The CQUIN Learning Network
The Science & Practice of Scale Up

CQUIN Updates

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ICAP-CQUIN

June 26-29
Ezulwini, the Kingdom of Eswatini

HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery

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Empowering Health for 15 years
ICAP
Columbia University
Mailman School of Public Health

Outline

- Brief overview of CQUIN strategy

- Updates on:
  - South-to-South learning visits
  - Impact of previous CQUIN workshops
  - Utilization of cyber resources

- Monitoring and motivating for scale up

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CQUIN Learning Network

- The HIV Coverage, Quality, and Impact Network is designed to advance the implementation of DSD by fostering joint learning and co-creation of knowledge and resources

- Funded by the Bill & Melinda Gates Foundation

- Convened by ICAP at Columbia (ICAP)

- Launched in March 2017

- Network grew from 6 to 10 countries in Year 1

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CQUIN Framework
Focusing on the "How" of Differentiated Service Delivery

THE CQUIN FRAMEWORK

Demonstration of successful differentiated service delivery models

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

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

> Increased supply of high-quality differentiated care services for HIV

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

Implementation science

> Increased knowledge base

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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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CQUIN Network: Focus Areas

Knowledge exchange: Sharing information across countries as well as generating new knowledge and spreading best practices

- Website, newsletter
- Webinars
- Satellite sessions at international conferences
- Five multi-country workshops
- Six south-to-south visits including 8/10 countries

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CQUIN Network: Focus Areas

Joint Learning: Solving problems together via collaboration and joint work to develop strategies, tools, and other resources

- Four virtual communities of practice
  - M&E frameworks
  - Patients at high risk
  - Adolescents
  - DSD coordinators

