



Delivering High-Quality DSD Services at Scale

A CQUIN Learning Network Workshop

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Johannesburg, South Africa

Enhancing DSD through Quality Improvement in Zimbabwe

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

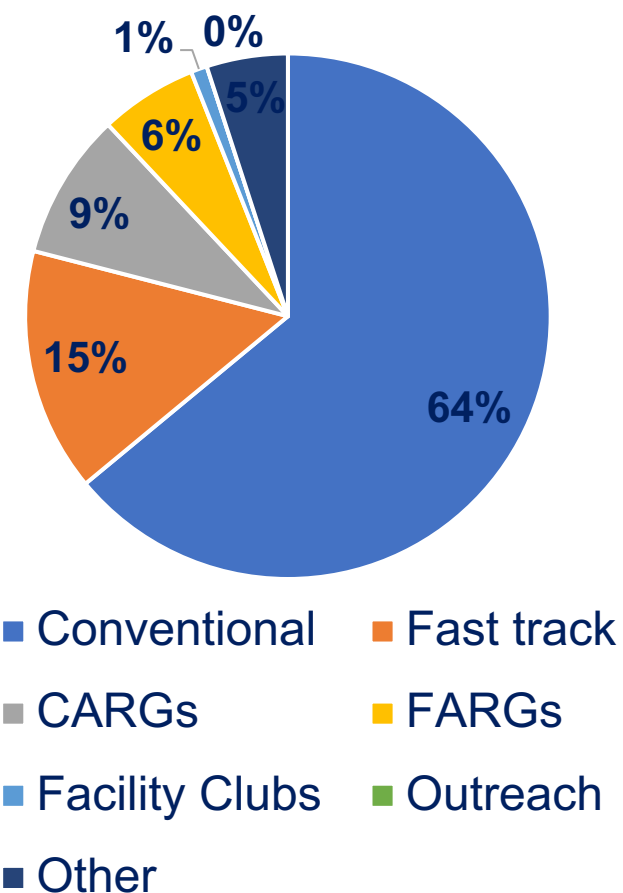
Outline

- Background
- QI activities implemented
- Sample case studies
- Data
- Successes and challenges
- Lessons learnt
- Next steps

Background

- Zimbabwe started implementing DSD models in 2015
- Models offered include (CARGs, FARGs, Fast Track, Outreach, Facility Clubs)
- Out of 1,638 facilities 93.7% (1,136) offer DSD models
- Eligibility criteria for DSD models
 - At least 6/12 on ART
 - Viral load < 1000 copies/ml
 - Established clients on ART with good adherence
- By end of 2021 only 36% of the total ART clients were in DSD models against target of 55%
 - Despite VL coverage of 71% and VL suppression of 96%

Distribution of ROC by Model



Project Implementation

- Zimbabwe aims to increase the proportion of eligible RoC enrolled in DSD models from 36% to 55% by December 2022
- Selected 14 sites from two provinces (7 from each)
 - 12 PEPFAR / 2 Non-PEPFAR support
 - High volume sites with ≥ 600 PLHIV on ART
 - Low DSD coverage
- Conducted initial Quality Improvement trainings for the 14 sites
 - Facility teams, district coaches and district focal persons
 - First training 7 facilities(November 2021), second training- 7 facilities (March 2022)
- Each facility team developed its QI for DSD projects
 - Aims aligned to the national overall goal for DSD
- Using the Model for Improvement during implementation

QI Activities Implemented

- Facility teams were expected to
 - Give feedback to workmates and form QIT
 - Conduct stakeholder analysis
 - Redefine their problem and aim statements
 - Conduct root cause analysis
 - Conduct process mapping and identify opportunities for improvement
 - Use Focusing Matrix to prioritize solutions
 - Create driver diagrams
 - Create QI corner and run charts
- QI chairperson and team responsible for day-to-day operations
- Day to day implementation progress monitoring is conducted by
 - District coaches in PEPFAR sites
 - HIV focal persons in Non-PEPFAR sites
 - Coaching, mentorship and support
- National and provincial teams to conduct quarterly visits to monitor progress

