



# Delivering High-Quality DSD Services at Scale

A CQUIN Learning Network Workshop

April 26– 29, 2022

Johannesburg, South Africa

Improving ART Retention and Viral Suppression among HIV-infected pregnant women (PW) and breastfeeding women (BFW) in Nampula Province, Mozambique



HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery



# Outline

Background

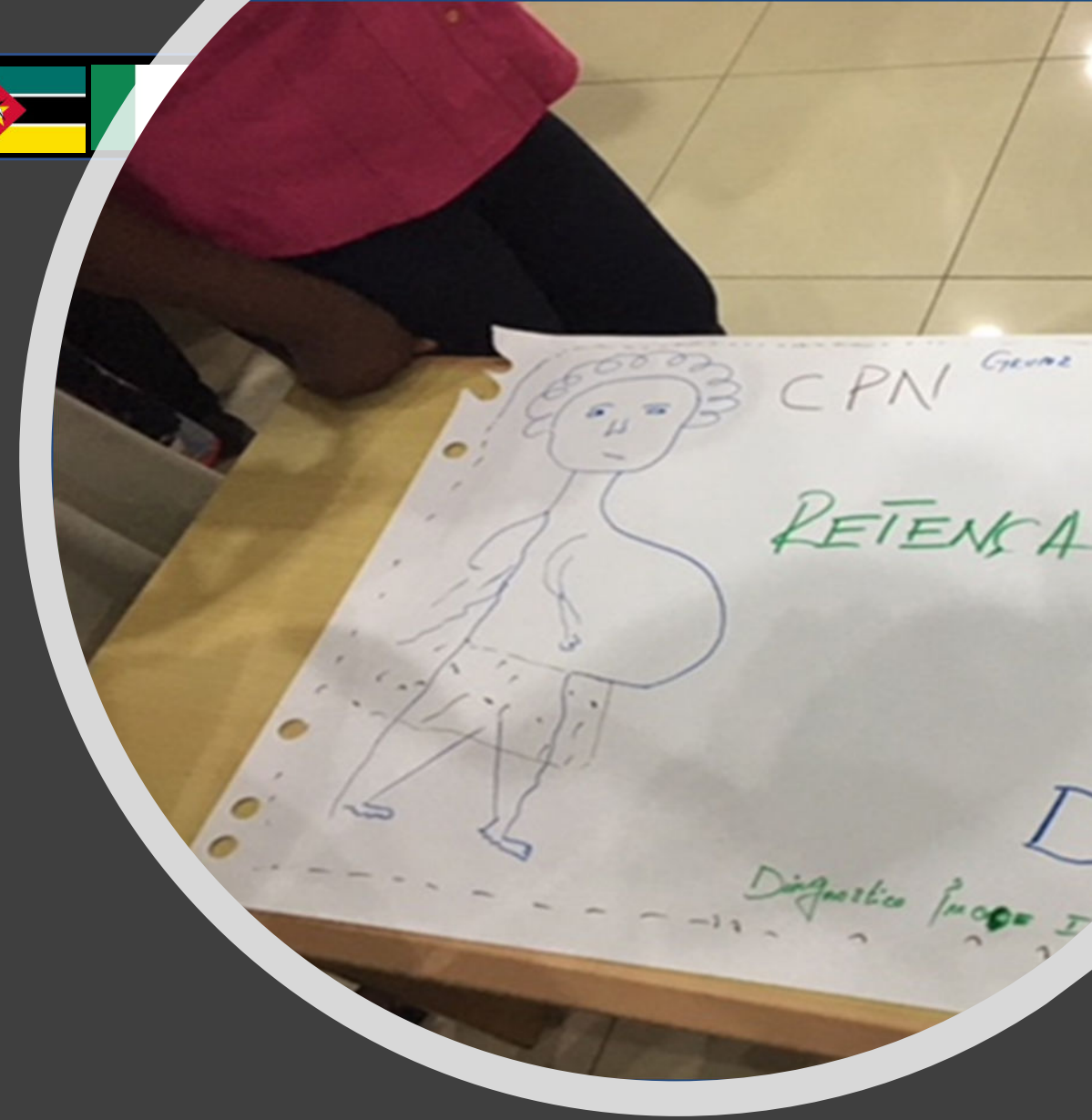
The Quality Challenge

QI Collaborative Project Design

QIC Results

Change Interventions

Next Steps and Conclusion





# Background

- In September 2016, Mozambique adopted the phased introduction of the test and start approach and since August 2016 it has been implemented at all ART services in country.
- The massive expansion of ART access arises in which balancing service demand and quality assurance of services provided was a challenge.
- Mozambique has achieved high testing and ART coverage for pregnant women, but retention and adherence during pregnancy and breastfeeding are suboptimal
- In 2017, the mother-to-child transmission rate in Mozambique was 11%
- In 2018, ICAP Mozambique worked with the MOH to implement a QIC to respond to some of the key challenges in the PMTCT continuum of care for 12months



