



Building a QI-for-DSD learning network in Zambia

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

Presentation outline

- Background and rationale for DSD implementation
- Approved DSD Models for implementation in Zambia
- Rationale for DSD Learning Network
- Process and milestones
- Partner activities to date
- What has worked well
- Challenges
- Next Steps
- Conclusion

Background

- DSDs for ART is an accepted intervention that will assist to achieve the 90-90-90 targets, increase the demand for ART and provide quality client focused care.
- DSD has primarily been partner driven in Zambia.
- Ministry of Health (MOH) has recognized DSD as a high impact intervention to meet 90-90-90 goals
- MOH has shown political will and strong leadership.
- To drive the DSD agenda, a DSD learning network has been formed that comprises MOH and all DSD Implementing Partners

Rationale for DSD implementation

Current Situation



of patients are lost to follow-up

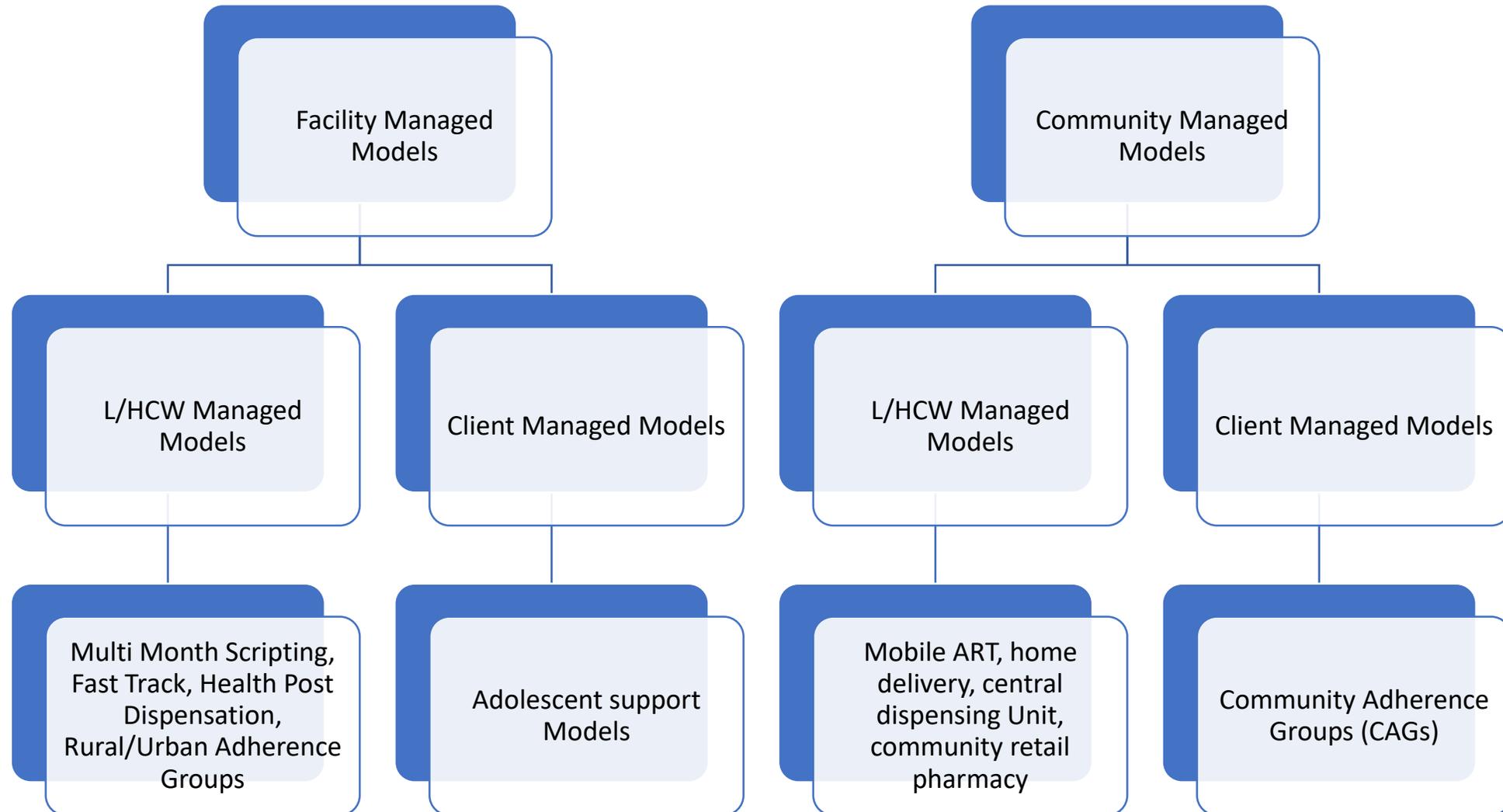


patients must travel long distances to access care and may lose an entire day of productivity



human resources are limited and clinics are overburdened with patient numbers

Approved DSD models for implementation in Zambia



Rationale for DSD Learning Network

- DSD implementation has been going on since 2014
- Lessons learnt shared in 2017
- Strongly partner driven
- Different models being implemented across different partner supported regions
- Need identified for platform for partners to network, learn from each other, share lessons
- Drive to improve quality of DSD services by all implementers
- Need for platform to incorporate quality perspectives of Recipients of Care (ROCs)

Process

- ICAP supported MOH to identify and engage all DSD implementing partners
- Total of 14 implementing partners were identified initially including Network of People living with HIV (NZIP+) and Treatment Advocacy Literacy Campaign (TALC)
- ICAP supported MOH to meet with the DSD IPs to:
 - share and discuss the various DSD models that were being employed in the Zambian health system
 - how quality improvement methods could be used to improve the services provided.

