

BACKGROUND

The CQUIN learning network is designed to accelerate the scale up of high-quality HIV differentiated service delivery (DSD). Peer-to-peer demonstration of successful implementation strategies is known to be a high-impact approach, and is therefore a core element of the CQUIN framework (Figure 1). Seeing is believing, and south-to-south (S2S) learning visits are a powerful way to exchange information, review data, and create the “experiential evidence” that empowers S2S participants to advocate for implementation and adaptation of new approaches in their home settings.

Figure 1: CQUIN Framework



APPROACH

Selection of S2S Exchanges: CQUIN member countries formally propose S2S visits based on DSD-related best practices they wish to observe; often they learn of these opportunities at CQUIN workshops and meetings. Country teams submit concept notes, including visit objectives, proposed activities and expected outcomes; these are reviewed by CQUIN leadership and prioritized based on alignment with visiting country DSD action plans, likelihood that the trip will contribute to DSD scale-up, and balance amongst network members.

Planning and Preparation: S2S visits are planned to maximize impact, with an eye to ensuring the correct participants on both visiting and hosting teams. Activities are aligned with proposed objectives. To date, nominations for specific travelers have been made by ministries of health and/or PEPFAR agencies.

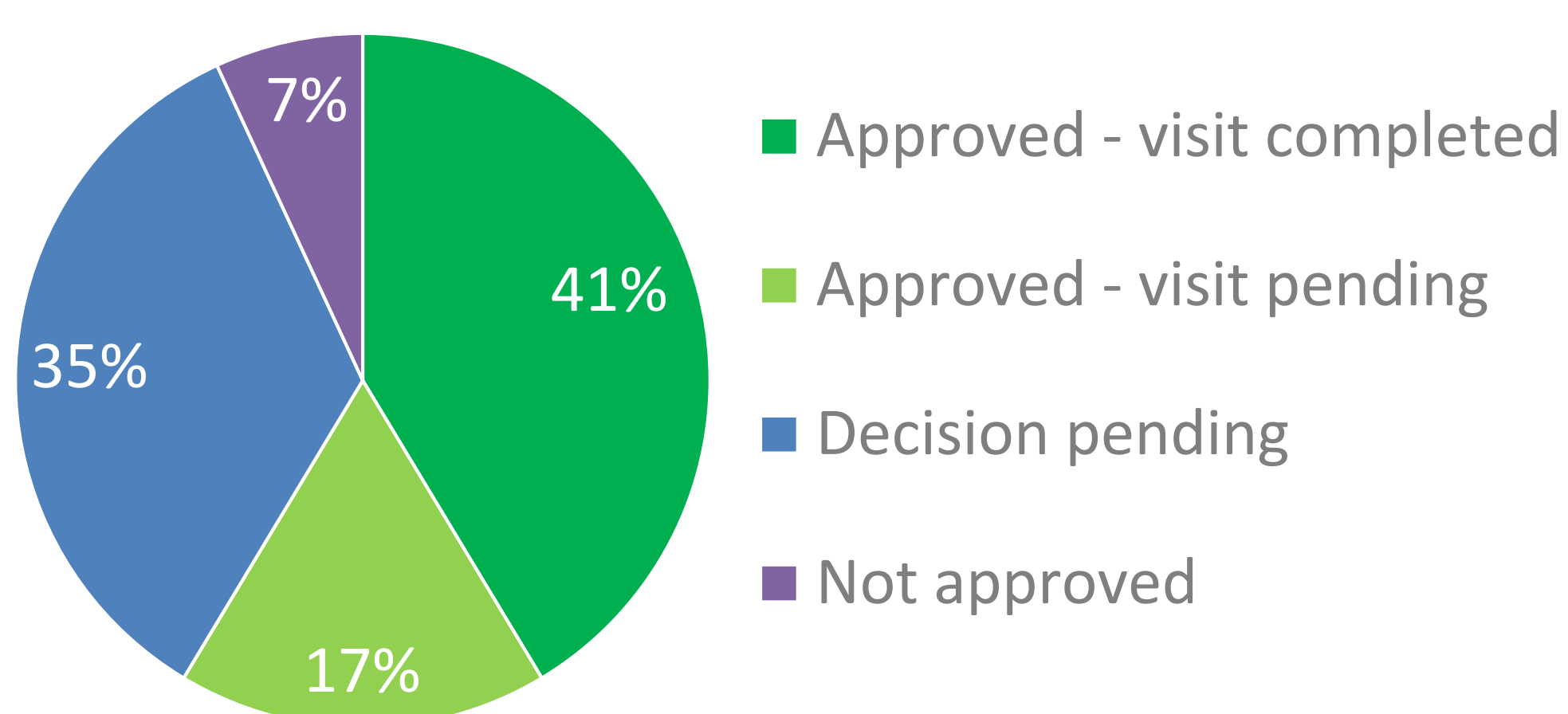
Implementation: CQUIN staff participate in all S2S visits, accompanying visitors, “curating” activities, focusing strategic discussions on visit objectives, identifying opportunities for joint learning, and supporting logistics.

