

# The CQUIN Learning Network

Partnering to Advance Differentiated Service Delivery

Annual Meeting  
February 12-15, 2018

CQUIN Update  
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**HIV LEARNING NETWORK**  
The CQUIN Project for Differentiated Service Delivery



# Outline

- Introduction to CQUIN activities
- CQUIN workshops stimulate country activities
- CQUIN in practice - Examples from three countries
- Catalytic projects

# CQUIN Framework

## Focusing on the “How” of Differentiated Service Delivery

### THE CQUIN FRAMEWORK



# CQUIN Network: Focus Areas

- **Knowledge exchange**
  - Sharing information across countries as well as generating new knowledge and spreading best practices
- **Joint learning**
  - Solving problems together via collaboration and joint work to develop strategies, tools, and other resources
- **Innovation**
  - Collaboratively adapting existing knowledge and/or generating new interventions and strategies

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# Typical CQUIN Workshop



HIV LEARNING NETWORK  
The CQUIN Project for Differentiated Care

Differentiated Service Delivery Dashboard: Draft 2.0

|                                   | National HIV treatment policies prohibit or impede differentiated service delivery models (DSDM) | National policies do not mention DSDM  | National policies include DSDM but do not actively promote these models of care  | National policies actively promote the use of DSDM for stable patients                                       | National policies actively promote the use of DSDM for diverse patient groups <sup>1</sup>  |
|-----------------------------------|--|--|--|--|---|
| <b>Policies</b>                   |  |  |  |  |   |
| <b>Guidelines</b>                 | National HIV treatment guidelines do not include DSDM  |  | National HIV treatment guidelines include DSDM but do not provide detailed and specific implementation guidance                  |  | National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM                                      |
| <b>Diversity of DSDM services</b> | No DSDM services have been implemented   | DSD is available for stable patients only and only one model has been implemented?   | DSD is available for stable patients only, and only two models have been implemented   | DSD is available for stable patients only and > 3 models have been implemented                               | DSDM is available for diverse patient groups  |
| <b>National DSD Scale-up Plan</b> | None   | DSD scale-up plan discussions and meetings ongoing   | DSD scale-up plan draft available  | DSD scale-up plan developed and approved by MOH  | DSD scale-up plan being actively implemented  |
| <b>Coordination</b>               | None   | DSD activities fall under the purview of existing groups; progress updates are presented in standing meetings not focused on DSDM (e.g., a care and treatment technical working group [TWG]) | DSD activities are coordinated by a dedicated group (e.g., a sub-TWG or equivalent)  | National DSD Focal Person spearheads DSD planning and coordination   | DSD progress reported in annual program reports and/or annual national review meetings in place   |
| <b>Community Engagement</b>       | None   | Representatives of people living with HIV/AIDS (PLHIV) and/or civil society are engaged in DSD implementation  | PLHIV and/or civil society representatives are engaged in both DSD implementation and design of DSDM                             | PLHIV and/or civil society representatives are engaged in both implementation, design and evaluation of DSDM | PLHIV and/or civil society representatives are systematically engaged in DSD policy development, design, implementation, and evaluation |
| <b>Training Materials</b>         | DSD training materials are not available   | Some DSD training materials have been developed by organizations piloting DSD / implementing partners  | National DSD in-service curricula for either professional health workers or lay health workers (but not both) available & in use | National DSD curricula for both professional health workers and lay workers available and in use             | National DSD pre-service and in-service curricula available and in use  |