Process

Outcome of meeting on improving quality included:

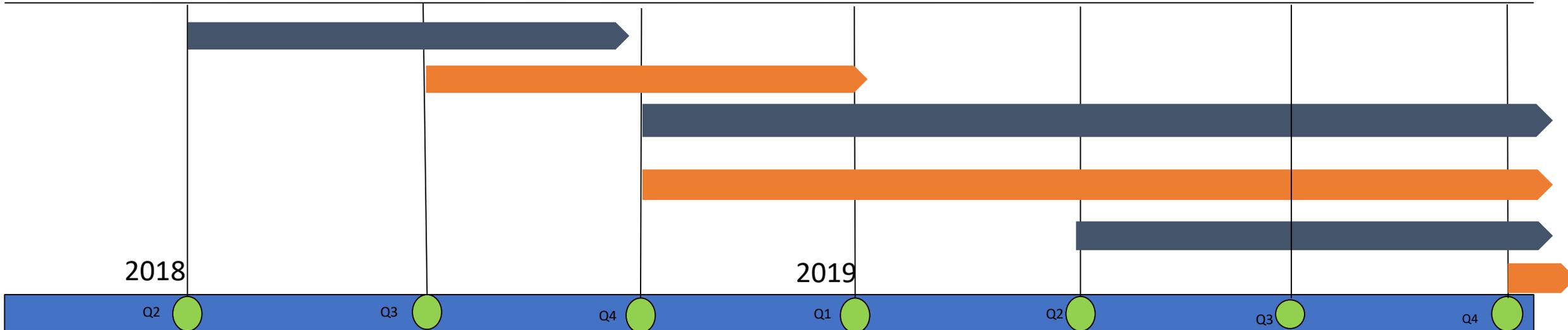
- Creation of a DSD Task force to oversee the development, and implementation of DSD services in Zambia
- Consensus on strategies to improve quality in DSD including building capacity, Collaboratives and mentorship and supportive supervision
- Identification of challenges in DSD implementation
- Consensus on how MOH and IPs can work together:
 - adapting best practices from other countries through the CQUIN Network
 - creation of platform to share best practices at all levels
 - use of standardized indicators, tools and training materials.

Process

To strengthen the program, the following activities have begun and are in different stages of finalization:

- Stakeholder engagement done and ongoing. Now have 19 member organizations
- DSD framework and training materials being finalized
- Finalization of the DSD training package ongoing
- Mentorship and technical support provided
- M&E framework and indicators being finalized and awaiting validation. However, Smart Care tools revised to include DSD indicators section
- Implementing partners trained in QI

Scale Up Milestones



2018

2019

Q2

Q3

Q4

Q1

Q2

Q3

Q4

DSD partners identification

Partners involved in DSD identified
Meeting called to share and discuss the various DSD-models that were being employed in the Zambian health system
Discussed how quality improvement methods could be used to improve the services provided.

DSD Materials

Development of the Operational Guidelines/
Training Manual/Job Aides/Mentoring checklist
Review and approvals
Printing the of Manual, Guideline etc

Training

Training various service providers
Train Provincial, District & IPs to conduct mentorship and supportive visit

Stakeholder Engagement

Provincial and District Officers
Site Orientations
Demand Creation
Quarterly stakeholder meetings
Quarterly Newsletter updates

Mentorship & Technical Support

Technical support to the Provinces & Districts

QI Training and QI projects

All DSD implementing partners trained in QI
Expected to implement QI projects to address quality gaps

M&E

Finalize M&E framework
Collection of monthly indicators
Quarterly Evaluation
Mid year evaluation
End year evaluation

Partner Activities to Date

- Clinton Health Access Initiative (CHAI) conducted the DSD Assessment on DSD standards
- Zambart conducted a DSD-related research study titled, “A Comparison of Different Community Models of ART Delivery Amongst Stable HIV+ Patients in Two Urban Settings in Zambia.”
- ICAP has trained all IPs in QI
- Some partners implementing QI projects and quality assessments
- MOH developed a Service Quality Assessment tool (SQA) for Adult Facility Managed DSD Models

What has worked well

- MOH continues to provide strong leadership
- MOH has demonstrated strong program management and coordination through the national DSD Taskforce
- There is strong program ownership by MoH in all aspects including data management and monitoring
- Strong partner collaboration and support
- DSD Taskforce meets monthly, chaired by MoH and bring together all stakeholders/implementing partners

Challenges

- Inadequate support for QI projects after training
- Weak coordination mechanism at sub national levels (Districts and facilities)
- Inadequate number of health care workers trained in DSD at service delivery points
- Supply chain management challenges at service delivery points

Next steps

- Strengthen coordination mechanism at sub-national levels by integrating DSD in clinical meetings, district data review meetings and provincial integrated review meetings
- Completion of outstanding milestones (M &E Framework, training package, DSD Materials)
- Support training of health care workers in DSD
- Through the DSD Taskforce, work closely with MSL to explore strategies to improve supply chain management for DSD service delivery
- Quarterly learning network meetings to share challenges, lessons learnt and results of QI projects

Conclusion

The learning network is a good innovation that will foster more collaboration among partners and provide a platform for learning and ROCs input and feedback on services.

Acknowledgements

- Cooperating Partners: CDC and USAID
- Various Implementing Partners
- Networks of ROC
- ICAP

Thank you



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