

The CQUIN Learning Network

Annual Meeting

CQUIN Dashboard: Development and Implementation

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ICAP at Columbia University

February 13-15
Maputo, Mozambique



HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery



Outline

- Background
- Implementation
- Results
- Conclusions

Background

CQUIN DSD Dashboard was designed with two purposes in mind:

- ✓ As a self-staging tool to guide country team work planning and prioritization
- ✓ As a staging model to describe the maturity of national DSD programs

Background II

- Based on a capability maturity model
 - Identifies a stepwise series of performance levels describing the development of systems needed to achieve a specific objective
 - In this case, the objective is scaling up high quality DSD
- Not an assessment of performance (good *vs.* poor), but defines stages of development (early-stage *vs.* late-stage)

Background III

Measures stage/program maturity in 12 domains critical to scaling up DSD country programs

CQUIN DSD Dashboard Domains	
Policies	National Guidelines
Diversity of DSD Models (DSDM)	National DSD Scale-Up Plan
Coordination	Community Engagement
Training Materials	Standard Operating Procedures (SOP) and Job Aids
Monitoring and Evaluation (M&E) System	Coverage
Quality of DSD Services	Impact of DSD Services

Methods

- CQUIN Dashboard was first drafted by an expert panel
- Dashboard 1.0 was then piloted at the Launch Meeting among the six member countries
- Based on feedback, the tool was revised and Dashboard 2.0 was used in subsequent staging

Methods II





- Staging was completed at four time points
 - CQUIN Launch Meeting: [March 2017](#)
 - DSD for Patients @ High Risk Workshop: [July 2017](#)
 - Adolescent DSD Workshop: [October 2017](#)
 - CQUIN Annual Meeting: [February 2018](#)
- Workshop participants collaboratively completed the staging at each time point

Methods III

- Dashboard 1.0 included 4 stages of maturity
- Dashboard 2.0 includes 5 stages with more detailed and quantifiable staging definitions
- Results from Dashboards 1.0 and 2.0 were harmonized for the purpose of these analyses

Staging System



-  *No DSD system in place*
-  *DSD is underway, but at pilot stage or basic level*
-  *DSD scale-up has expanded beyond pilots and some components of the system are well established*
-  *A robust and diverse DSD program is in place and functioning well*

Example: Country 1

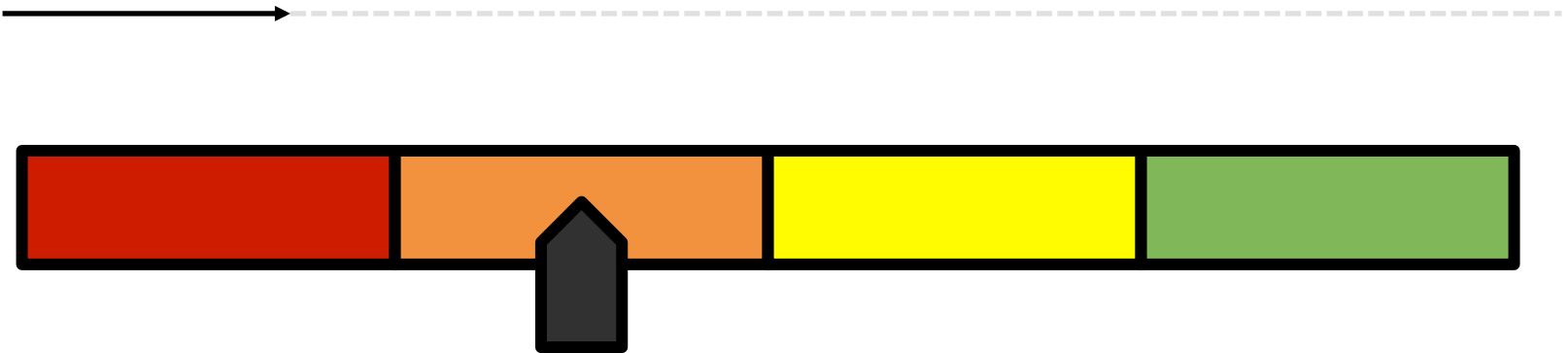
M&E

March 26,
2017

July 17,
2017

October 24,
2017

February 11,
2018



- Some new or adapted tools (e.g., registers, patient cards, monthly reports) and/or M&E guidelines are in development or have been implemented

