from national HIV information systems reported by service delivery sites/providers (e.g., Integrated Counseling and Testing Centers, link workers); highlighting gaps in reaching targets; discussing solutions to identified gaps; developing and implementing an action plan; and reviewing progress against the action plan. Monthly reviews were also conducted by DAPCUs for all testing centers, focusing on testing coverage and ART linkage. This process was implemented by the seven trained DAPCUs from August through December 2021. We compared performance data for three indicators related to HIV testing and linkage services from the August through December 2021 period against data from August through December 2020 to assess if this process led to improved performance against delivery of HIV testing services.

Figure: Data-driven district action planning process



Results and lessons learned

As highlighted in the table, there was an observed increase in achievement against annual HIV testing targets (39.7% versus 20.5%; $p < 0.001$) and the percentage of partners of newly-diagnosed HIV-positive people tested for HIV (45.0% versus 40.4%; $p < 0.001$) between the control and intervention period. No change was observed for linkage to treatment (97.7% during both time periods).

Data-driven monthly discussions with DAPCUs and site-level teams facilitated mid-course adjustments and informed district-level decisions. These monthly review meetings also provided valuable opportunities for cross-learning, exchanging experiences and best practices with peer groups, clarifying issues, and refining data required to measure and evaluate specific activities. This process enabled solutions-oriented discussions by promoting regular data use and analysis; regular monitoring of district-wide progress towards achieving the 95-95-95 targets; and updates on the district action plan to higher authorities.

Table: Comparison of performance against HIV testing and linkage indicators from August through December 2020 and August through December 2021.

	Percentage achievement against annual HIV testing targets	Percentage linkage to treatment	Percentage of partners of newly-diagnosed HIV positive people tested
August-December 2020	20.50% (81,109/394,643)	97.70% (2,169/2,221)	40.40% (877/2,169)
August-December 2021	39.70% (156,671/394,643)	97.70% (3,035/3,105)	45.00% (1,365/3,035)

Next steps

Data-guided review meetings led to improved performance in delivery of HIV testing services and achievement against the first 95 target. The process was also critical in facilitating increased data analysis and the preparation and monitoring of district-level action plans. Data-guided review meetings will be expanded beyond the seven districts to all districts in Andhra Pradesh and states. Data-driven and participatory decentralized planning can help India achieve the UNAIDS 95-95-95 targets.

Application of the data-driven district-level planning process led to improved performance in HIV testing