# Viral Suppression is Critical for Maternal Health and to prevent MTCT

Treatment interruption is not the only reason for suboptimal viral suppression amongst pregnant and breastfeeding women

Other causes include nonadherence to medications and/or viral resistance

Rapid identification of PW with unsuppressed VL enables swift and effective interventions

These early interventions are dependent on access to routine VL monitoring

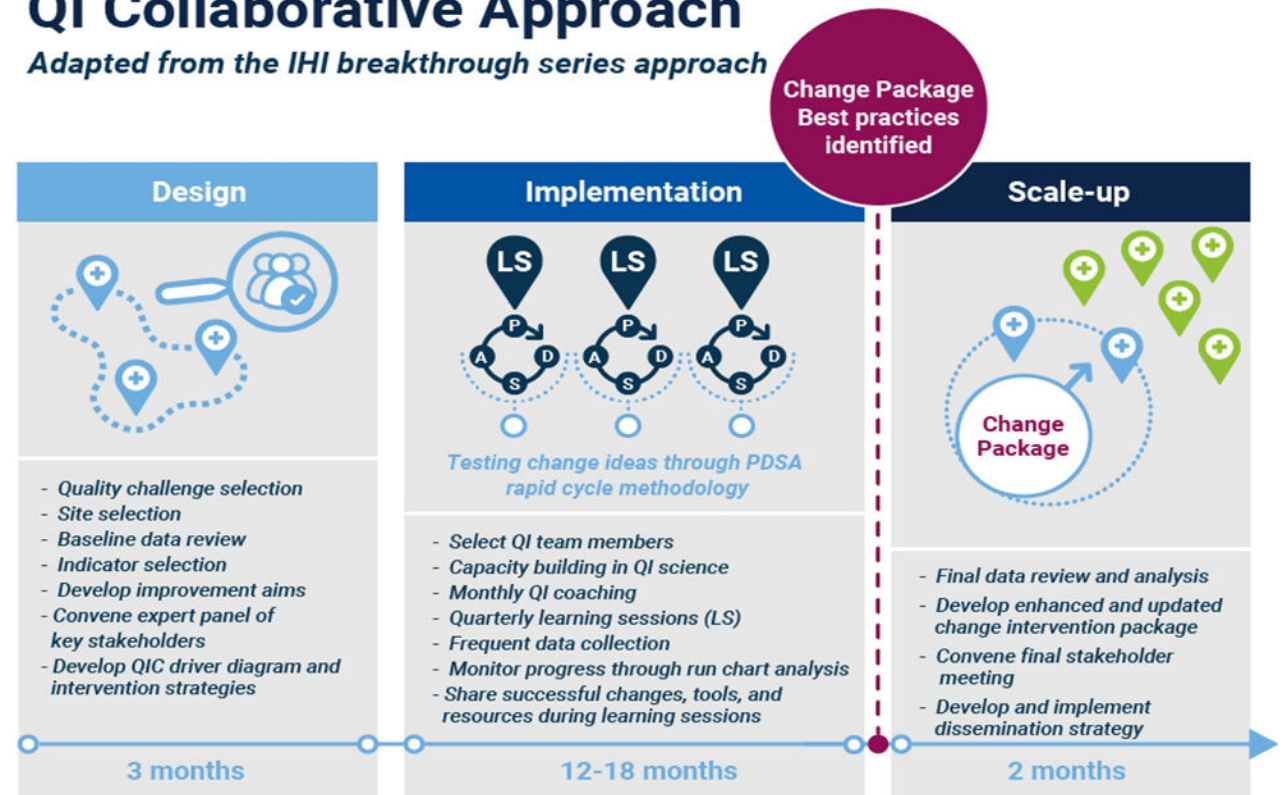


# The QI Solution

- An organized network of sites (districts, facilities or communities) that work together on a focused program topic area
- For a limited time, typically 12 to 18 months
- Share Aim Statements, indicators, and measurement processes
- Regular forums (quarterly) for data review, shared learning and spreading successful changes

