OBJECTIVES OF ROUTINE REPORTING

To collect, analyze and use data at all the levels (national, province, district) for:

• Planning and programming
  ➢ Policy, strategy, activities, budget, resources

• Performance and quality improvement of service deliveries
  ➢ HIV prevention, Harm Reduction, HIV care/ART, VCT, PMTCT
INFORMATION CYCLE

Health Workers at Service Delivery Point Collect

- Collect
- Use
- Process
- Feedback
- Present

- Collect
- Use
- Process
- Feedback
- Present

- Interpret information
- Make comparisons
- Look at trends
- Programme planning and service improvement

- • Check data quality
- • Analyze data

Produce regular summary reports and indicators

ROUTINE REPORTING AT DIFFERENT LEVELS OF THE HEALTH CARE SYSTEM

<table>
<thead>
<tr>
<th>Level of data collection</th>
<th>Purpose</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global/Regional</td>
<td>Global reporting (e.g. UNGASS)</td>
<td>Less</td>
</tr>
<tr>
<td>National</td>
<td>National planning and reporting</td>
<td></td>
</tr>
<tr>
<td>District/Province</td>
<td>District and provincial reporting and planning</td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Management of groups of clients, case review, drug supply</td>
<td></td>
</tr>
<tr>
<td>Client</td>
<td>Client management</td>
<td>More</td>
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</tbody>
</table>
LIMITATIONS OF ROUTINE REPORTING IN THE PAST

• Organizations related to HIV/AIDS management data did not follow the assigned flow of reporting system in the protocol of HIV/AIDS surveillance.

• National organizations located in province did not send the report to the Provincial Sub-Committee for HIV/AIDS Surveillance in the Provincial level.

LIMITATIONS OF ROUTINE REPORTING IN THE PAST (CONT.)

• One HIV positive case can be reported more than one time because he/she can visit more than one clinic in the province or other provinces for having HIV testing.

• Collected data was information on indicators of activities of the program itself.
LIMITATIONS OF ROUTINE REPORTING IN THE PAST (CONT.)

- Collected information did not meet international requirement for reporting national HIV/AIDS program.
- Lack of a set of indicators for evaluation, not yet providing information for calculating indicators truly significant for evaluating overall results and achievements that the AIDS program has reached.

LIMITATIONS OF ROUTINE REPORTING IN THE PAST (CONT.)

- There has not been yet a proper foundation for planning.
- The information on HIV/AIDS had not been used for planning effectively.
- Financial budget for monitoring and evaluation of HIV/AIDS prevention and control program was low.
NEW ROUTINE REPORTING SYSTEM

• Protocole of MOH for monitoring, surveillance from provincial to national level for both systems of HIV passive and sentinel surveillance is reviewing for improvement.
• MOH has a decision 26/QD-BYT for the new routine reporting that need to be regularly reported

NEW ROUTINE REPORTING SYSTEM

• National M & E Framework
  Set of national core indicators

• Tools for Routine Reporting
  HIV/AIDS case and death reporting
  HIV program reporting (Decision No 26/QD-BYT)
  ARV drug reporting (Decision 2051/QD-BYT)
Examples of National Core Indicators to be Collected through Routine Reporting 1

• 16. Functional provincial Monitoring and Evaluation units
• 19. Reported # of HIV cases, AIDS cases and AIDS deaths
• 31. % districts implementing needle and syringe exchange and/or distribution program
• 32. % districts implementing condom promotion programs for commercial sex workers
• 33. Number of sites implementing substitution programs
• 39. % of blood transfusion units screened for HIV which meets the MOH standards during the last 12 months
• 41. Number of people who are voluntarily tested and received HIV test results (12 months)

Examples of National Core Indicators to be Collected through Routine Reporting 2

• 45. #/% pregnant women who received HIV counseling and testing for PMTCT and received their test results
• 46. #/% both HIV-positive pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT
• 51. % people with advanced HIV infection receiving ARV combination therapy
• 52. Continuation of first-line regimens at 6, 12 and 24 months after initiation
• 53. Survival rate at 6, 12, 24 months after initiation of treatment
• 54. # PLWHAs receiving HIV treatment and care services who were screened for TB symptoms
HIV/AIDS/STI CASE REPORTING

HIV and AIDS Case Reporting System:
– System have been applied since 1989.
– Specimens from hospitals, clinics and private physicians were collected and initially tested in the provinces. Suspected specimens of positive blood were sent to provincial capable testing laboratories, regional institutes or NIHE in Hanoi for confirmatory testing.