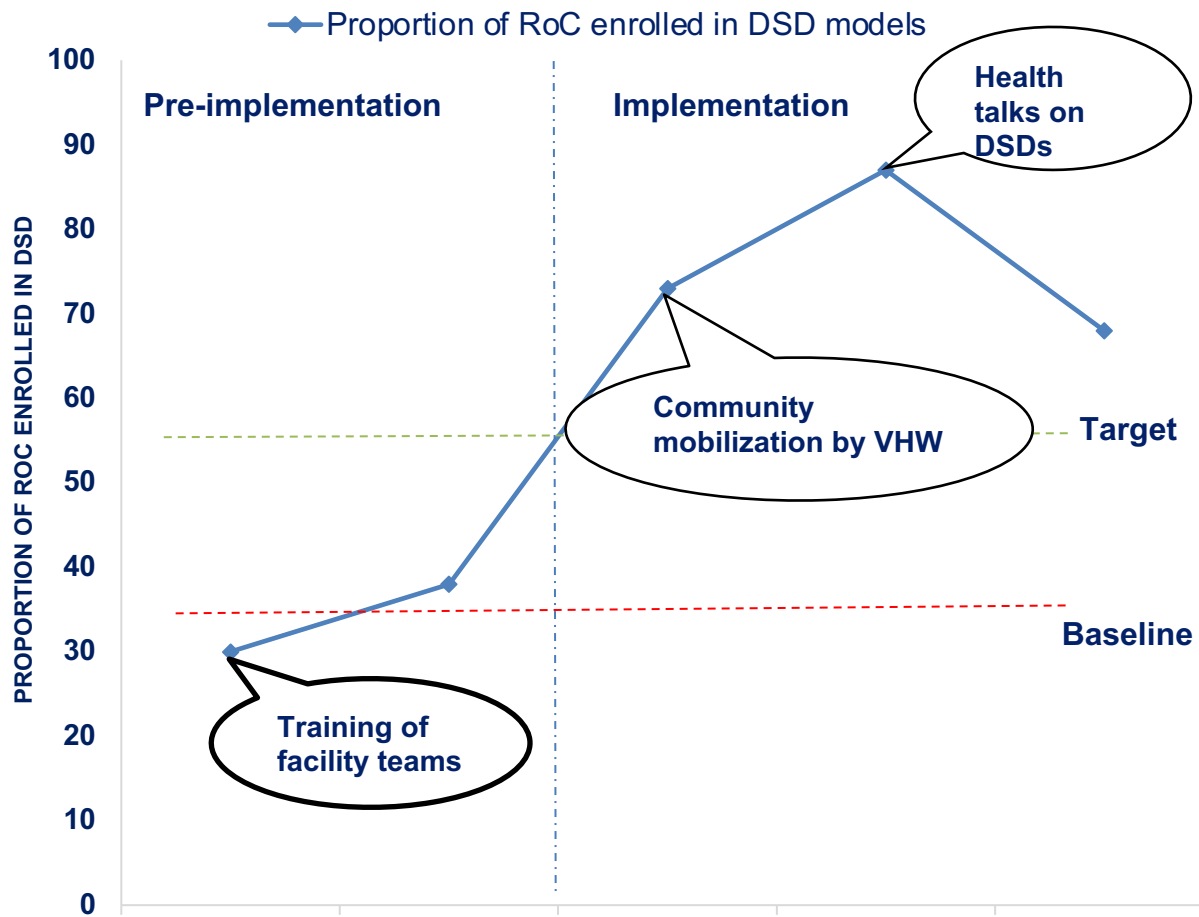
Aim: To increase the proportion of RoC enrolled in DSD models from 34% to 55% from November 2021 to November 2022 at Chakari Clinic

- Facility worked on the following deliverables from the training
 - Gave feedback to other facility members
 - Team formation with clear roles (Inclusion of expert patients)
 - Conducted stakeholder analysis (VHWs, HCC members, CBO)
 - Conducted process mapping
 - Collected baseline data
 - Opened a project folder (QIT meeting minutes, PDSA cycle plans available)

Aim: To increase the proportion of RoC enrolled in DSD models from 34% to 55% from November 2021 to November 2022 at Chakari Clinic

- Implementation started in December 2021
- Tested changes include
 - Capacitation of VHWs to conduct community mobilization
 - Health education at facility every morning
- Good documentation in green books and DSD registers
- Good task sharing in the OI department