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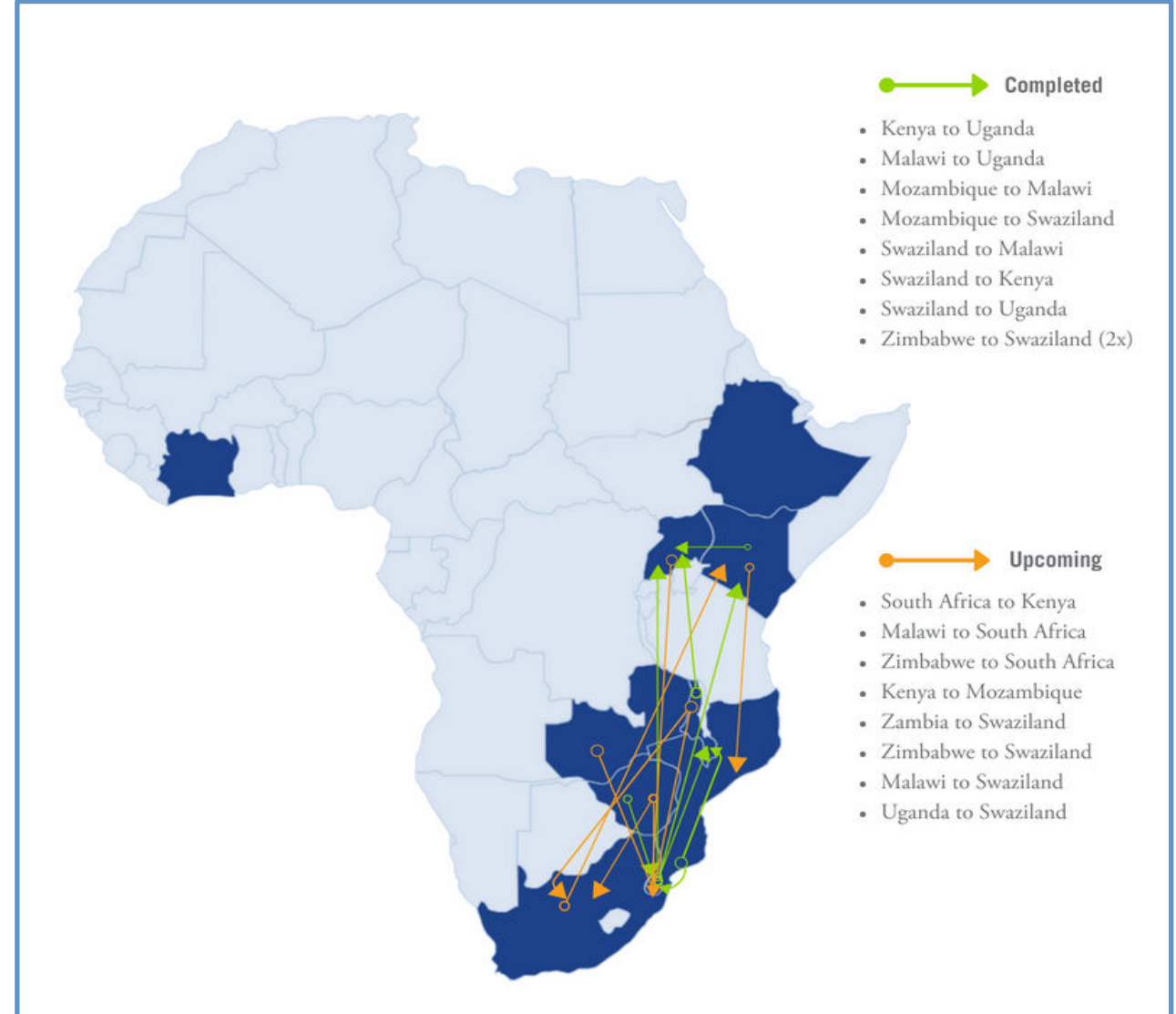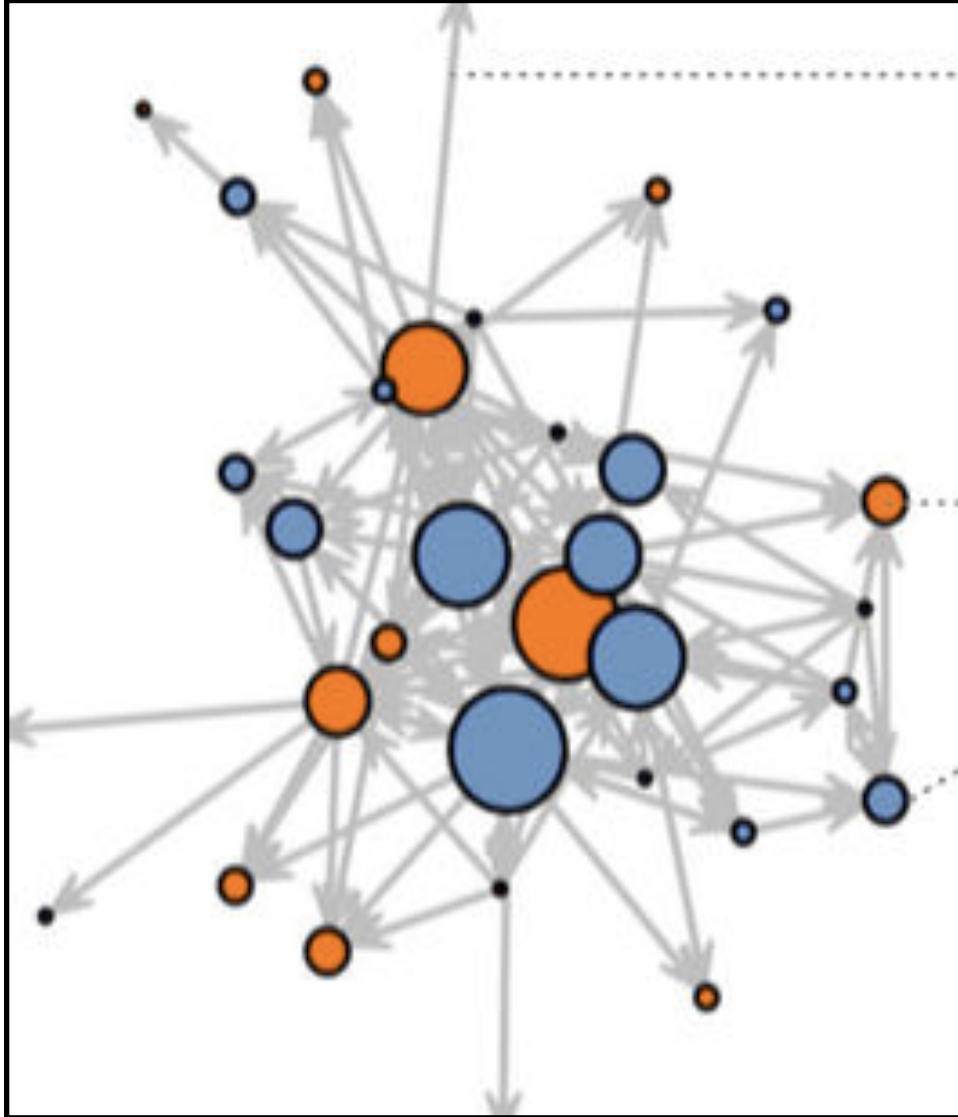Columbia University
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CQUIN Network: Focus Areas