## QI Collaborative Approach

*Adapted from the IHI breakthrough series approach*







# 30 High Priority Health Facilities in Nampula Province



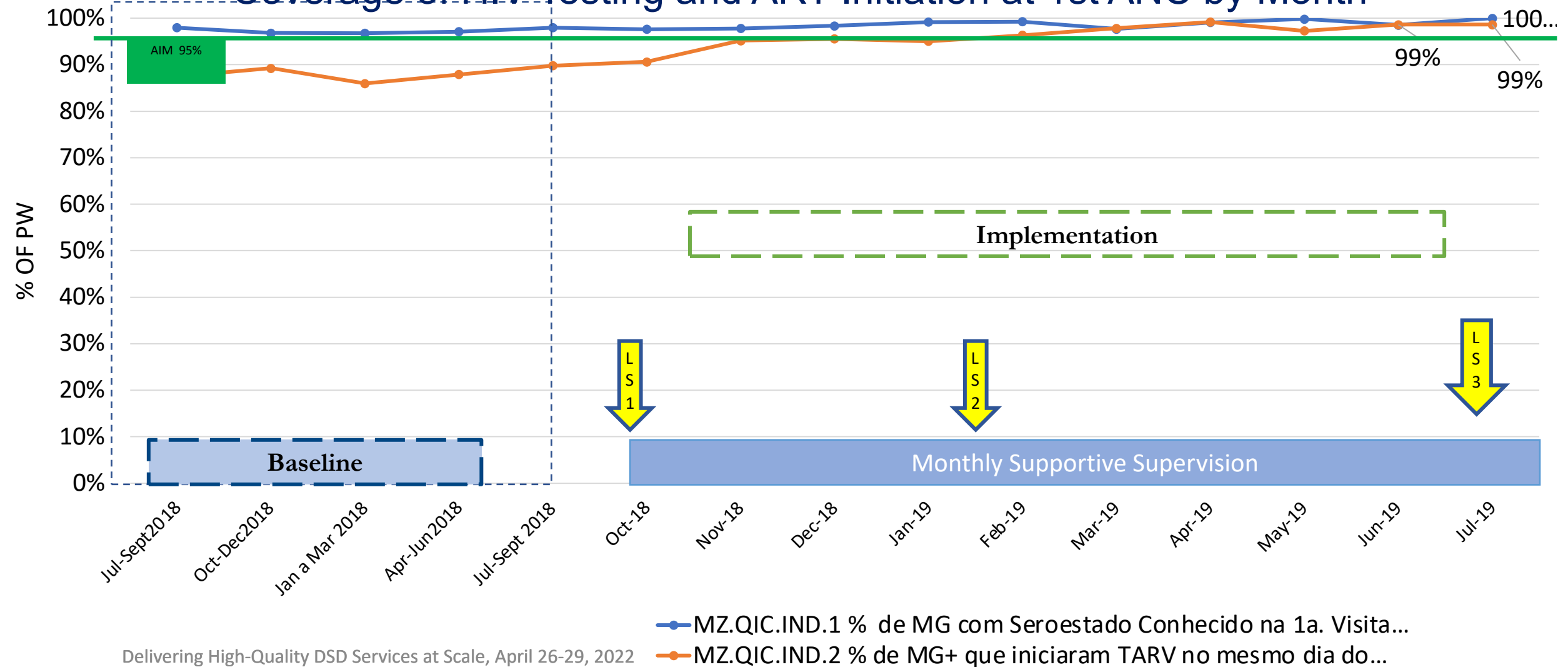
# QIC Aim Statements

Aim 1: Between October 2018 to September 2019, increase the proportion of HIV positive pregnant and BF women who are retained in care in the first 99 days (3 ARV pick-ups) from baseline of 40% to 90% at the 30 participating HF in Nampula Province.

Aim 2: Between October 2018 to September 2019 increase the proportion of HIV positive pregnant and BF women who are virally suppressed from a baseline of 42% to 90% at the 30 participating HF in Nampula Province.



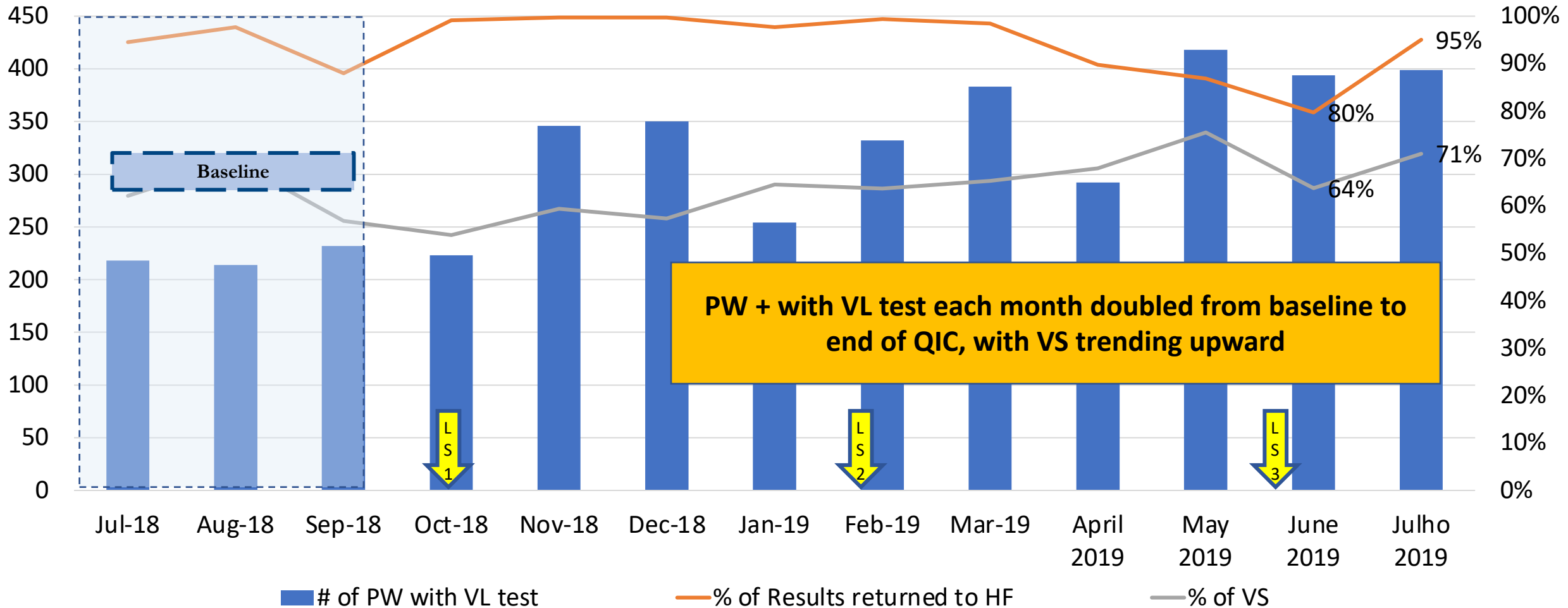
## Cross-sectional Indicator: Coverage of HIV Testing and ART Initiation at 1st ANC by Month