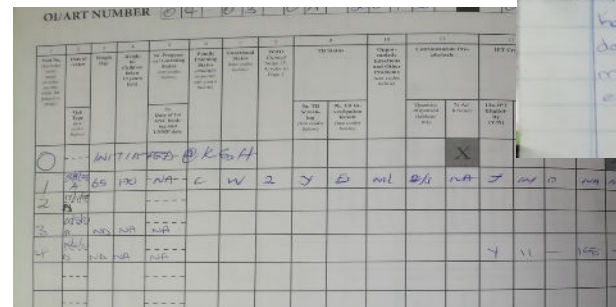
Run Chart For DSD QI - Chakari Clinic



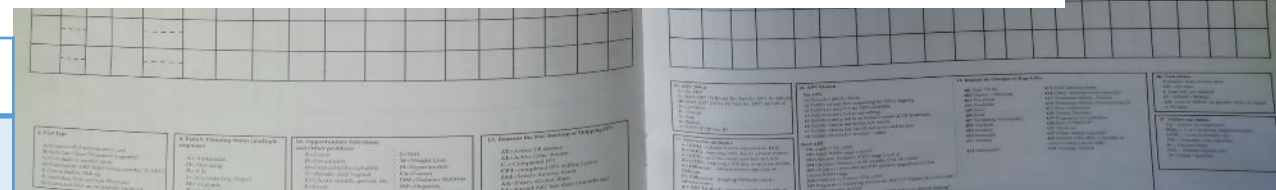
	NOV	DEC	JAN	FEB	MAR
Numerator	10	17	22	35	46
Denominator	36	45	30	40	68



Well filed CARG booklets



Good DSD documentation in RoC booklets



Well planned PDSA cycle

PDSA CYCLE
7/Jan 2022

Problem
What are we trying to improve? AIM: Low enrollment of clients in DSD models! Improve coverage from 34% to 50%.

Change Idea:- what idea are we going to use
- Health education during visits and in community cadres, community cadres.

Planning :-
- What will you do: - Conduct HLE daily, visit to mobilise clients in the community.
- Who will be responsible: - All health personnel in OIC
- When will you do it: - Daily routine
- What will be the measure of success: - Number of eligible clients enrolled in DSD models.
- Who will Document: - OIC nurse.

Do
- Was it implemented as planned

Study
- How did the test work out
- How did it appear what you were measuring

ACT
- If the test appeared to help, what adjustments do you think might help make the improvement even better?

Aim: To increase the proportion of eligible RoC enrolled into DSD Models from 10.5% to 35% at Patchway Clinic from December 2021 to 31 March 2022

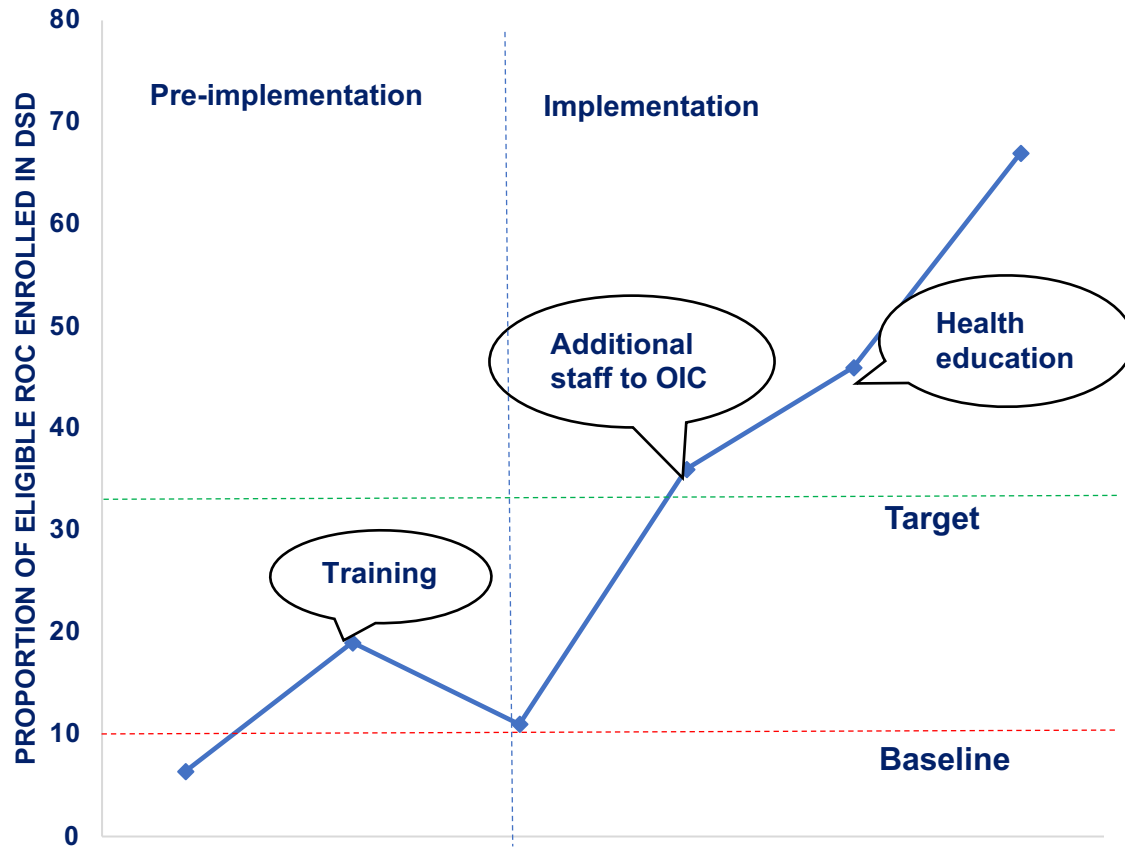
- Facility worked on deliverables from the training
 - Gave feedback to facility staff
 - QIT formation-Involvement of CLF
 - Stakeholder analysis done (no inclusion of their roles)
 - Process mapping done (no new map)
 - Baseline data collection done
 - Project folder & QI corner available (Tested changes, run chart on wall).