Innovation: Collaboratively adapting existing knowledge and/or generating new interventions and strategies

- Catalytic projects
  - Adolescent preferences in Kenya
  - Male engagement in Zimbabwe
  - DSD review meeting in Zimbabwe
  - Quality improvement training and workshops
- Technical assistance
  - DSD dashboard
  - M&E consultations in Swaziland, Zimbabwe, Zambia

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SOUTH-TO-SOUTH UPDATE

South-to-South Update

Completed
- Kenya to Uganda
- Malawi to Uganda
- Mozambique to Malawi
- Mozambique to Swaziland
- Swaziland to Malawi
- Swaziland to Kenya
- Swaziland to Uganda
- Zimbabwe to Swaziland (2x)

Upcoming
- South Africa to Kenya
- Malawi to South Africa
- Zimbabwe to South Africa
- Kenya to Mozambique
- Zambia to Swaziland
- Zimbabwe to Swaziland
- Malawi to Swaziland
- Uganda to Swaziland

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From South-to-South Visit to Action: What Matters

- Mozambique
  - Endorsed community outreach refills, and Teen Clubs in their DSD Operation Guidelines following south-to-south to Swaziland and Malawi
  - Started implementing extended hours at Maputo City pharmacy
  - PEPFAR to provide funds in COP to support training
- Swaziland
  - Made it mandatory for all facilities providing adolescent care to have treatment clubs for Teens and caregiver's support group after learning exchange visit to Malawi
  - Working with FHI360 on SOPs to adopt CDDP/Treatment Outreach for key populations after south-to-south visit to TASO
    - One of the fastest transitions from south-to-south visit to adaptation of lessons learned

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Uganda south-to-south visit

- Countries – Kenya, Malawi and Swaziland

- Objective – Community engagement and data flow from community DSD models into national M&E system

- Lessons learned:
  - TASO engages the community at all levels of the care delivery system
    - Service delivery – patients are very empowered
    - Planning – Client Council ⟶ Facility Advisory Committee
    - Mobilization – Community dialogues; Community contributions
    - Governance - 2 representatives serve on TASO Governance board
  - Data Flow
    - Roles and responsibilities well defined
    - Data from community-based services enter mainstream data system within 72hrs

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ROLE OF WORKSHOPS TOWARDS SCALE UP

From Workshops To Action

Percentage of Post-workshop Action Plans Completed or in Progress
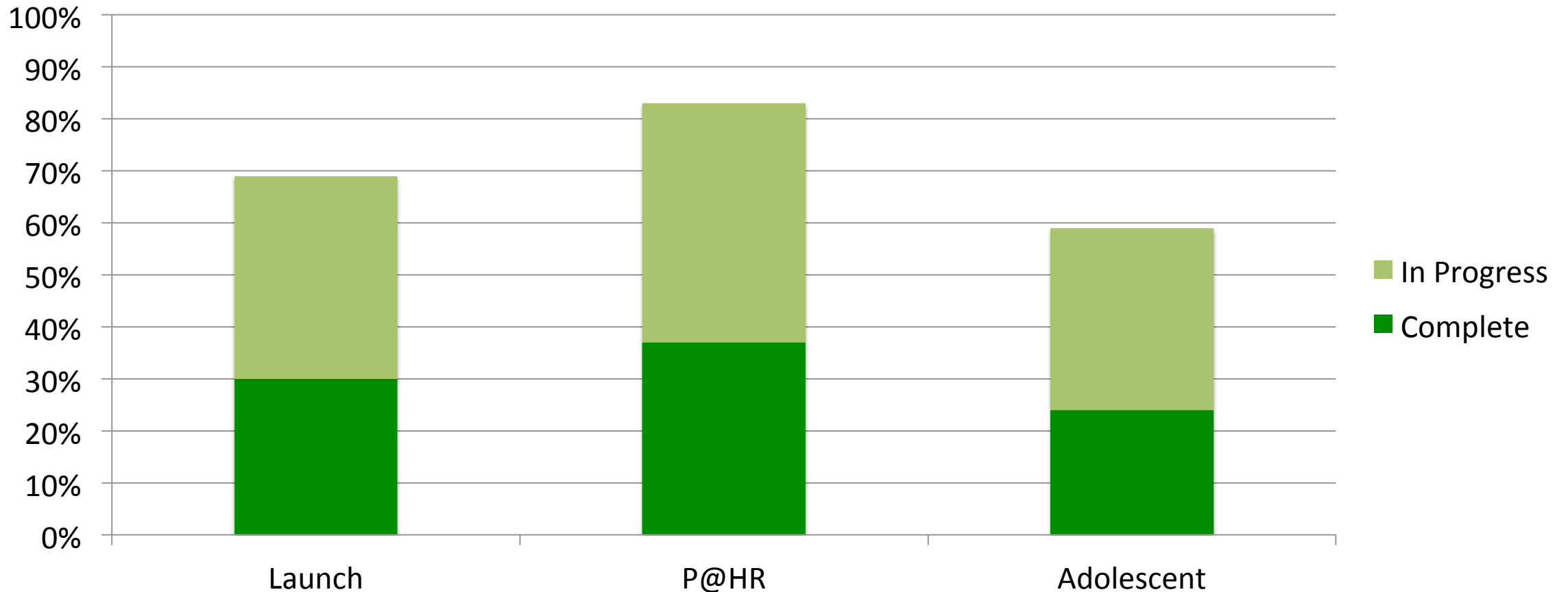
Illustrative Completed Action Plan Items