Example: Country 1

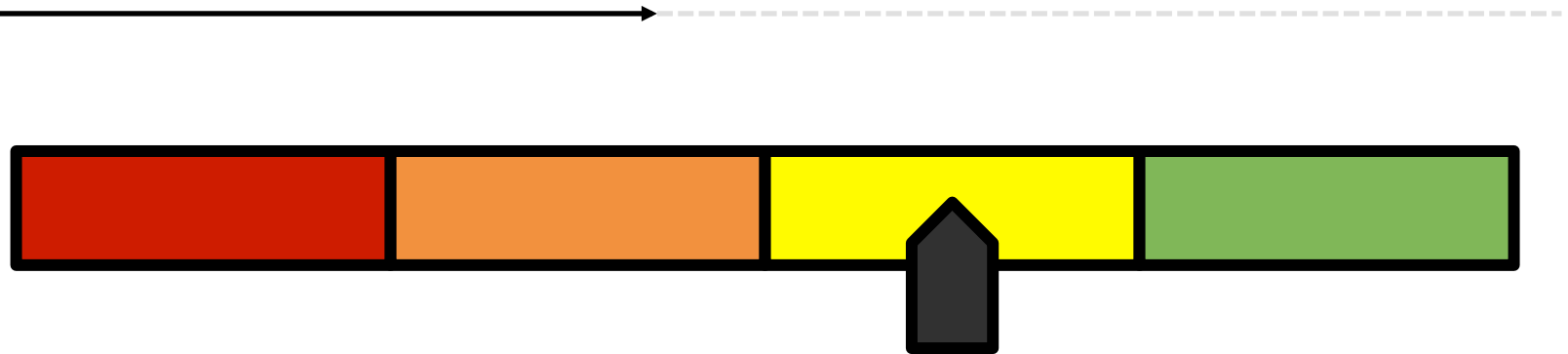
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Example: Country 1