Aim: To increase the proportion of eligible RoC enrolled into DSD Models from 10.5% to 35% at Patchway Clinic from December 2021 to 31 March 2022

- Main challenge was poor staff task allocation in the OI clinic
 - Difficult to identify eligible clients
- Lack of awareness on available DSD models among clients
- Documented tested changes
 - Staff task allocation in the OI clinic to improve identification of clients
 - Intensified screening of eligible clients
 - Health education on DSD models every morning to increase demand

Run Chart - Patchway Clinic

Proportion of RoC enrolled in DSD models



	OCT	NOV	DEC	JAN	FEB	MAR
Numerator	6	21	9	33	45	72
Denominator	94	109	83	92	98	108

The CQUIN Project

PATCHWAY CLINIC QI COMMITTEE

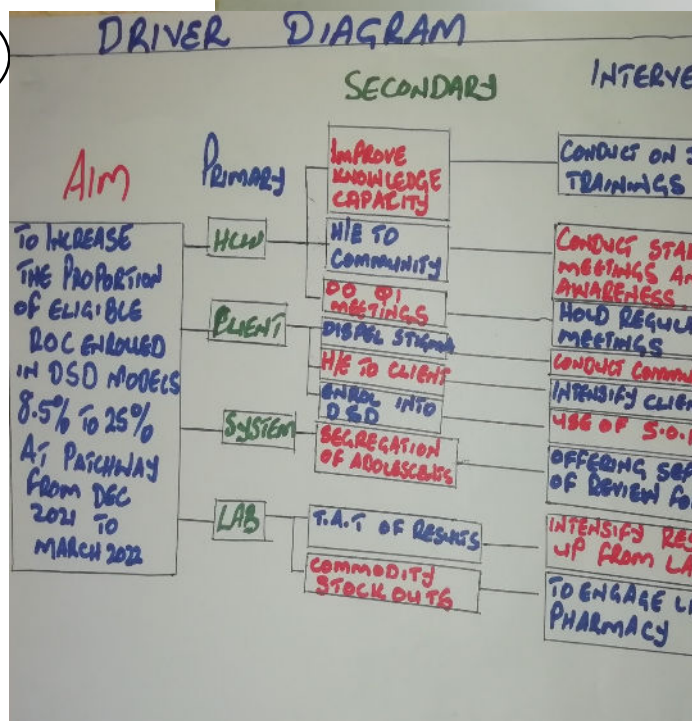
N.I.C - D. HACHAMWE
 O.I. NURSE - E. MUTANDWA
 O.I. NURSE - J. JARICHA
 P.C - S. DENDAMERA
 P.C - W. NEUSO
 NURSE AIDE - P. KAPISA
 EHT - I. DZUOVA

PATCHWAY CLINIC

AIM. → TO INCREASE THE PROPORTION OF ELIGIBLE R.O.C ENROLLED IN DSD MODELS FROM 8,5% TO 25% AT PATCHWAY CLINIC FROM DEC 2021 TO MARCH 2022.

PROBLEM STATEMENT → LOW ENROLMENT OF ELIGIBLE ROC INTO DSD MODEL LEADING TO A HIGH PROPORTION OF THE R.O.C IN THE COMMUNITY PHARMACY.