- Assign DSD Coordinator and/or establish DSD Task Team (*Zambia, Swaziland, Zimbabwe)*

- Develop DSD roll out roadmap/Scale Up plan (*Swaziland, Zambia, Mozambique, Zimbabwe*)

- Provincial sensitizations (mentors, PHTs, DHTs) on ARV clinical guidelines, Operational and Service Delivery Manual (OSDM) including DSD & Job aids (*Zimbabwe*)

- Develop DSD Operational Manual/Plan (*Mozambique and Zambia*)

- Provide technical assistance to prioritized facilities to scale up DSD (*Kenya*)

- Scale up Fast Track and Teen Clubs, other models (*Malawi, Swaziland*)

- Update and/or disseminate M&E tools (*Swaziland, Kenya, Zimbabwe, Zambia*)

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Notable Impact of Workshops towards Scale Up

- Malawi
  - Secured $1.8m from Global Fund to scale up adolescent DSD models
  - First time succeeded in putting community-based DSD in treatment guidelines
  - Scaling up DSD for P@HR in referral facilities
- Mozambique – Developed operational guidelines informed by Kenya tool
- Swaziland
  - Successfully lobbied for a DSD coordinator and has since made major progress towards scale up
  - Updated guidelines covers P@HR and funds for reagents put in global fund
  - WHO to fund tools (training materials and SOPs) adaptation meetings
- Zambia was motivated to develop a DSD Operational Guide informed by tools from Kenya, Swaziland and Zimbabwe
- Zimbabwe put action plan for DSD demonstration sites in Global Fund

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UTILIZATION OF CYBER RESOURCES

CQUIN Website Audience Overview (All Users)
May 1, 2017 – April 30, 2018
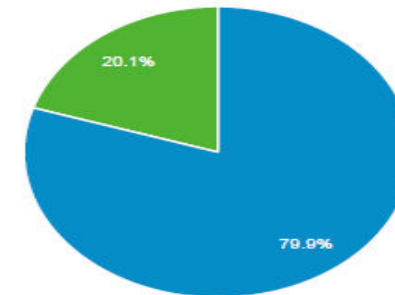
Location Breakdown (All Users)
May 1, 2017 – April 30, 2018