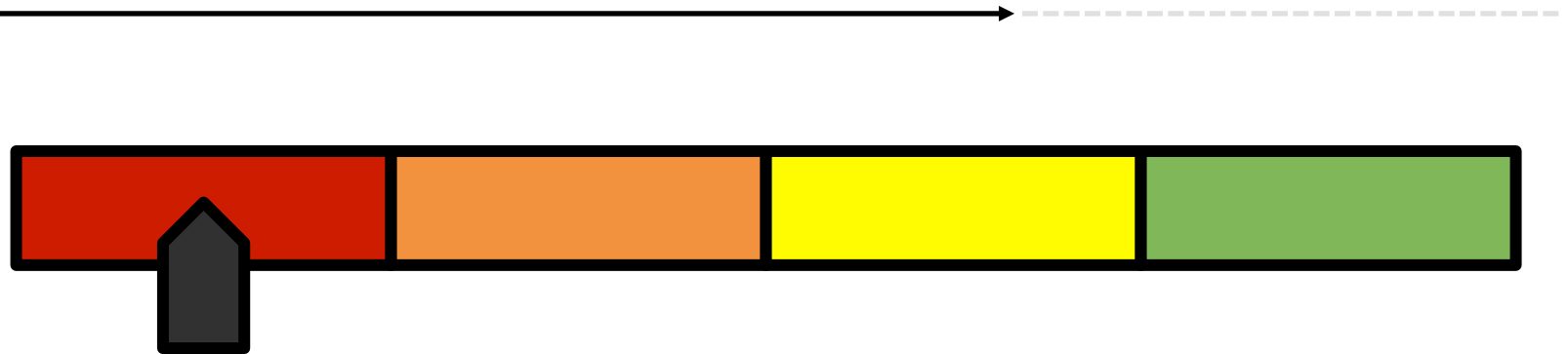
M&E

March 26,
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July 17,
2017

October 24,
2017

February 11,
2018



● *No M&E system elements for DSD are in place or in development*

Example: Country 1

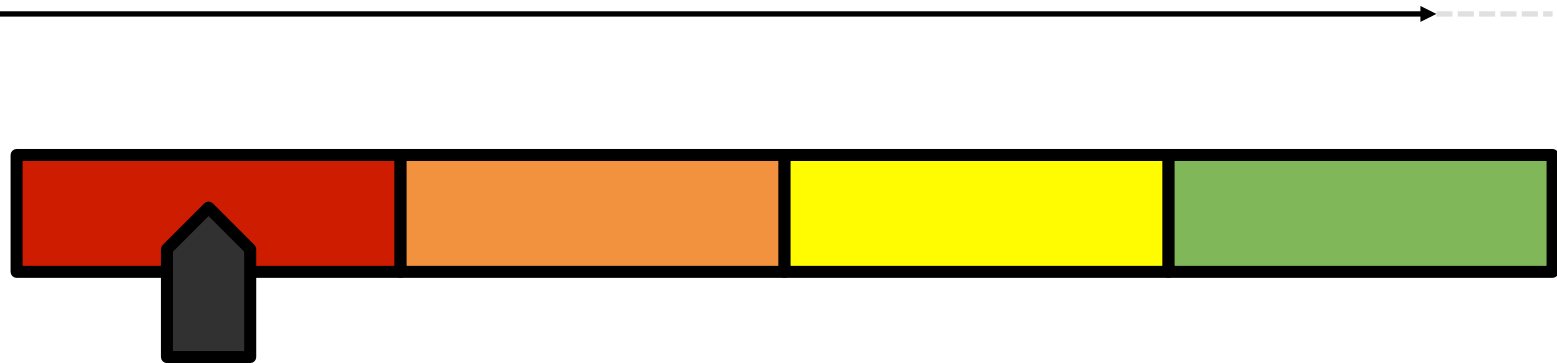
M&E

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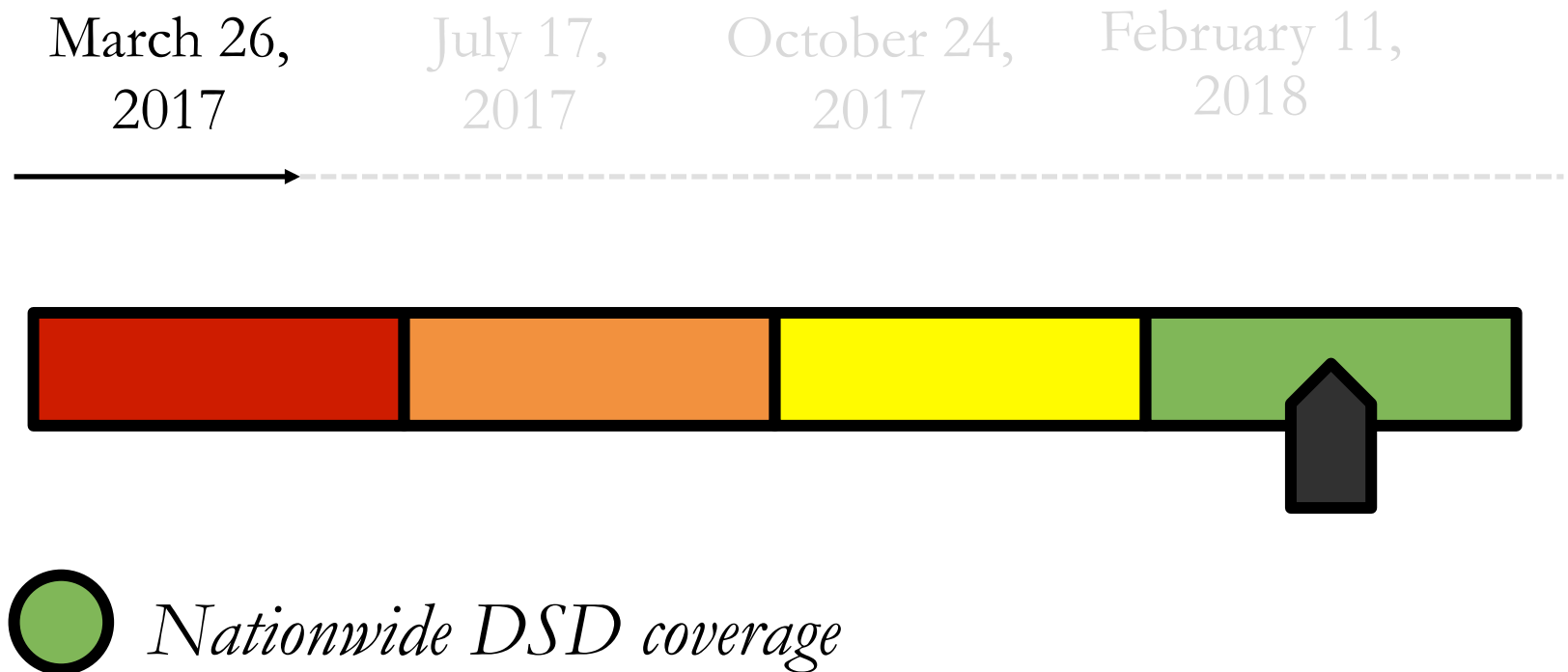
February 11,
2018



