The CQUIN Community of Practice for Quality & DSD

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Outline

- Definition of a community of practice?
- What is a CQUIN community of practice and examples?
- Why a CoP on Quality and ToRs?
- Participating countries and examples of projects
- Quality Management cycle
- Approach and next steps

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What is a community of practice?

- A group of people who share a concern or passion for something they do and learn how to do it better as they interact regularly (Wenger-Trayner, 2011)
- Members are brought together by a shared learning need
- Interactions produce resources that improve their work

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What is a CQUIN Community of Practice?

- Opt-in groups within CQUIN, focused on key issues identified by CQUIN members
- Work together to co-create resources and tools where gaps and needs have been identified
- Generally time-limited
- Meetings are mostly virtual, with some exceptions

Illustrative CQUIN Communities of Practice

- Differentiated M&E
- National DSD Coordinators
- Recipients of Care / Community Engagement
- TB/HIV
- Quality and QI

Why a CoP on Quality?

- Identified as a high priority by CQUIN members
- Almost all CQUIN countries self-stage themselves in the quality “red zone” on the CQUIN dashboard due to a lack of information about DSD quality
- The “Qu” in CQUIN = quality!

Quality CoP Terms of Reference

Primary Objectives:

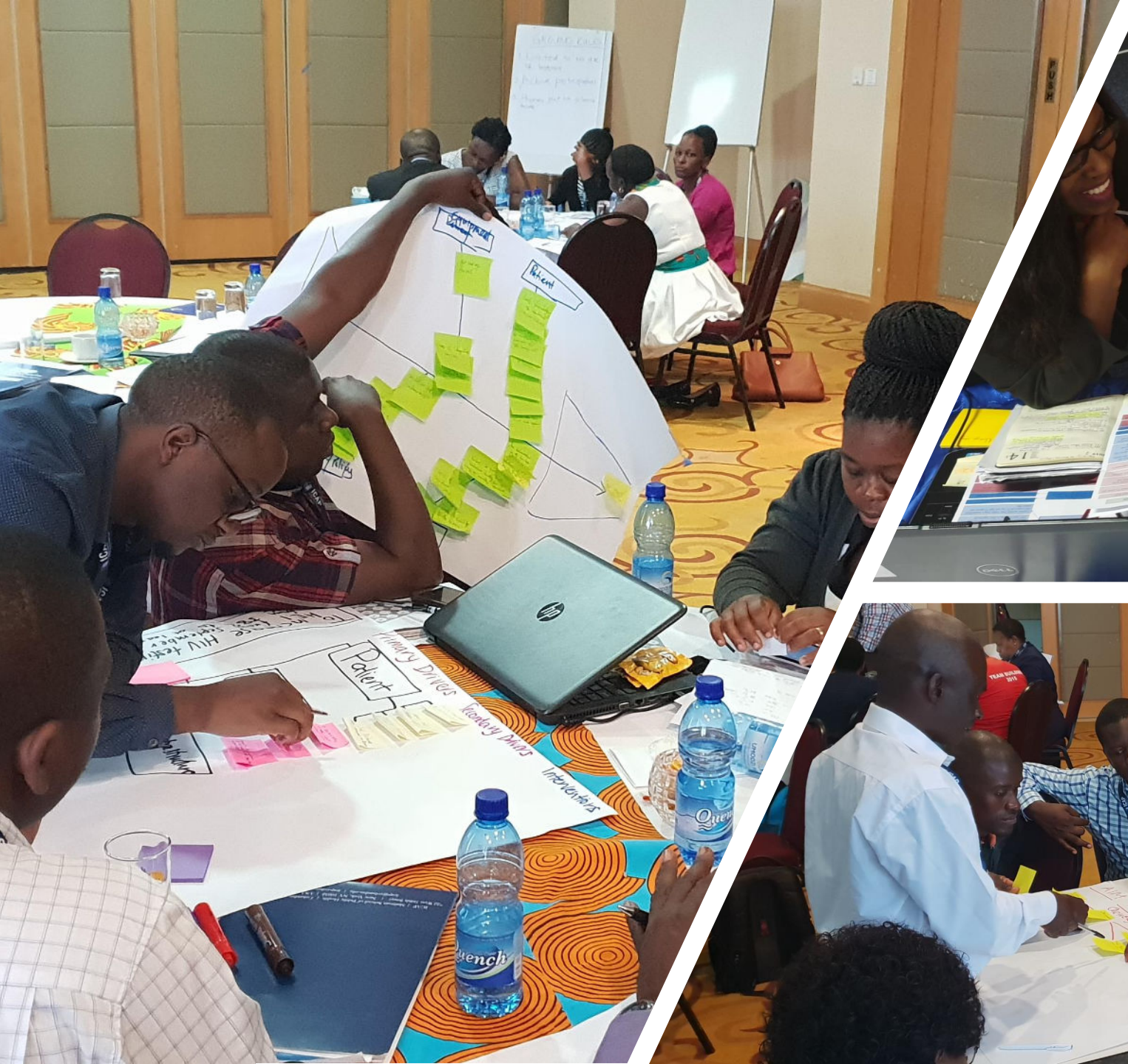
- To identify priority gaps and challenges related to DSD quality management (standards, QA and QI)
- To systematically implement interventions to address the identified gaps and challenges;
- To jointly create a quality standards framework for differentiated treatment models;
- To exchange best practices and resources for DSD quality assurance;
- To provide ongoing feedback and technical support for QI projects related to DSD programs

