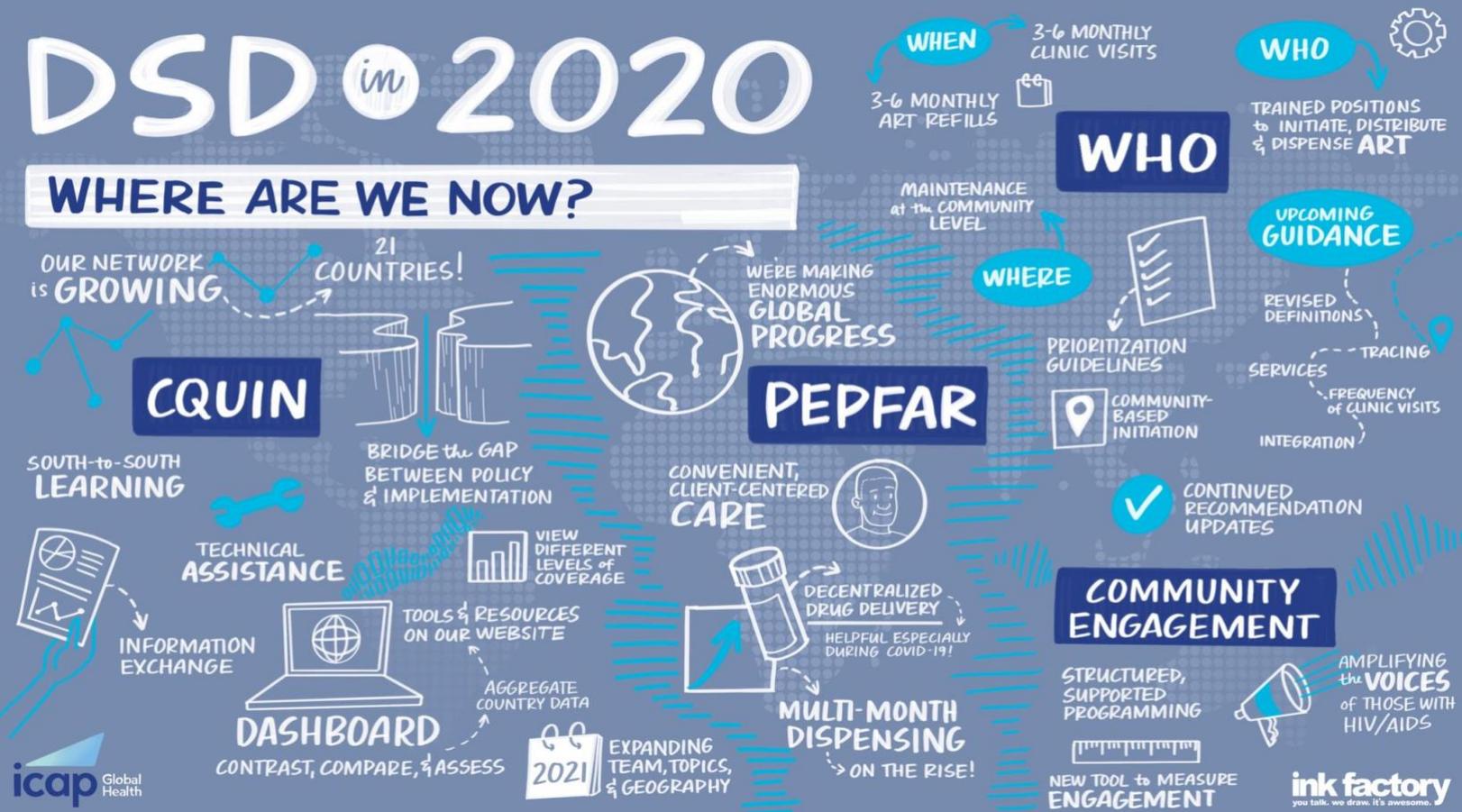


DSD in 2020

WHERE ARE WE NOW?



External Evaluation of the HIV Coverage, Quality, and Impact Network (CQUIN) for Differentiated Service Delivery

August 2021

Cover Image Credit: ICAP

This report prepared for ICAP at Columbia University
by Clear Outcomes
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Clear Outcomes, a Bixal Company
3050 Chain Bridge Road #305
Fairfax, VA 22030
info@clearoutcomes.net

ACRONYMS

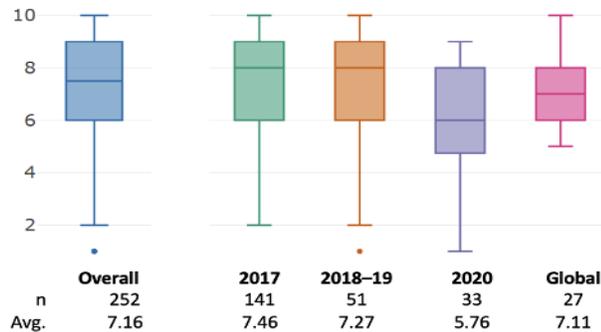
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BMGF	The Bill and Melinda Gates Foundation
CDC	U.S. Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
CQUIN	Coverage, Quality, and Impact Network
DPR	DSD Performance Reviews
DSD	Differentiated Service Delivery
EGPAF	Elizabeth Glazer Pediatric AIDS Foundation
EQ	Evaluation Question
HIV	Human Immunodeficiency Virus
ICAP	ICAP at Columbia University
KII	Key Informant Interview
KVP	Key and Vulnerable Populations
M&E	Monitoring & Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
ROC	Recipient of Care
S2S	South-to-South
TB	Tuberculosis
WHO	World Health Organization