- *No M&E system elements for DSD are in place or in development*

Example: Country 2

Coverage



Example: Country 2

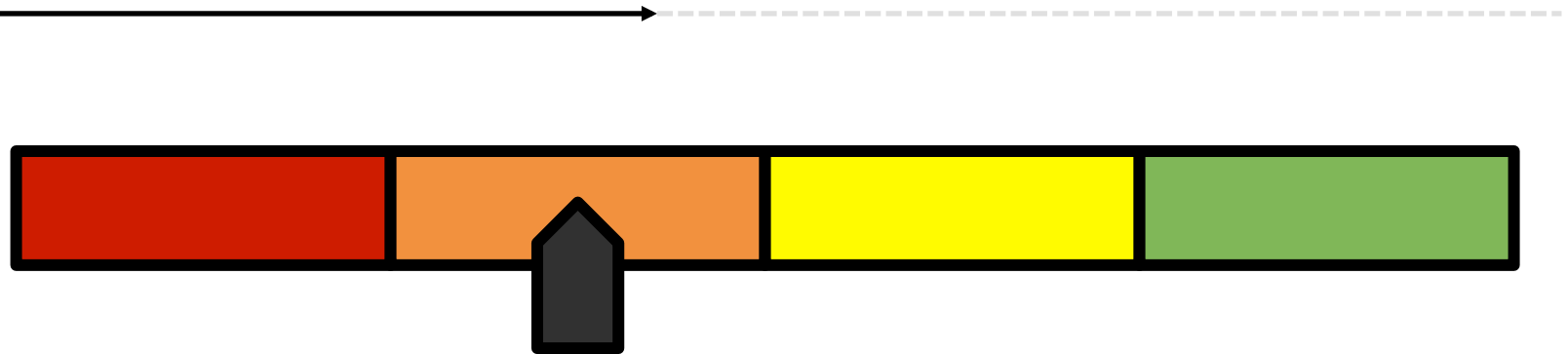
Coverage

March 26,
2017

July 17,
2017

October 24,
2017

February 11,
2018



● *DSDM is available at <25% of
health facilities providing ART*

Example: Country 2

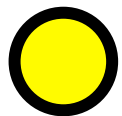
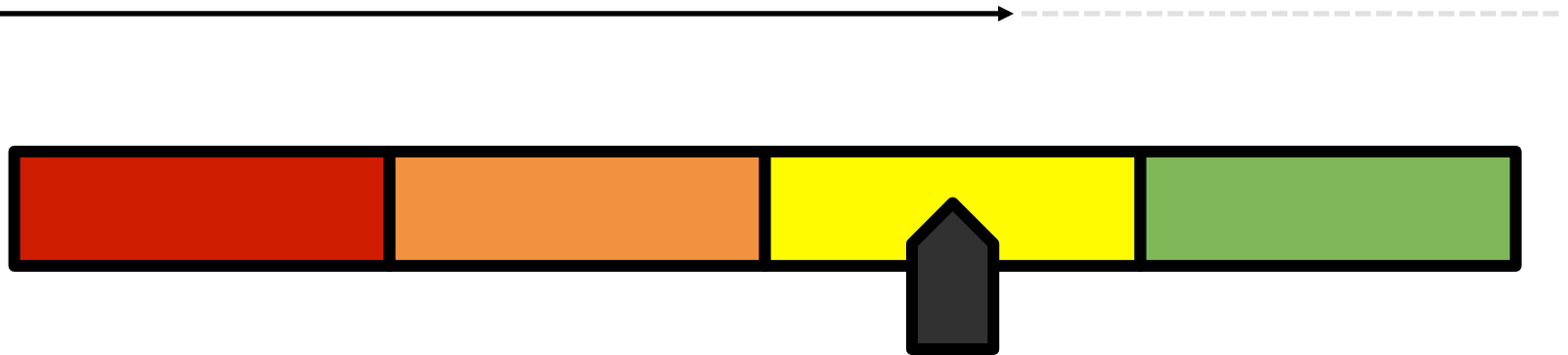
Coverage