Evaluation and Follow Up: After each trip, the visiting country team submits an action plan, which is systematically tracked by CQUIN over time. In 2018, CQUIN also piloted a post-visit evaluation survey for visiting teams; this was used for a learning visit by Eswatini, Malawi and Kenya to Uganda.

OUTCOMES

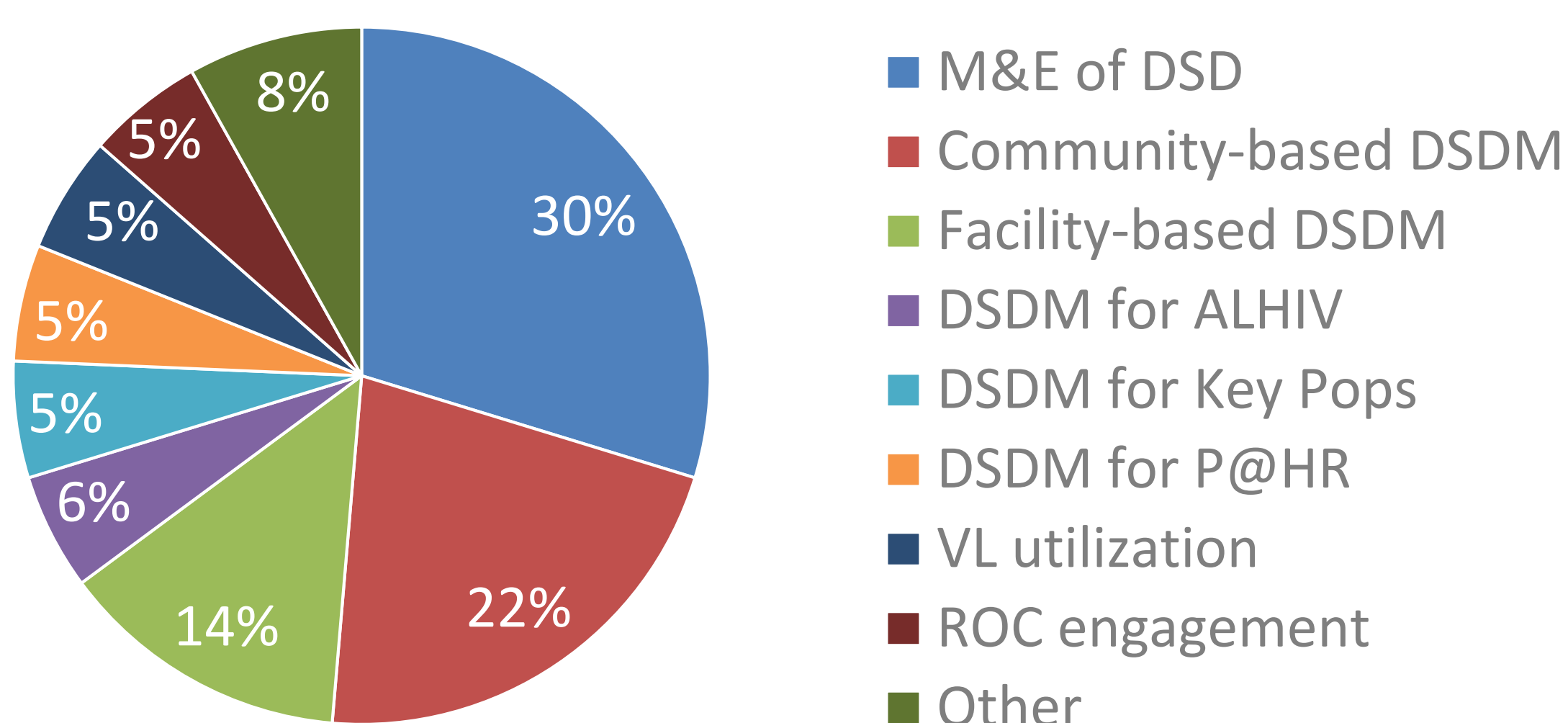
Between March 2017 and September 2018, CQUIN country teams made 29 requests for S2S visits. Of these, 17 were approved and 12 of those have been completed, 10 are pending a final decision, and 2 were not approved (Figure 2). The most commonly-requested destinations were Eswatini, South Africa, Uganda, and Kenya, although bureaucratic requirements have thus far prevented visits to South Africa.