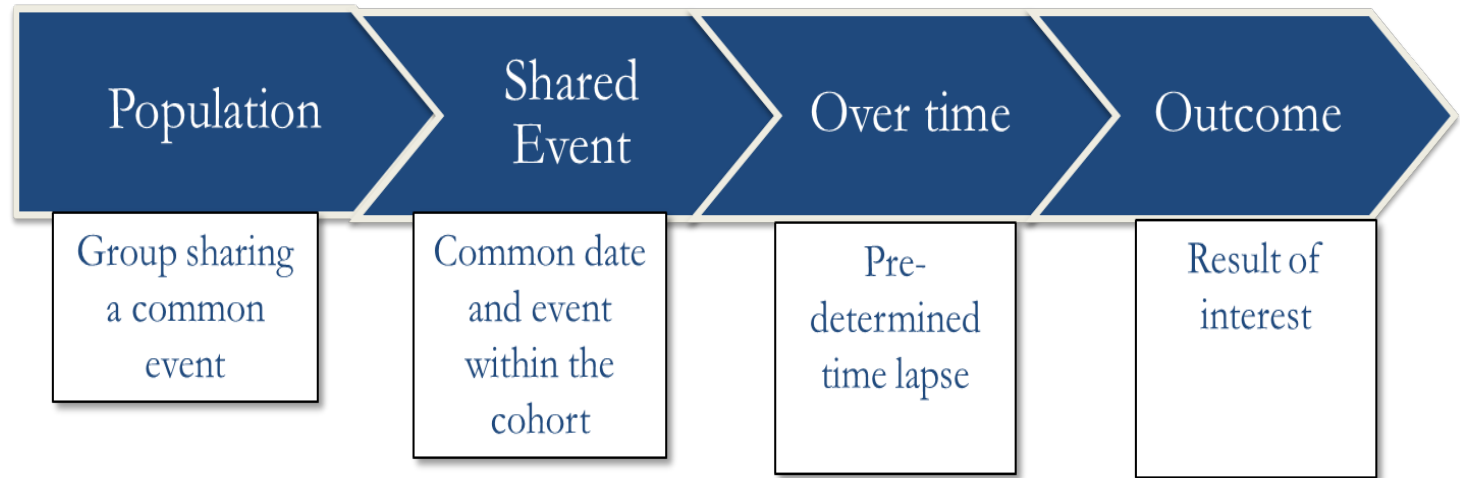




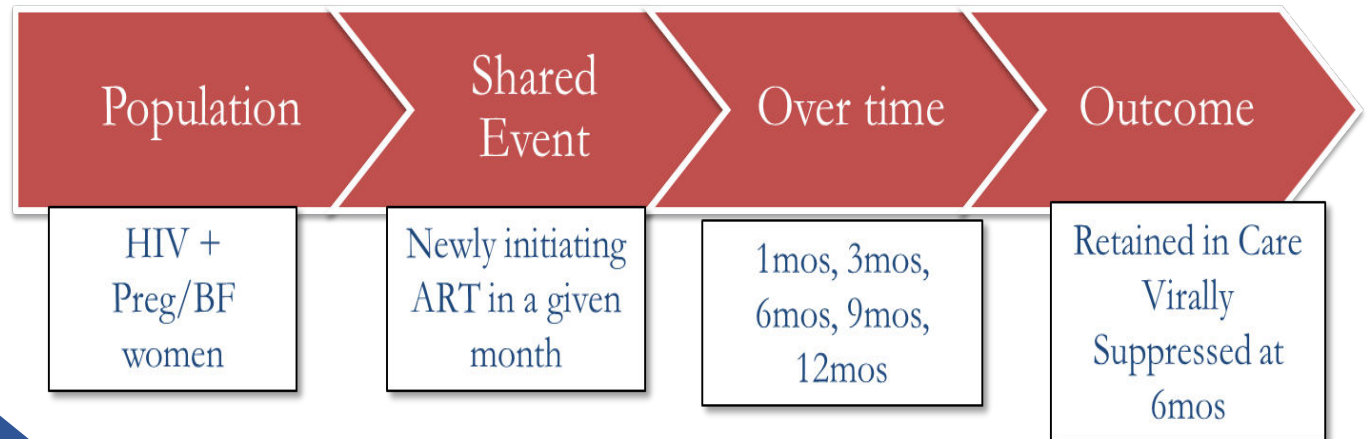
## Cross-sectional Indicator: VL Testing & VL Suppression among all PW by Month



# Introduction to Cohorts for monitoring improvement over