EXECUTIVE SUMMARY

EVALUATION QUESTION (EQ) 1: ACHIEVEMENT OF GOALS & OBJECTIVES

- The Coverage, Quality, and Impact Network (CQUIN) continues to be an effective and highly valued platform for country learning, knowledge exchange, and co-creation of resources in support of HIV Differentiated Service Delivery (DSD) implementation and scale-up in its member countries.
- CQUIN activities were well organized and facilitated. Respondents appreciated the dedication, global expertise, facilitation skills, and effort necessary to maintain the network and spoke highly of ICAP at Columbia University (ICAP) staff.
- Most **intermediate outcome targets** (supporting policy to implementation) were met, despite the challenges caused by the COVID-19 pandemic in Project Years 4-5.
- DSD coverage increased at the patient and facility level in CQUIN countries. Other **long-term outcome indicators** (frequency of antiretroviral therapy pick-up and clinic visits, retention rate, and viral suppression) were difficult to measure and disaggregate by treatment model using routinely collected data, requiring CQUIN to support *de novo* data collection in selected countries.
- Survey respondents from countries participating in CQUIN for at least one year rated CQUIN’s success in reaching its objectives an average of 7.41/10, a slight increase from the 7.40/10 at the 2019 mid-term evaluation (Figure 1). Global respondents and those from countries newer to CQUIN rated its success somewhat lower.

Figure 1: CQUIN overall success Overall (all participants excluding ICAP) Member countries (by year of joining the network) Global stakeholders



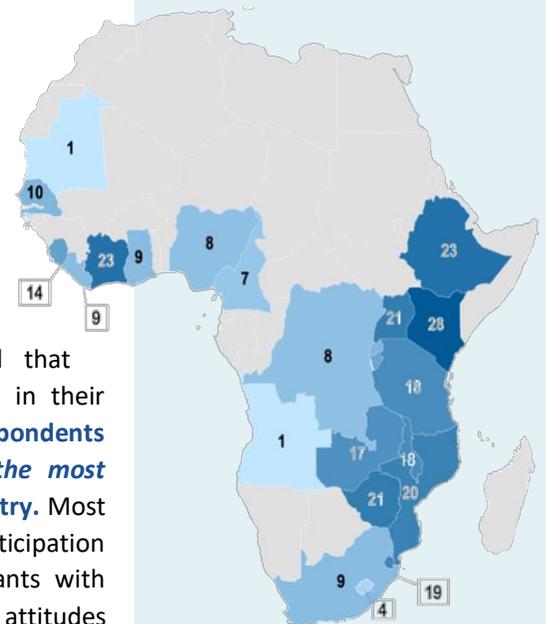
- DSD implementation has been scaled-up significantly in the last 3–5 years. Respondents viewed CQUIN, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), and the World Health Organization (WHO) as key drivers of this change, alongside other government and non-governmental stakeholders. Seventy-five percent of all survey respondents and 75% of Ministry of Health (MOH) respondents agreed or strongly agreed that participation in CQUIN improved the coverage and/or quality of DSD in their countries. **Fifty-five percent of all respondents and 65% of MOH respondents agreed or strongly agreed that CQUIN network participation was the most important contributor to DSD implementation and scale-up in their country.** Most survey respondents also agreed or strongly agreed that CQUIN participation enhanced political support for DSD scale-up (76%), provided participants with practical tools and resources (92%), and improved knowledge, skills, and attitudes toward DSD (96%).

Evaluation Purpose: Clear Outcomes conducted an evaluation of the CQUIN Network to assess its overall achievements and provide guidance for the sixth year of implementation and possible continuation.