Current Participants

- Cote d'Ivoire
- Eswatini
- Kenya
- Malawi
- Mozambique
- Uganda
- South Africa
- Tanzania
- Zambia
- Zimbabwe

Activities to Date

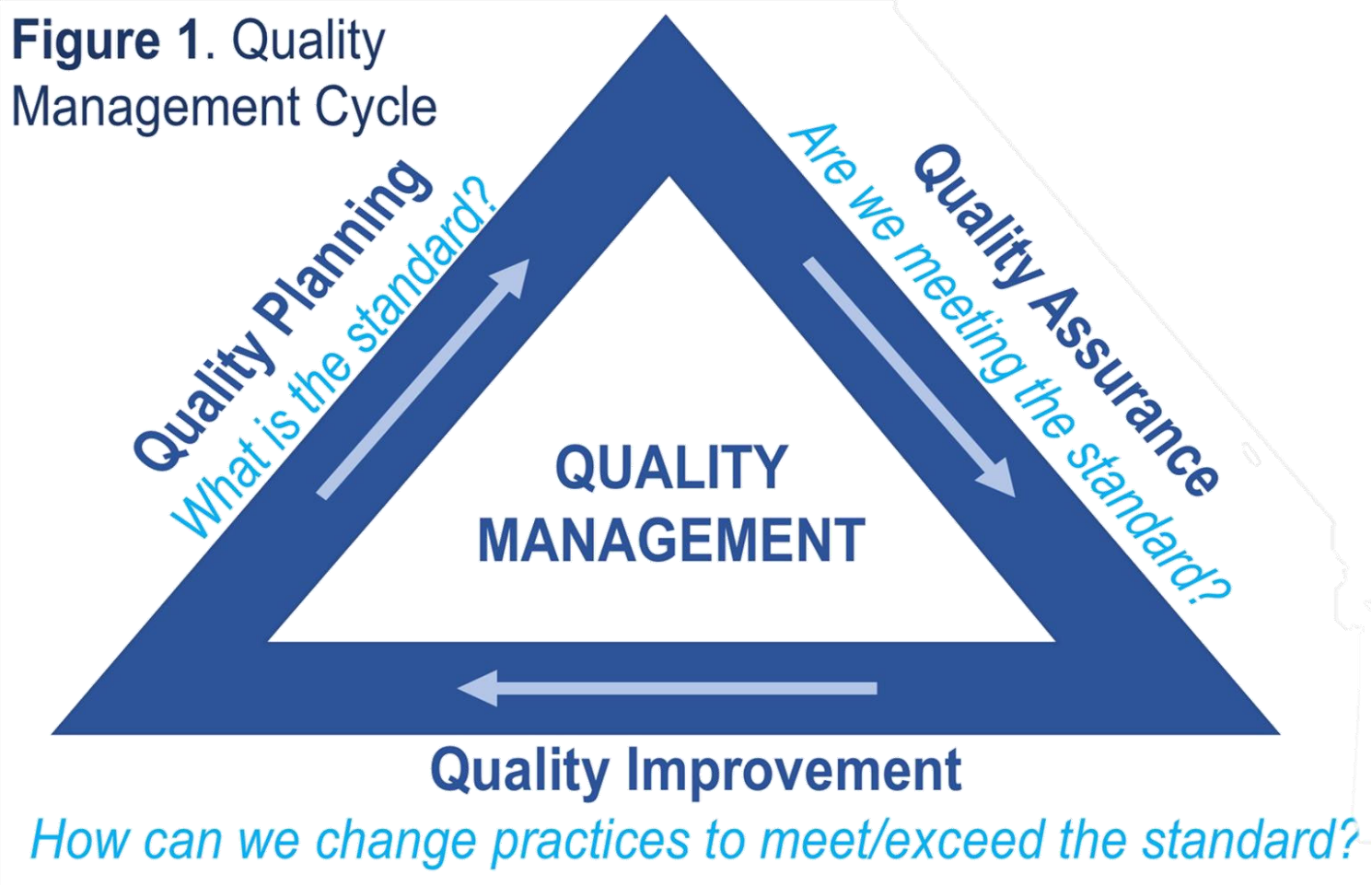
- QI for DSD workshops in Malawi (September 2018), Zambia (April 2019) and Eswatini (May 2019)
  - Participants from Eswatini, Malawi, Uganda, Zambia and Zimbabwe
  - More than ten QI-DSD projects developed
  - Regular calls to present progress and get feedback
- Exchange of QA tools
  - Zambia is adapting a DSD QA tool from Eswatini (will be discussed in session 4 this afternoon)
- Co-creation of DSD quality standards