time during QICs



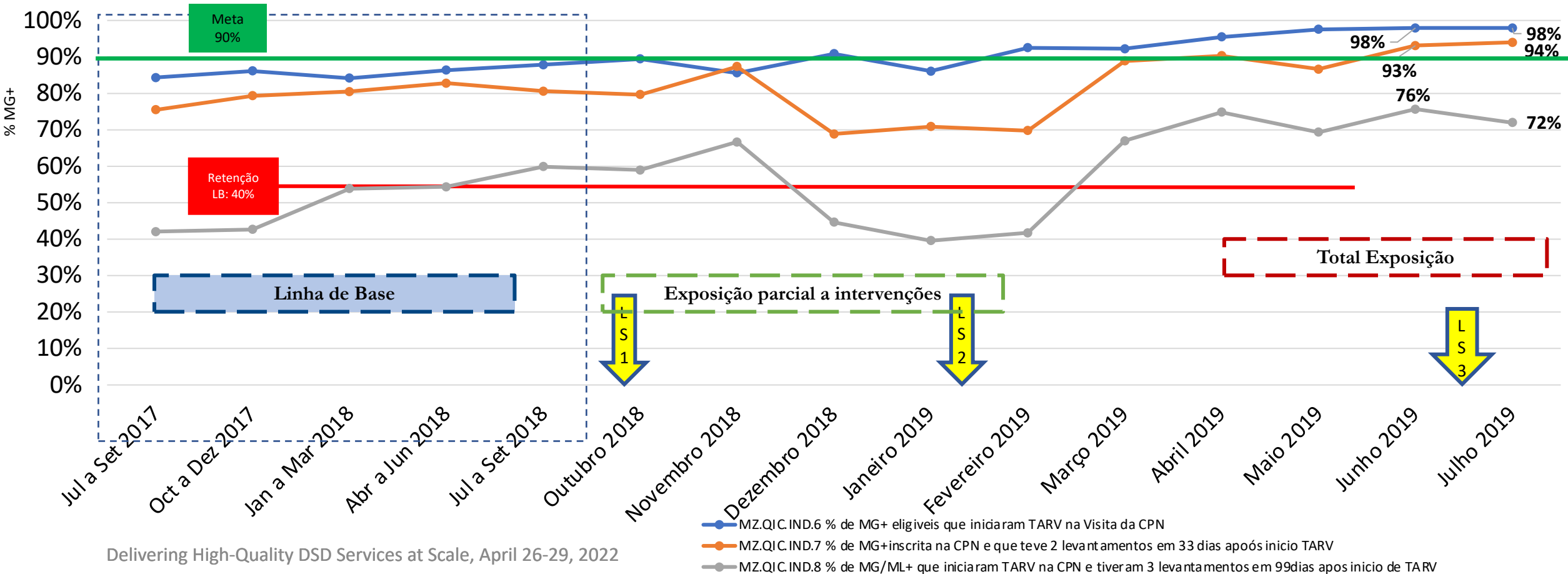
## Maternal ART Cohort





*Cohort 1: ART initiation and retention in care among women newly initiated on ART (presented by ANC start month - 6mos completion)*