Evaluation Methods: Remote qualitative and quantitative data collection from April–May 2021

1. Document review
2. Survey: 334 responses, 27 countries (Figure 2)
 - a. MOH: 103 responses (31%)
3. 45 key informant interviews
 - a. ICAP: 11
 - b. MOH: 13
 - c. Global/Implementing Partners: 12
 - d. Recipients of Care/Civil Society: 9

Figure 2: Survey responses by country*



*Not pictured: European Union 2; Other 7; Switzerland 2; United Kingdom 1; United States 11

Features contributing to CQUIN’s success include:

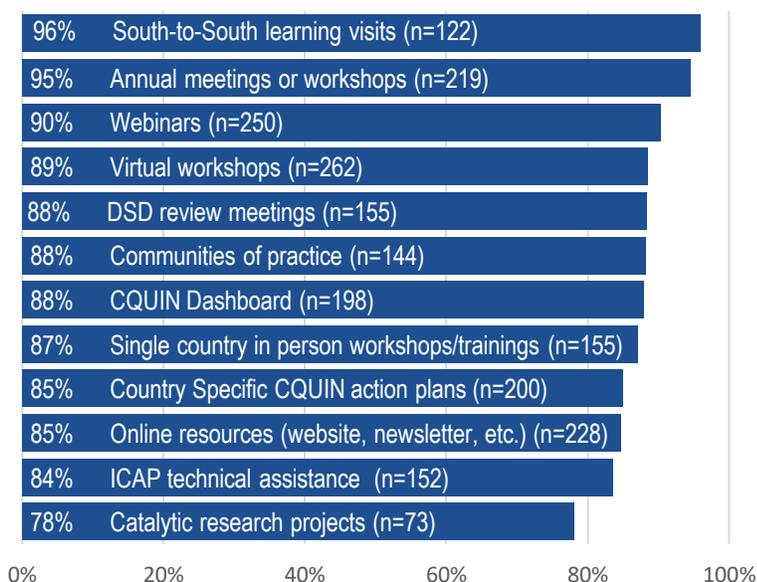
1. Involving all stakeholders
2. Promoting country led DSD approaches
3. Providing the learning platform and a DSD framework with complementary activities and tools (e.g., dashboard)
4. Engagement and empowerment of recipients of care in the network

EQ 2: EFFECTIVENESS OF CQUIN ACTIVITIES

CQUIN’s design included a range of complementary activities with frequent engagement and a focus on measurement, action planning, and implementation. Survey respondents rated all activities as effective or very effective (Figure 3). Interview respondents consistently highlighted several activities as most effective: in-person meetings, dashboard staging and action planning, South-to-South (S2S) visits, country-specific technical assistance, webinars, communities of practice and DSD performance review meetings.

Respondents viewed some activities as having a smaller contribution to overall DSD outcomes. These included dissemination activities, such as CQUIN’s website, newsletter, and webinars, along with the small number of CQUIN-supported catalytic projects, presentations at international meetings, and publications.

Figure 3: Proportion of survey respondents rating CQUIN activities as effective or very effective



EQ 3A: PRIORITIES FOR CQUIN’S SIXTH YEAR AND BEYOND

Many stakeholders prioritized data-focused activities for the sixth year of the network—continuing to improve DSD-specific monitoring and evaluation (M&E) systems, measuring DSD impact, and documenting and consolidating lessons learned from CQUIN (data harvesting). Other priorities included quality improvement and additional technical assistance (particularly related to M&E and for countries lagging behind). In addition, countries recommended several technical domains for ongoing or increased focus in Year 6 (Table 1).

Table 1: Topics for future content

Topic	# of Mentions
MCH, PMTCT, children, adolescents	28
Advanced HIV /Viraemia Clinic	26
Covid-19	24
Key and Vulnerable Populations	10

COVID-19 restrictions accelerated the scale-up of some DSD models and documentation of the practices worth continuing post-pandemic will be important. Finally, some respondents suggested using project year 6 to prepare for the future by providing capacity development to country core teams, exploring the possibility of transitioning support for some CQUIN functions to local organizations, and searching for alternative and/or complementary funding opportunities.

EQ 3B: SUSTAINABILITY AND INTEREST IN ONGOING CQUIN PARTICIPATION

Stakeholders have provided material and in-kind contributions, including MOH staff time and donor and partner funding to attend meetings and S2S visits. Respondents, including MOH, donors, and implementing partners, valued CQUIN and expressed a strong desire for a learning network to continue and agreed that the network is likely to disintegrate without ongoing funding and coordination. Despite the level of interest, neither other donors nor MOH are willing to or capable of funding CQUIN activities.

“CQUIN is a very important network—bringing different ideas regarding DSD implementation from different countries, hence it should continue to offer its support so that we can implement quality DSD services in our country.”
—Ministry of Health key informant

Stakeholders reported the value of the CQUIN network went beyond DSD implementation, enabling improved ability to engage, exchange, and learn from other countries. CQUIN’s approach and learning activities were seen as equally effective when applied at the national and sub-national level—for example, DSD Performance Review meetings effectively supported collaboration, patient-centeredness, and community involvement between regions and districts.

EQ 4: LESSONS FOR FUTURE NETWORKS

CQUIN established several lessons learned and good practices that are applicable to learning networks and development programs more broadly. These include:

- Frequent interactions with complementary activities reinforce network learnings.
- Building trust and a safe place for participants, coupled with healthy competition, motivates participants to take action.
- An inclusive approach that brings all stakeholders, including recipients of care (ROC), to the table, combined with MOH leadership, fosters country ownership and sustainability.
- A capability/maturity model approach using a tool like the dashboard establishes a shared vision of success, clear definitions of progress, and guidance for future action.