Figure 2: Status of S2S Requests



The S2S proposals focused on diverse DSD-related topics and learning objectives. The most common area of interest was M&E of DSD (30%), followed by community-based M&E models (22%) (Figure 3).

Figure 3: Topics of Interest for S2S Visit Requests

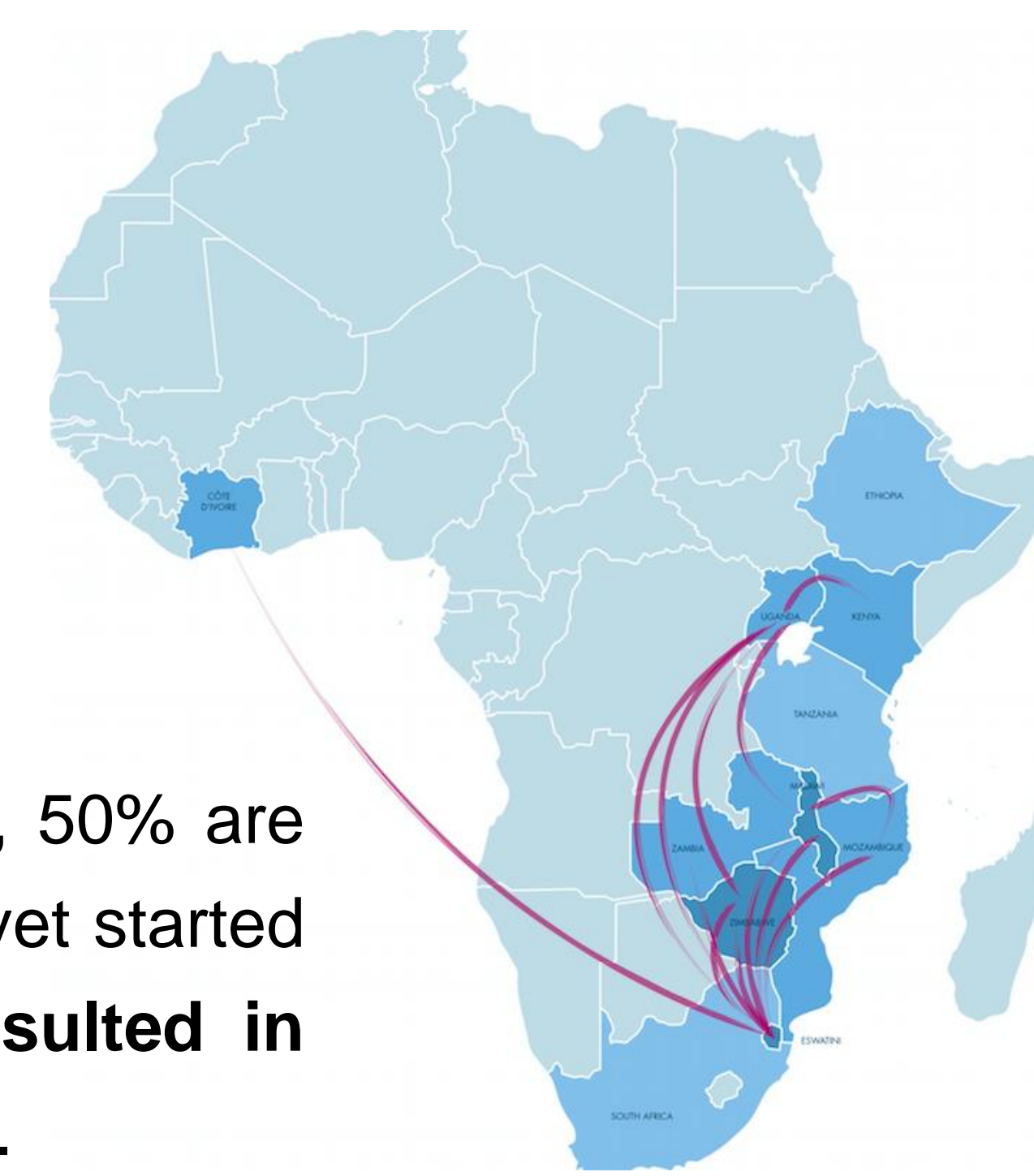


OUTCOMES, continued

To date, CQUIN has supported 12 S2S visits for eight countries (Figure 4):

- Malawi hosted Eswatini in June 2017
- Eswatini hosted Zimbabwe in July 2017
- Eswatini hosted Mozambique in August 2017
- Malawi hosted Mozambique in August 2017
- Uganda hosted Malawi, Eswatini and Kenya in June 2018
- Eswatini hosted Cote d'Ivoire, Malawi, Uganda, Zambia and Zimbabwe in June 2018

Figure 4: Map of completed S2S visits



These visits generated 40 action items. Of these, 50% are complete, 37% are underway, and 13% have not yet started (Figure 5). **Five of the visits have already resulted in changes to policies and/or guidelines** (Figure 6).