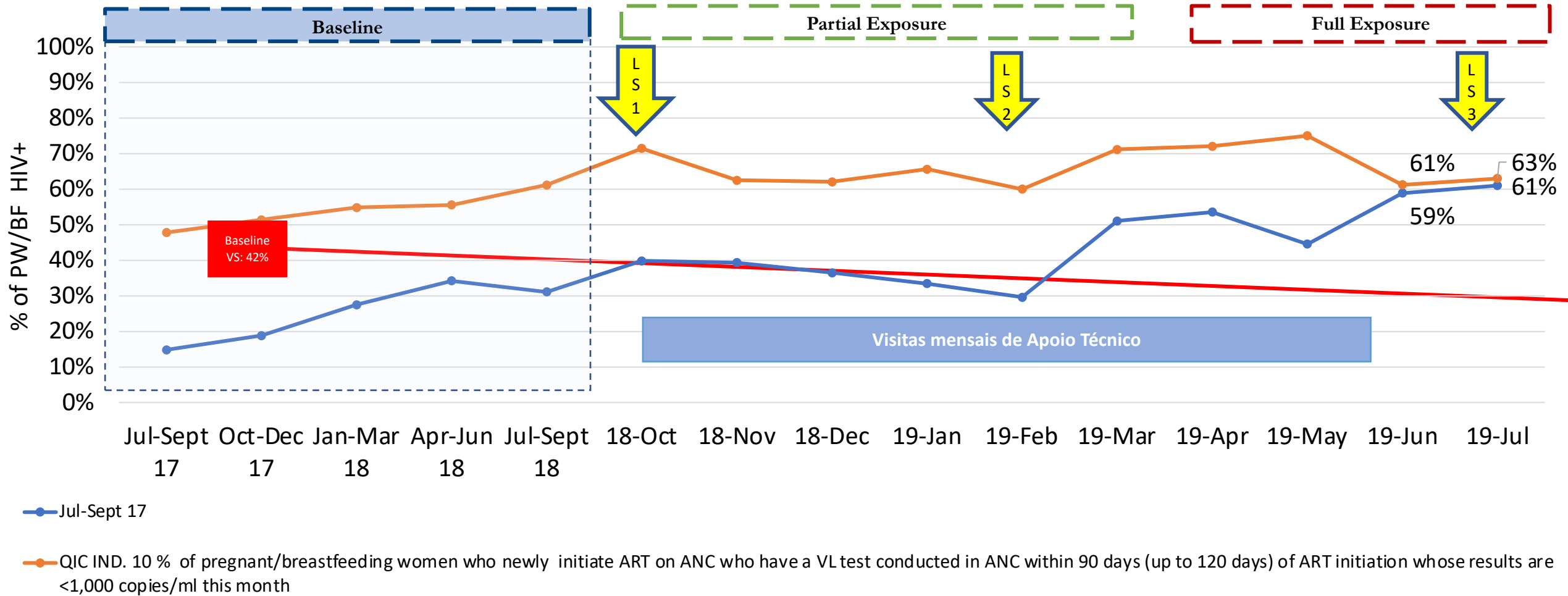
*Aim 1: Between October 2018 to September 2019, increase the proportion of HIV positive pregnant and BF women who are retained in care in the first 99 days(3 ARV pick-ups) from a baseline of 40% to 90% at the 30 participating HF in Nampula Province.*





### Cohort 1: VL Testing and Suppression among women newly initiated on ART

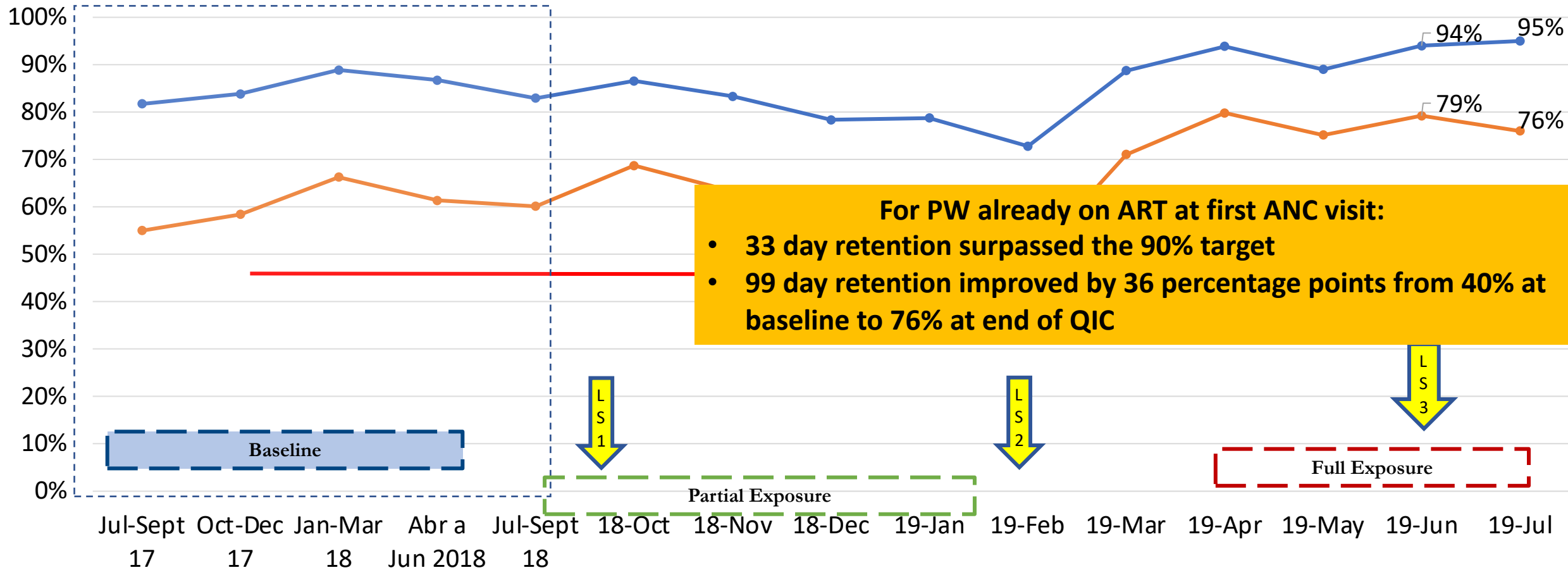
Aim 2: Between October 2018 to September 2019 increase the proportion of HIV positive pregnant and BF women who are virally suppressed from a baseline of 42% to 90% at the 30 participating HF in Nampula Province.