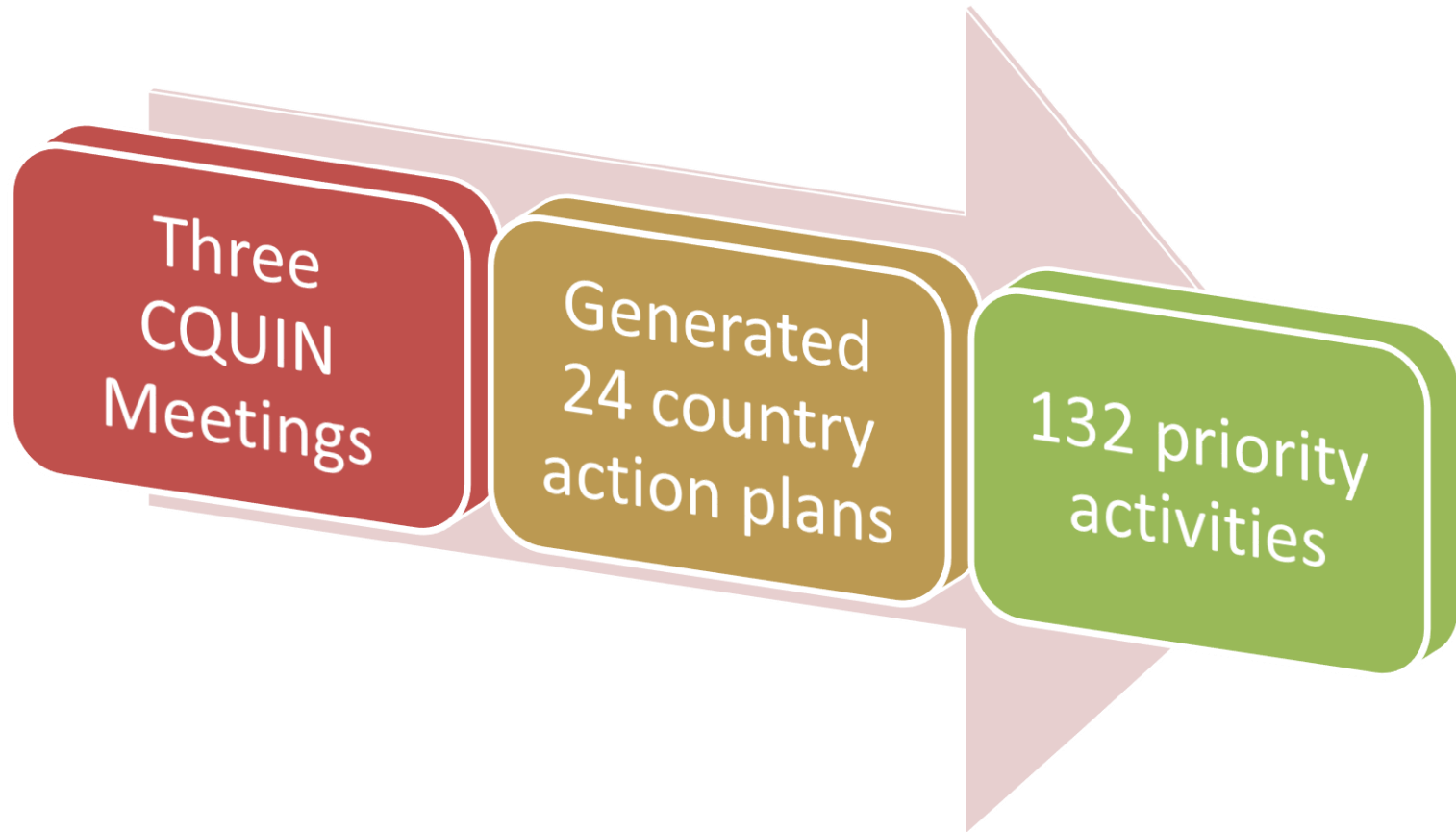
Breakout Group Instructions:

Kenya

Next Steps and Way Forward



# From “Workshopping” to Action





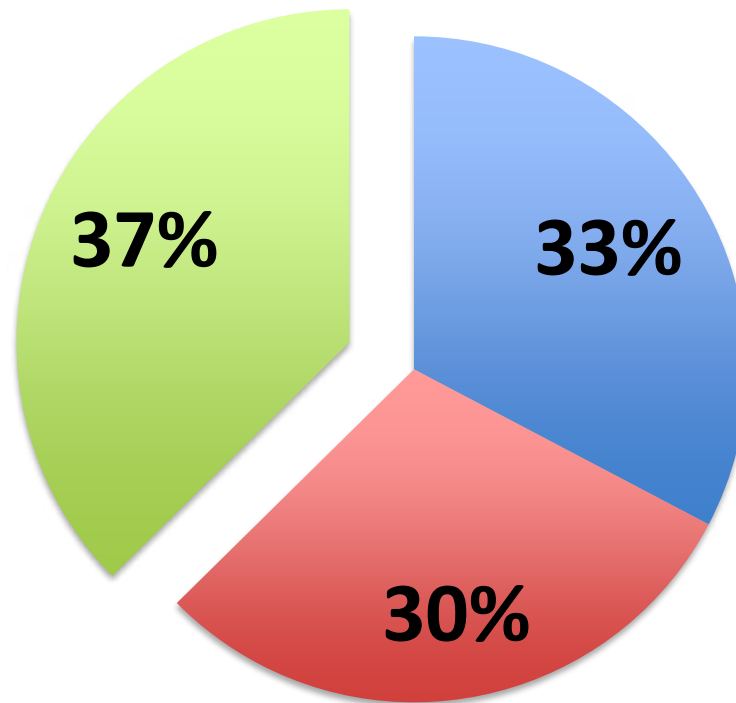
# Sample Action Plan Progress Report - Zimbabwe