Country		Users	New Users	Sessions	Bounce Rate	Pages / Session	Avg. Session Duration
		3,730 % of Total: 100.00% (3,730)	3,624 % of Total: 100.06% (3,622)	6,814 % of Total: 100.00% (6,814)	57.48% Avg for View: 57.48% (0.00%)	2.33 Avg for View: 2.33 (0.00%)	00:02:55 Avg for View: 00:02:55 (0.00%)
1.	United States	943 (24.39%)	883 (24.37%)	2,287 (33.56%)	51.20%	2.49	00:02:33
2.	Kenya	396 (10.24%)	387 (10.68%)	592 (8.69%)	58.78%	2.07	00:02:36
3.	Uganda	330 (8.54%)	322 (8.89%)	479 (7.03%)	68.68%	2.49	00:03:09
4.	Ethiopia	213 (5.51%)	206 (5.68%)	301 (4.42%)	64.78%	1.92	00:02:59
5.	South Africa	195 (5.04%)	174 (4.80%)	303 (4.45%)	54.46%	2.57	00:03:50
6.	Zimbabwe	177 (4.58%)	154 (4.25%)	316 (4.64%)	61.39%	2.04	00:02:59
7.	Nigeria	147 (3.80%)	146 (4.03%)	270 (3.96%)	49.63%	2.94	00:04:27
8.	Swaziland	143 (3.70%)	130 (3.59%)	276 (4.05%)	48.91%	2.54	00:03:51
9.	Zambia	135 (3.49%)	129 (3.56%)	204 (2.99%)	57.84%	2.39	00:03:15
10.	Mozambique	127 (3.29%)	113 (3.12%)	200 (2.94%)	48.00%	2.41	00:02:56