*Cohort 2: Retention at 33 days and 99 days among PW already on ART at 1st ANC*

*Aim 1: Between October 2018 to September 2019, increase the proportion of HIV positive pregnant and BF women who are retained in care in the first 99 days (3 ARV pick-ups) from a baseline of 40% to 90% at the 30 participating HF in Nampula*



**For PW already on ART at first ANC visit:**

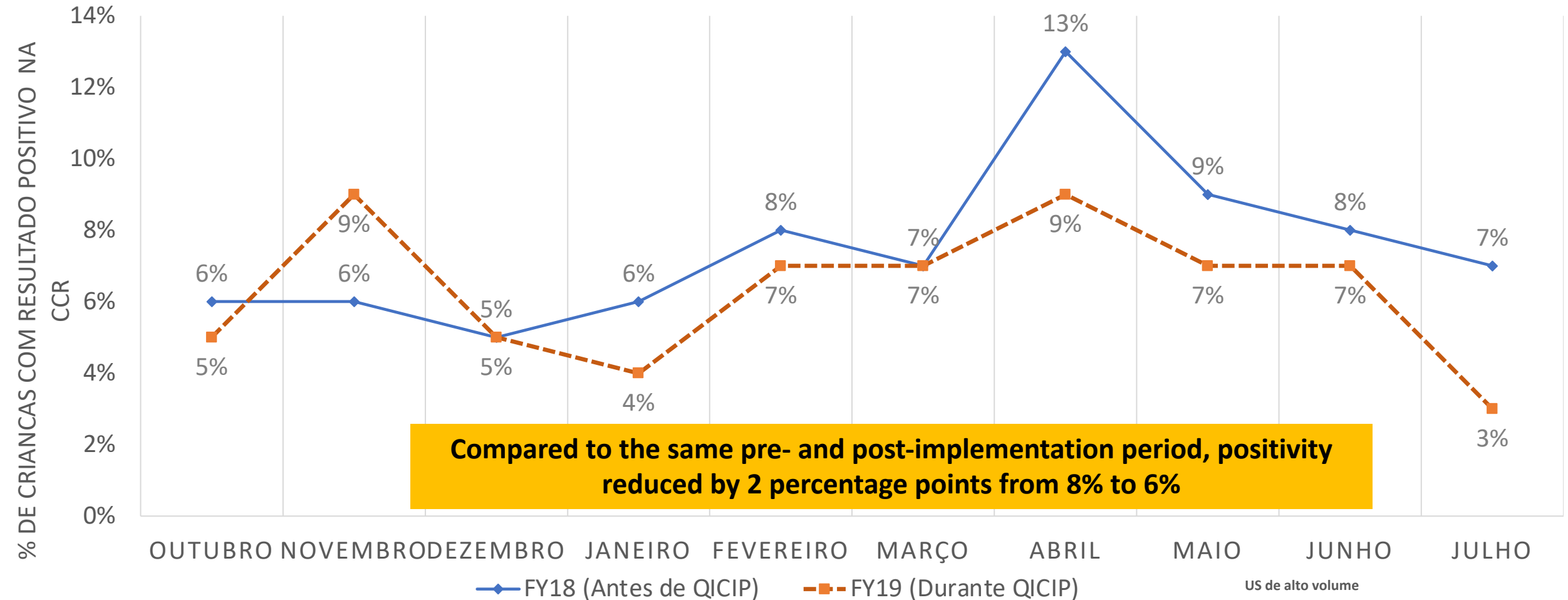
- 33 day retention surpassed the 90% target
- 99 day retention improved by 36 percentage points from 40% at baseline to 76% at end of QIC