STI Case Reporting System:
– Protocol for setting up the STI surveillance system was delivered in 2002. The system was first implemented in 2003.
– Provincial Dermato-Venereology Center (PDVC) reported STI data from out-patient departments of PDVCs and of Provincial General hospital only.
– PDVCs reported STI case reporting to NIDV twice a year.
– NIDV reported STI cases to MOH every six months.
HIV/AIDS PROGRAM REPORTING
Decision No 26/QD-BYT

• Part I Management
  – Personnel

• Part II Professional Activities
  – IEC/BCC
  – Harm Reduction
  – Care and Treatment
  – Surveillance and VCT
  – PMTCT(Prevention mother to child transalation)
  – STI management and treatment
  – Safe blood transfusion
  – Capacity building
  – Equipment, drug, test kit
  – Budget
  – Challenges, difficulties and recommendations

DECISION NO 26/QD-BYT
I. IEC and BCC

• Mass media
  e.g. Television, Radio broadcasting, Music performance, Billboard, bandroll;

• Direct communication
  e.g. IDU, CSWs, restaurant waitress, MSM, mobile population, PLWH, Pregnant women

• Printing and distribution of IEC materials
  e.g. Leaflets, pamphlets, Table-calendar, Articles and press, VCD, Cassette tape, Poster
DECISION NO 26/QD-BYT
II. Harm Reduction

• Subjects engaged in HR program
e.g. # IDUs registered, # CSWs registered, # MSM registered, # peer educators, # outreach staff

• Intervention programs
  – Needle Syringe Exchange (NSP) e.g. # districts implementing NSP, # IDU participating, # clean needle/syringe distributed
  – Condom Distribution e.g. # districts implementing condom distribution program, # CSWs/MSMs participating, # condoms distributed free-of-charge to CSWs/MSMs/IDUs

FUNCTIONAL REPORTING SYSTEM
COULD SHOW……..

COVERAGE

% of IDU on NSP by IDU prevalence

% of mapped IDU reached by NSP

0 - 20 %
20 - 40%
40 – 60%
60 – 80%
More than 80%

HIV PREVALENCE RATE BY RGK GROUP, 2006; IDU BY (P) PROVINCE
SOURCE: UNITED STATES CENSUS BUREAU (2010)
DECISION NO 26/QD-BYT
III. Care and treatment

- **Counseling, care and support**
  e.g. # PLHA receiving home-based care/ psychological support/cotrimoxazole prophylaxis

- **Access to ART**
  e.g. # Patients on ART - new, cumulative, # patients eligible for ART

- **Success of ART**
  e.g. % still alive/on first line regimen after 6, 12, 24 months after initiation
Success of ART:

% patients alive and on ART: by site

Target = 85%

FUNCTIONAL REPORTING SYSTEM COULD SHOW…..

Success of ART:

% patients continuing 1st-line regimen: by site

Target = 80%
### III. Care and treatment

**Occupational post-exposure prophylaxis**
- e.g. # staff with occupational accident/injury, # exposed persons who received ARV before 72 hours

**ARV management**
- e.g. % ART facilities experiencing stock out of ARV during 6 last months

**Assessment of health system**
- e.g. Health centers with adequate essential drug (for care and treatment of HIV/AIDS)

### IV. Surveillance and VCT

**VCT**
- e.g. # people voluntary to have HIV test, # people coming to receive test result and receive post-test counseling (Disaggregation by age and risk groups – IDUs, CSWs, MSM)

**Case-finding surveillance**
- e.g. # IDUs, CSWs, STI patients, TB patients, Blood donors, Antenatal care clients
DECISION NO 26/QD-BYT
V. PMTCT

• **Counseling and testing, ARV prophylaxis**
  # health facilities providing PMTCT service
  # Pregnant women attended antenatal care
  # Pregnant women received HIV test and the test result.
  # Pregnant women having a HIV(+) received ARV prophylaxis.

• **Mother and Infant Follow-up**
  # HIV-exposed children tested for HIV at 18 months
  # HIV-exposed children receiving cotrimoxazol prophylaxis
  # HIV-exposed children being provided with infant formula during 6 months

**FUNCTIONAL REPORTING SYSTEM COULD SHOW……**

Gap and Achievement in Service Delivery
VI. STI management and treatment

- **STI check up and treatment by cause**
  - # Cases diagnosed/Treated: Syphilis, Gonorrhea, Chlamydia, Trichomonas, Candida, Papiloma, Herpes

- **STI check up and syndromic treatment**
  - # Cases diagnosed/Treated: Lower abdomen pain, Vagina secretion, Urethra secretion, Ulcer

VII. Blood Safety

- # Blood drawing stations
- # Blood units collected
  - From professional blood donors
  - From volunteer blood donors
  - From family members
  - From auto-blood donor
- # Blood units from other stations
- # Blood units screened for HIV
DECISION NO 26/QD-BYT
Capacity building, Equipment, Budget

• Training/workshops
• Scientific research
• International cooperation
• Equipment
• OI drug management
• Test kit
• Budget / Budget allocation

CONCLUSION

Routine reporting system functions as the critical component of the new National M&E framework to plan HIV/AIDS program activities and improve performance of service deliveries.