Figure 5: Status of S2S Action Items

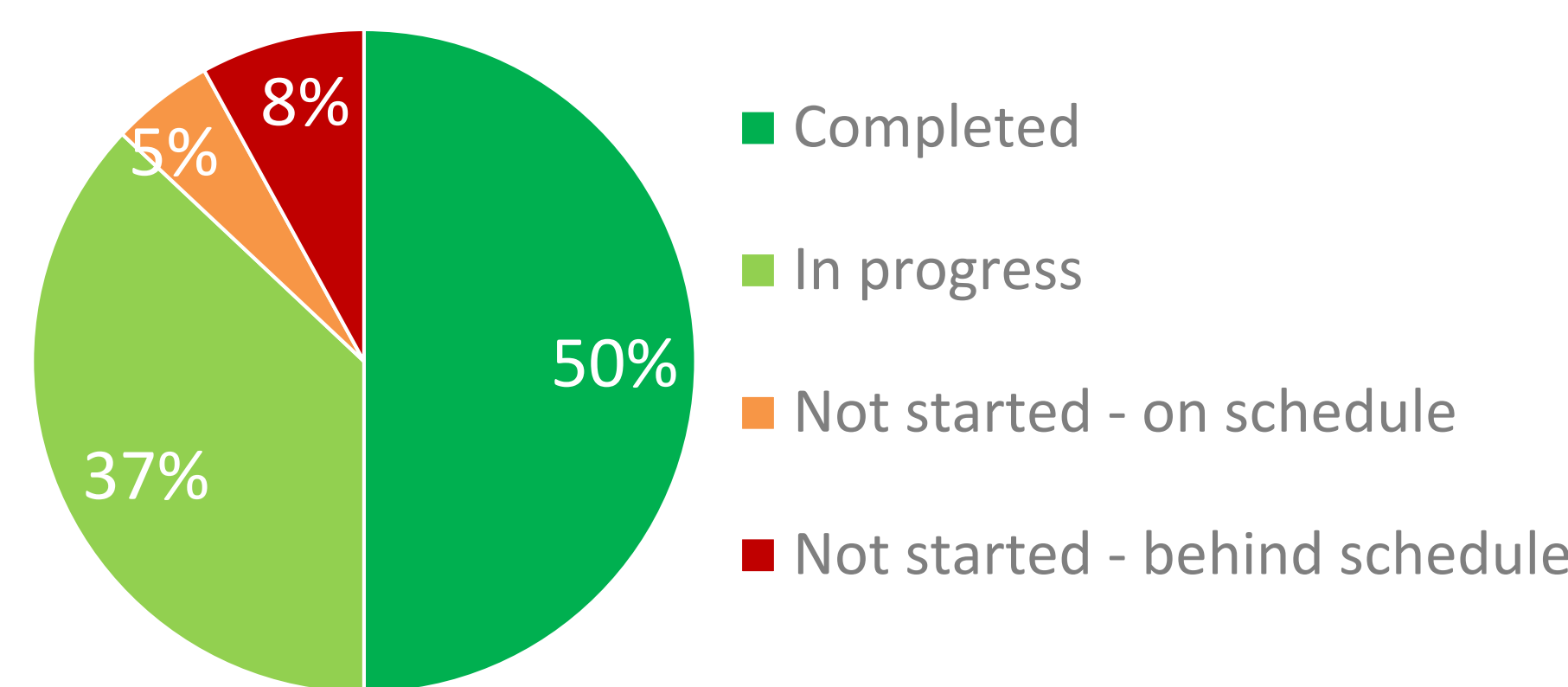