● QIC.IND.14% of pregnant women on ART at first ANC visit who return for a subsequent drug pick-up within 33 days of first ANC visit  
 ● QIC.IND.15% of pregnant/breastfeeding women already on ART at first ANC visit with three subsequent drug pick-ups within 99 days (three months) of first ANC visit  
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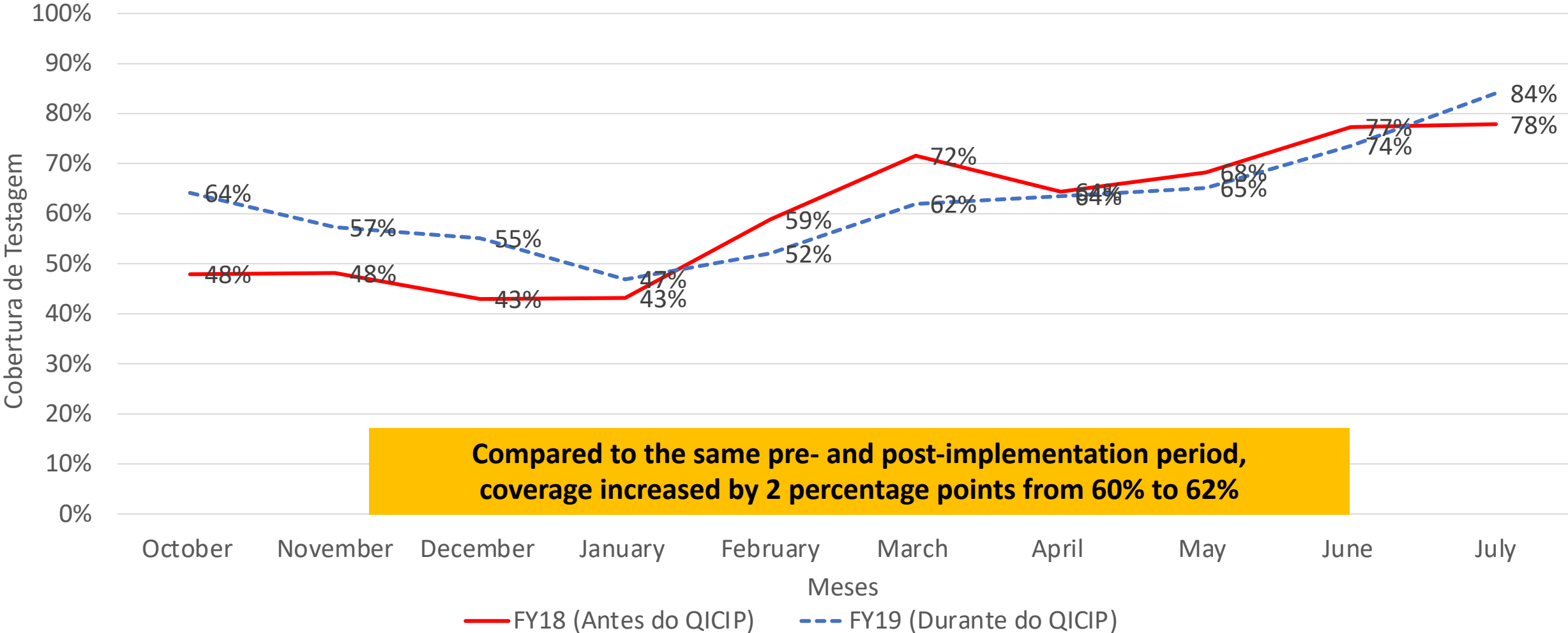


# CCR Positivity, Children <2 Months QICIP Impact Results (Pre and Post Implementation)





# PCR Testing Coverage, Children <2 Months QICIP Impact Results (Pre and Post Implementation)





**Implementation of a protocol to ensure the identification of HIV positive PW + already on ART at ANC**

**Allocation of daily tests consumption registers at all testing sectors/points to ensure proper reposition of test-kits.**

**Prior linkage of PW with MM according to the location mapping of MM, to facilitate home visits and support.**

**Location of a new job aids with key messages to support counseling and monitoring of ART adverse reactions for use during counseling.**

**In-Service training for Counseling skills using key messages tailored for different stages of PMTCT cascade service delivery**



**Inclusion of the theme “importance of early enrollment in ANC” within the guidance provided to Community Leaders by the “Comite de Gestao de Saude”**

**Introduction of a new guidance to assess and support mentor mothers' performance during visits at community**

**Introduction of a new tool and in service training to improve data quality, data completion and quality of records.**

**Establishment of a new system to ensure mastery of providers' skills to open, handling and manage patient's files.**

**Introduction of a service delivery quality assessment tool to be applied monthly**



# Acknowledgements

*We acknowledge the following stakeholders for their tireless support during the project implementation period:*

*Mozambique Ministry of Health (MISAU), Nampula Province Health Department (DPS), CDC Mozambique facility in-charges and facility staff from the 30 sites in Nampula for their excellent work and commitment during project implementation.*

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