Patient
Patient
Primary Drivers
Secondary Drivers
Interventions

Examples of QI-for-DSD Projects

- ***Eswatini:*** To increase the proportion of eligible ART clients enrolled in DSD at three health facilities (Pigg's Peak Hospital, Good Shepherd Hospital, and AIDS Healthcare Foundation (AHF) Clinic) from 16% to 50% between October 2018 and March 2019.
- ***Malawi:*** To enroll 90% of all teens on ART at Area 25 health center in Lilongwe into the teen club model between January and June 2019.
- ***Uganda:*** To increase the percentage of eligible clients enrolled in the Community Client-Led ART Distribution (CCLAD) model at Fort Portal Regional Referral Hospital from 1% to 15% between September 2018 and March 2019.
- ***Zambia, FHI360 Open Doors:*** To reduce the proportion of "lost-to-follow-up" of key population clients on the Community ART Distribution (CAD) model from 50% to 40% between May 2019 and October 2019 at FHI360 Open Doors project sites.
- ***Zambia, TALC & Lusaka Provincial Health Office (PHO):*** To increase the proportion of recipients of care (ROCs) with documented viral load results in their files from 35% to 60% between May 2019 and November 2019 in 8 health facilities in Lusaka district.
- ***Zimbabwe:*** To increase DSD for ART coverage from 12% in March 2019 to 80% by June 2019 for clients receiving care at Murehwa district Hospital.

Quality management Cycle



Why Quality Standards?

- When the group began to discuss quality assurance tools, we realized that these were scarce
- One barrier = lack of formal quality standards
- National guidelines often implied standards – e.g., by including activities in M&E tools – but rarely made them explicit
- For example: how fast is “fast track”?

Quality Standards for DSD

- The idea is to develop a generic framework that can then be adapted and/or used to generate QA tools
- These are not intended to be “CQUIN standards”
- We don’t want to “reinvent the wheel”
  - Review of global documents (e.g., WHO 2004 quality standards)
  - Review of national guidelines
  - Scan of published and grey literature

Quality Standards – continued

Challenges include:

- Overlap between standards for HIV treatment in general and differentiated ART (DART) models in particular
- Multiplicity of DART models
- What is the optimal level of detail?