March 26,
2017

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2017

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2017

February 11,
2018



At least one DSD model is available at 25-49% of health facilities providing ART

Example: Country 2

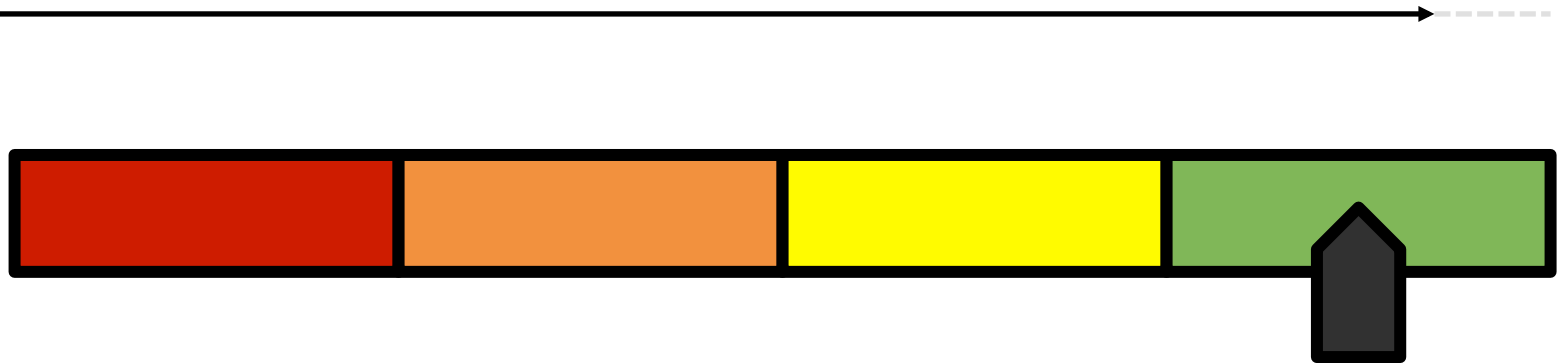
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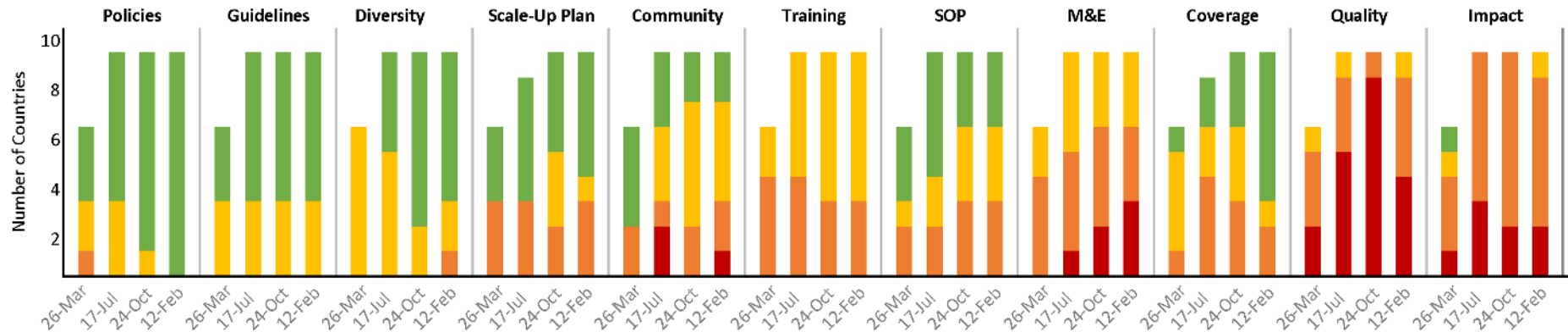
February 11,
2018



- *At least one DSD model is available at 50-75% of health facilities providing ART*

Summary of Staging

- Aggregated staging by domain
- Data from four time points



Limitations

- Tool modified based on early experience
- While clear, quantifiable definitions are provided, some domains still permit subjective interpretations
- Data informing the staging varied by country
- Self-staging completed by different people
- In Year 1, time intervals between staging were short (3-4 months)

Conclusions

- Dashboard was useful to countries as a self-staging tool
 - Findings informed work planning
 - Motivated and helped prioritize actions
- Overall, findings suggest the need for further attention to M&E, Quality and Impact domains
- Looking forward, need to increase time intervals between self-staging, aim for consistency of individuals completing staging, and utilize electronic survey to generate stage

Acknowledgements

- CQUIN country teams
- CQUIN Strategic Information
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- Bill & Melinda Gates Foundation