| TIMELINE                    | PROPOSED ACTION PLAN ACTIVITIES  | PROGRESS TO DATE             | COMMENTS   |
|-----------------------------|--|------------------------------|--|
| <b>CQUIN Launch Meeting</b> | 1. Develop DSD roll out roadmap & integrate within the HIV care and treatment work-plan  | Activity done and on - going | Differentiated Care activities are integrated in the Care and treatment workplan <i>(Find attached the 2017 workplan)</i>  |
|                             | 2. Standing agenda under HIV/TB Partnership Forum & TWG from time to time/specific issues  | Activity done and on - going | DSD Subcommittee (TWG) meets quarterly. Feedback and updates on DSD presented on the partnership forum as part of the Care and Treatment program presentation <i>(Find attached the DSD Subcommittee TORs)</i> |
|                             | 3. Provincial Sensitizations (mentors, PHTs, DHTs) on ARV clinical guidelines, Operational and Service Delivery Manual (OSDM) including DSD & Job aids | Activity done                | ALL ten (10) provinces were sensitized. Further site implementation now happening through the mentorship program <i>(Find attached 1 reports from the trainings done)</i>                                      |
|                             | 4. Integration of DSD into in-service HIV Curricular   | Activity done and on - going | DSD integrated into the HIV Integrated Training for in – service cadres. <i>(Find attached the revised HIT module)</i>   |



# Network members actively implementing action items (N=107)

■ Completed    ■ In Progress    ■ Pending



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# CQUIN Framework

## Focusing on the “How” of Differentiated Care

### THE CQUIN FRAMEWORK

Demonstration of successful  
differentiated service delivery  
models

Implementation support: training,  
technical assistance, and quality  
improvement support

Implementation science



Increased demand from  
ministries of health, implementers  
implementers, and communities



Increased supply of high-quality  
differentiated care services for  
HIV




Increased knowledge base



Increased coverage  
and quality of  
differentiated HIV  
services, leading to  
enhanced health  
outcomes and  
programmatic  
efficiencies

# Mozambique: Demonstration of successful DSD models in practice

- Mozambique was attracted to experiences shared by Swaziland and Malawi at CQUIN Launch meeting
- CQUIN supported Mozambique to undertake south-to-south visits (S2S) to Swaziland and Malawi
- In Swaziland:
  - Mozambique learned more about **Early Morning Refills model** and **Clinical Outreach for Community ART Refills**
- In Malawi:
  - Mozambique learned more about **Teen Clubs** and **Community chronic care with ART refills**
- Lessons from these S2S visits is informing DSD models for Mozambique's new guidelines and scale plans



**“Shared learning is important. This network is coming at the right moment because we’re discussing how to orient and guide providers on differentiated models of care.”**

**-Dr. Aleny Couto, Director of STI and HIV/AIDS Programs, Mozambique Ministry of Health**

# Swaziland: Demonstration of successful DSD Models & Technical Assistance to MoH

- Swaziland noted some best practices presented by Kenya and Malawi teams at the CQUIN Launch
- CQUIN supported Swaziland to visit Malawi to further sturdy their Teen Club model
- Kenya's DSD Coordinator visited Swaziland to share Kenya's experience on how to scale up DSD
- Swaziland also requested an M&E technical assistance visit by CQUIN
  - Resulted in updated paper and electronic M&E tools
- Requested DSD Coordinator from CQUIN based on lessons from Kenya
  - DSD Task Team; comprehensive baseline data; scale plan development ongoing
- Malawi's Teen Club experience as well as Uganda and Kenya's DSD Guidelines are informing Swaziland's new guidelines

# Zimbabwe: Technical Assistance plus Implementation Research

- Seconded DSD Medical Officer to MOHCC
  - 80% achievement on CQUIN workshop action plans
- Integrated DSD data review into national program review meeting
  - Baseline data collected to inform scale up plan
- Rapid roll out of DSD trainings/sensitizations across all 10 province (Over 15 trainings & sensitization meetings with 675 participants)
- Male engagement in DSD study



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# Catalytic Projects

- **Zimbabwe:** Qualitative study of male engagement in Community ART Refill Groups [completed]
- **Kenya:** Survey of adolescents regarding DSDM preferences [completed]
- **Swaziland:** Study of Blood Pressure self-monitoring amongst PLHIV with hypertension [to launch in 2018]
- **Ethiopia:** Study of provider and patient response to introduction of appointment spacing [to launch in 2018]

# Catalyzing further collaborations

- Swaziland invited Mozambique, Zimbabwe and Malawi to share best practices in DSD at Swaziland's National Research Conference (November 2017)
- Mozambique is inviting Kenya to share best practices in DSD guideline development and scale up at its guideline launch in March

# Summary

- Significant contribution to country level scale up of DSD activities over the past year
  - CQUIN member countries have exchanged best practices, tools, and common challenges
  - Worked together to address common gaps
  - Improved diversity and scale of DSDM
  - Implemented many action plan activities
- We are just getting started!

# Acknowledgement

- Ministries of Health from network countries
- PEPFAR
- Implementing partners
- Bill and Melinda Gates Foundation



THANK YOU