Approach:

- Cross-cutting section
- Model-specific sections

Approach

Cross-cutting standards

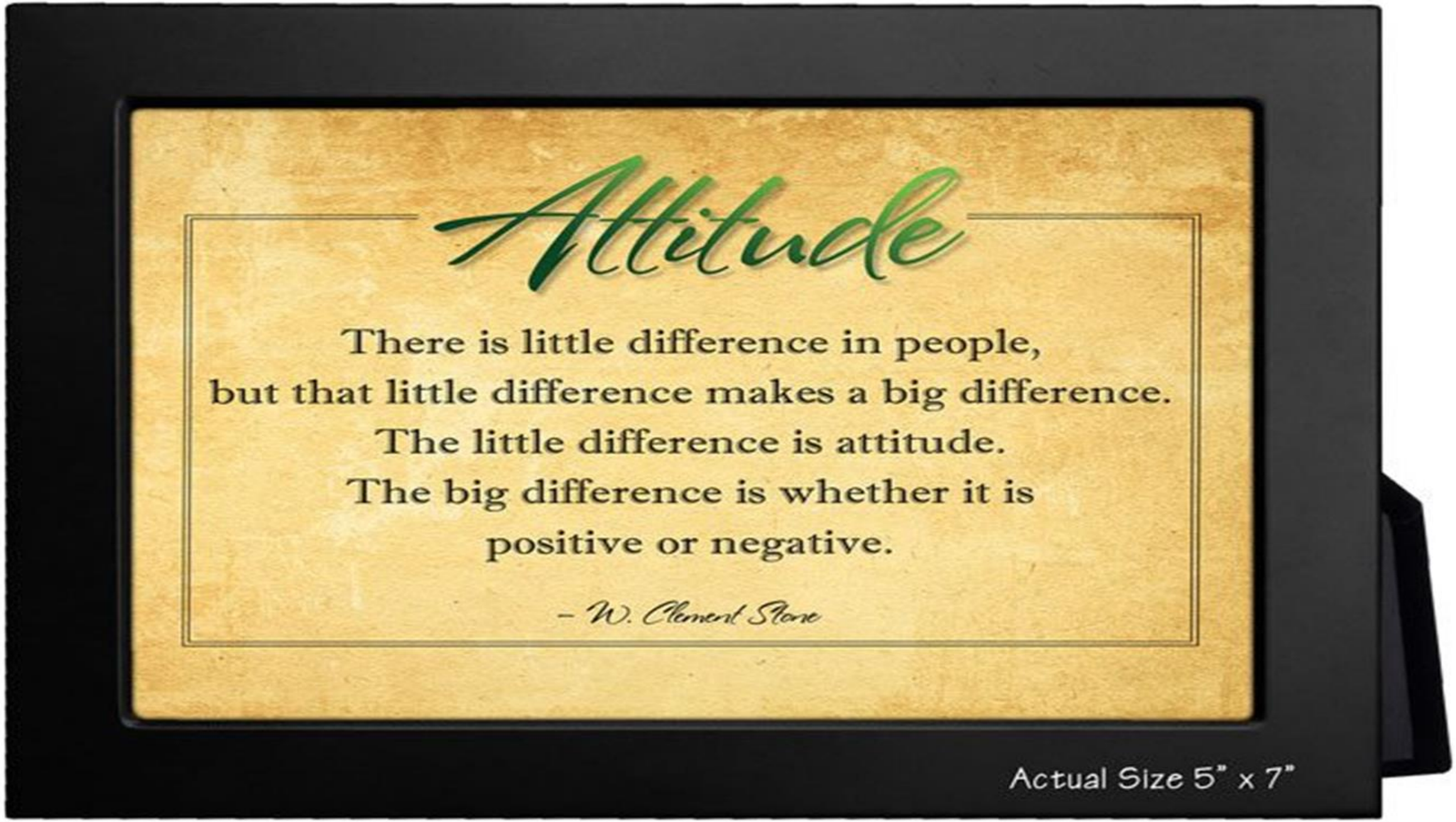
- General quality standards
- Standards for DART eligibility and enrollment
- Standards for DART package of services

Model Specific Standards

- Multi-month prescribing
- Fast track visits
- ART Clubs
- Outreach Model / Community Drug Distribution Points
- PODI Model
- Community-based ART Groups (CAGs)

Next Steps

- Further feedback on draft standards
  - Come see us at the Tools Lab for copies!
- Finalization of the “generic” tool
- Adaptation at country level (and/or program level)
- Use of quality standards to develop QA tools and to inform QI projects


Attitude
There is little difference in people,
but that little difference makes a big difference.
The little difference is attitude.
The big difference is whether it is
positive or negative.
– W. Clement Stone
Actual Size 5" x 7"

Thank you!