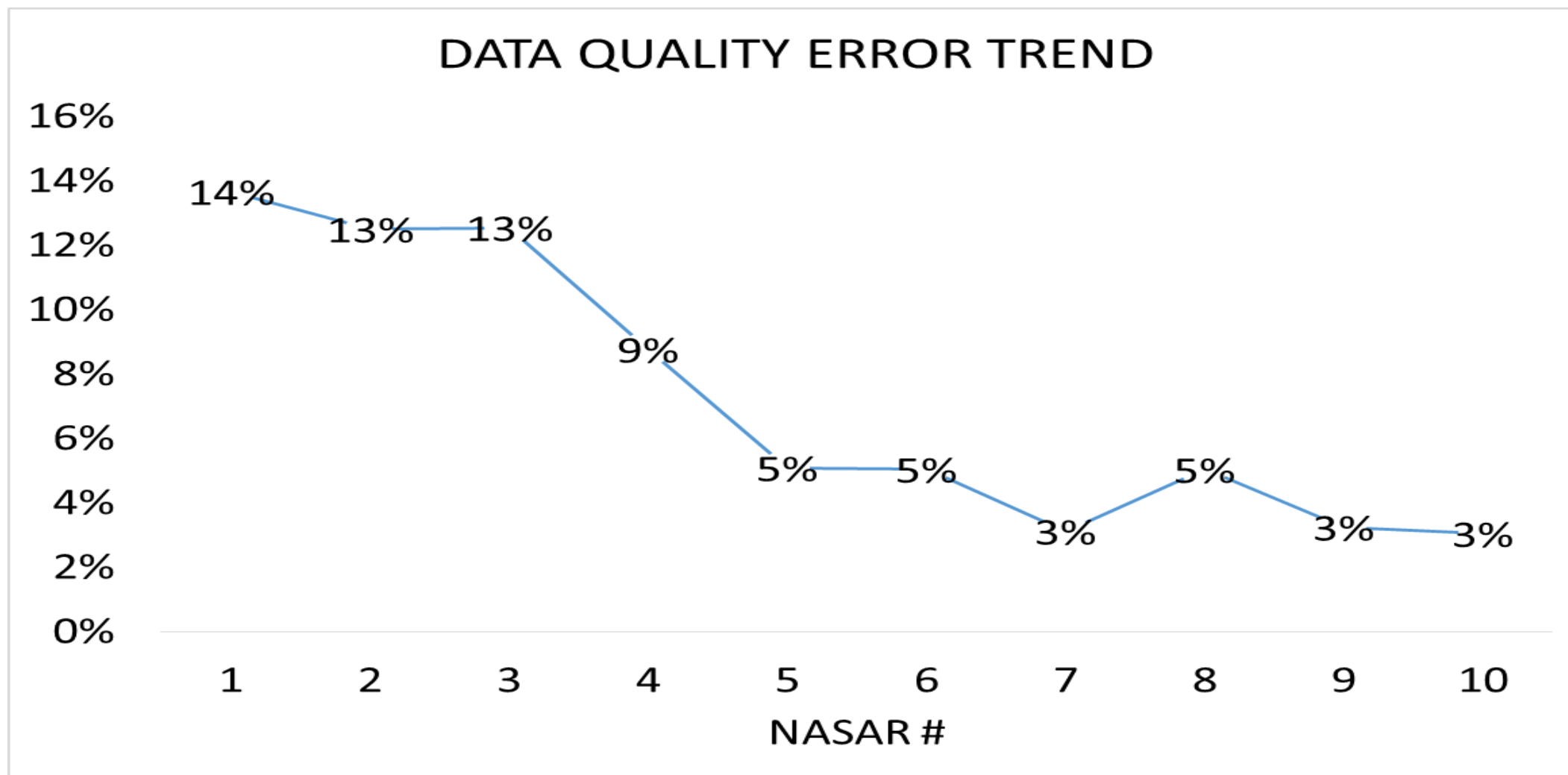# MONITORING AND MOTIVATING FOR SCALE UP

Scaling Up Quality DSD: Keeping Your Hand on the Pulse

- **Review meetings to the rescue!**
- CQUIN supported Zimbabwe to pilot a national and regional review meetings
  - Learned some important lessons on scaling up
  - Best lesson is that supportive supervision needs to happen sooner than later
  - The data tells more than the eyes can see
- Lessons from Swaziland semi-annual review meetings informed proposal for Zimbabwe's pilot DSD review meetings

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Lessons from Swaziland: Sustained Improvement In Performance

TB TREATMENT INITIATION TREND FOR ART PATIENTS

Data points: Before NASAR 11%, NASAR 1 11%, NASAR 2 13%, NASAR 3 91%, NASAR 4 97%, NASAR 5 99%, NASAR 6 99%, NASAR 7 99%, NASAR 8 98%, NASAR 9 99%, NASAR 10 98%
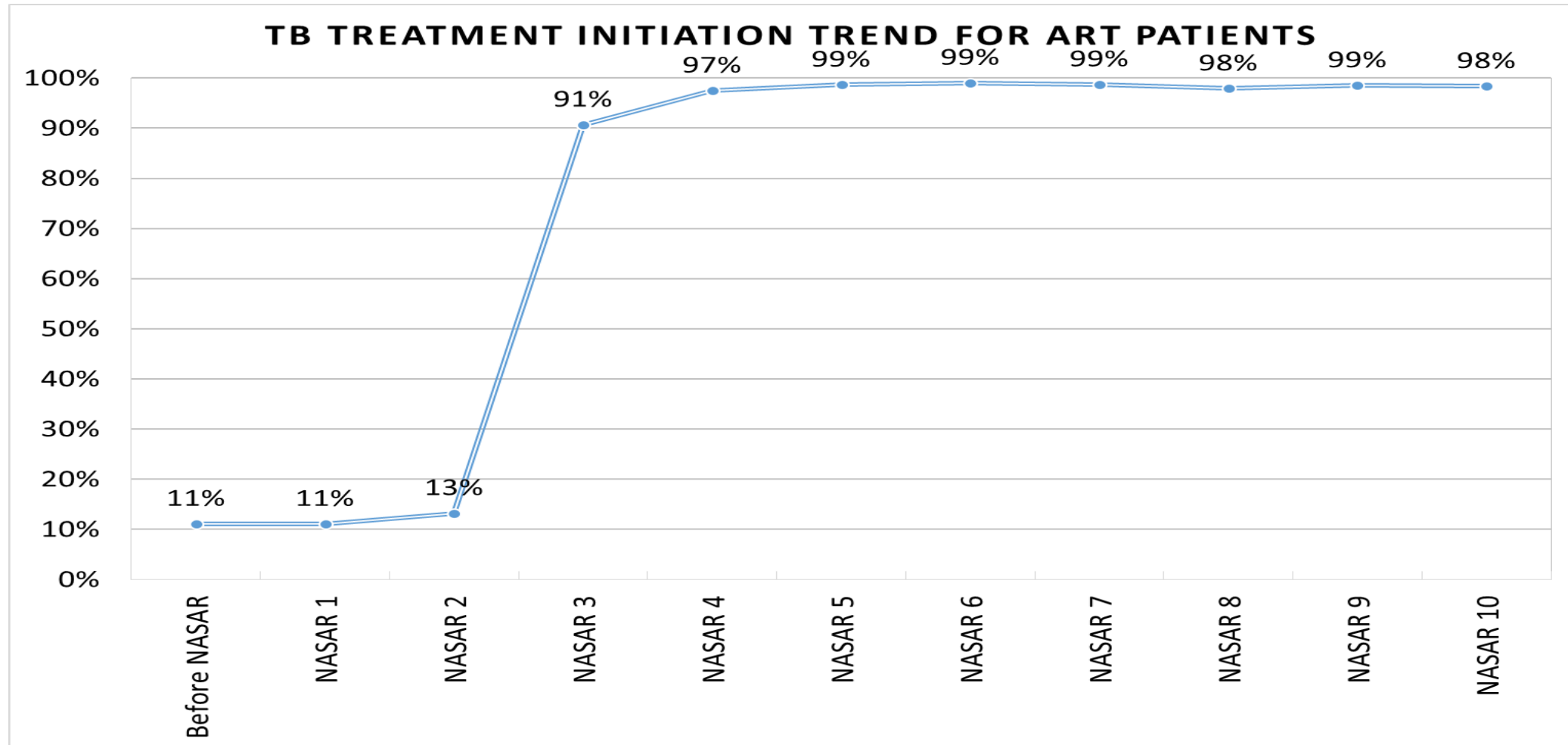
Lessons from Swaziland: Significant Improvement in Data Quality