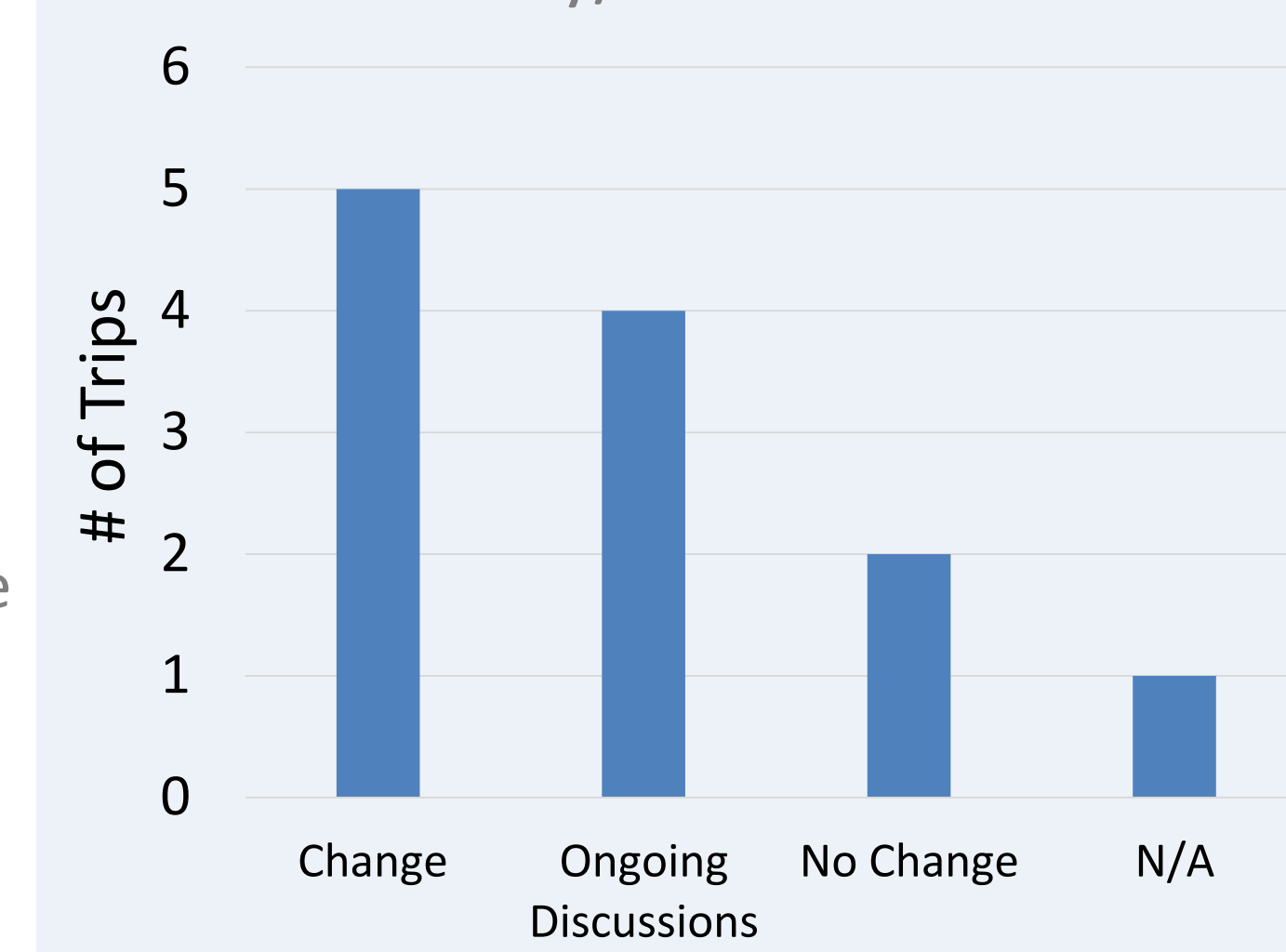