DATA QUALITY ERROR TREND

Zimbabwe – Mashonaland West Experience

Total Clients Enrolled in
Non-Mainstream Models by District*†
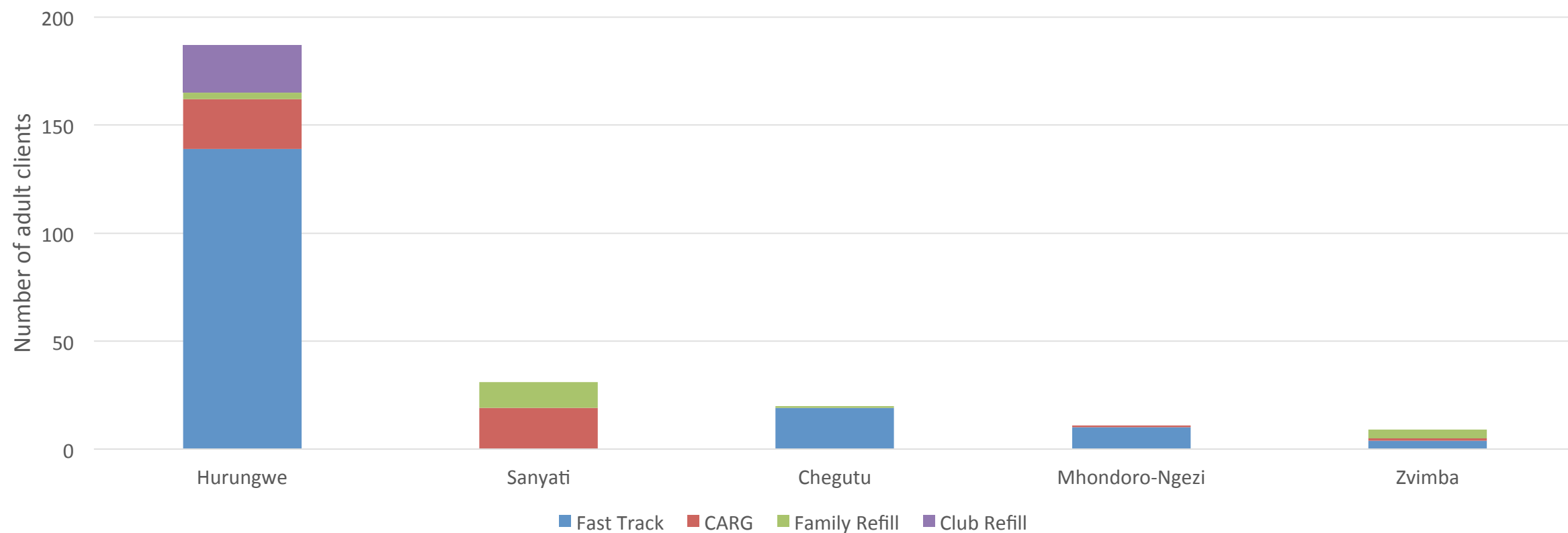
SCALE UP: WHAT'S NEXT?

The CQUIN Scale-up Workshop

- Focusing on scale-up of DSD models for stable patients
- Topics selected based on participant feedback
  - Community engagement and demand creation
  - Lab barriers and facilitators
  - Health workforce
- Emphasis on breakout time and south-to-south exchange

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Cote d'Ivoire
Ethiopia
Kenya
Malawi
Mozambique
South Africa
Swaziland
Uganda
Zambia
Zimbabwe

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