Figure 6: Impact of S2S Visit on Policy/Guidelines



Examples of completed action items include:

- ❖ **Eswatini to Malawi** (June 2017): Eswatini Teen Clubs upgraded to Treatment Clubs, relevant indicators added to CMIS module, systems to transition adolescents to adult care completed.
- ❖ **Mozambique to Malawi** (August 2017): Mozambique national DSD guidelines adapted to include ART refills during Teen Club sessions
- ❖ **Mozambique to Eswatini** (August 2017): Mozambique is piloting the Outreach Refill model, with plans to scale up in FY19
- ❖ **Uganda to Eswatini** (June 2018): Uganda national DSD guidelines reviewed, and implementation of Early Morning Refill model was clarified
- ❖ **Zambia to Eswatini** (June 2018): Early Morning Refills added to Zambia’s National DSD framework.



Figure 7 (left to right): Mozambique in Malawi; Uganda in Eswatini; Eswatini, Kenya and Malawi in Uganda; Uganda, Malawi, Zambia and Zimbabwe in Eswatini.

LESSONS LEARNED

- ❖ Well-organized S2S visits are an effective way to exchange implementation know-how, and to catalyze implementation of new or adapted DSD models.
- ❖ It is critical to have principal decision makers – or their representatives – on S2S visits. If individuals with the seniority to change policies and practice are not engaged in planning and visits, post-trip action plans may not move forward.
- ❖ Focusing S2S visits with the use of consensus-based scopes of work and clear objectives is important to avoid distractions and *ad hoc* requests for activities unrelated to DSD scale-up.
- ❖ In some countries, protocol-related bureaucracy has hindered exchange visits. This is especially problematic when international travel requires approvals from outside the ministry of health. Visits to and from these countries require a much longer planning timeframe.

NEXT STEPS/WAY FORWARD

- ✓ Refine S2S selection criteria for both visits and participants
- ✓ Assess utility of the post-visit evaluation survey and expand to all visits, if useful
- ✓ Continue to follow-up on individual country action plans and provide catalytic technical assistance as needed, to improve post-trip uptake of DSD best practices and/or change in DSD policies and guidelines.