Aim and problem statement



Comprehensive driver diagram



Well labeled run chart

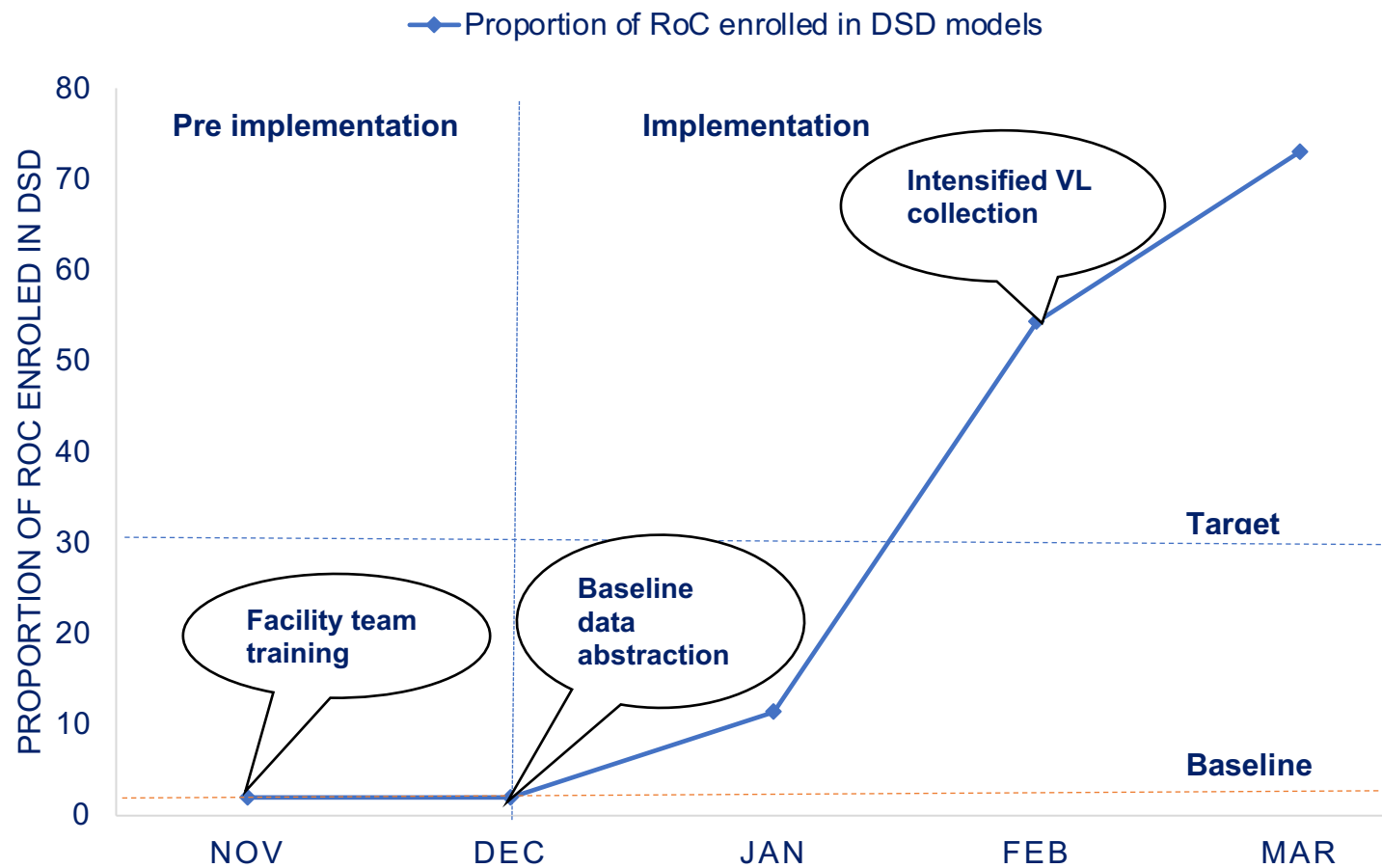
Aim: To increase the proportion of eligible RoCs enrolled in DSD models from 2% to 30% from November 2021 to November 2022 at Kariba Hospital

- **Since the training, the facility had**
 - A clear aim statement,
 - Conducted stakeholder analysis,
 - Gave feedback to hospital management
 - Performed process mapping and RCA
 - Prioritized solutions
- **However, team had not**
 - Created a QI folder or corner
 - Started documenting evidence of meetings conducted
 - Assigned roles to the QI team

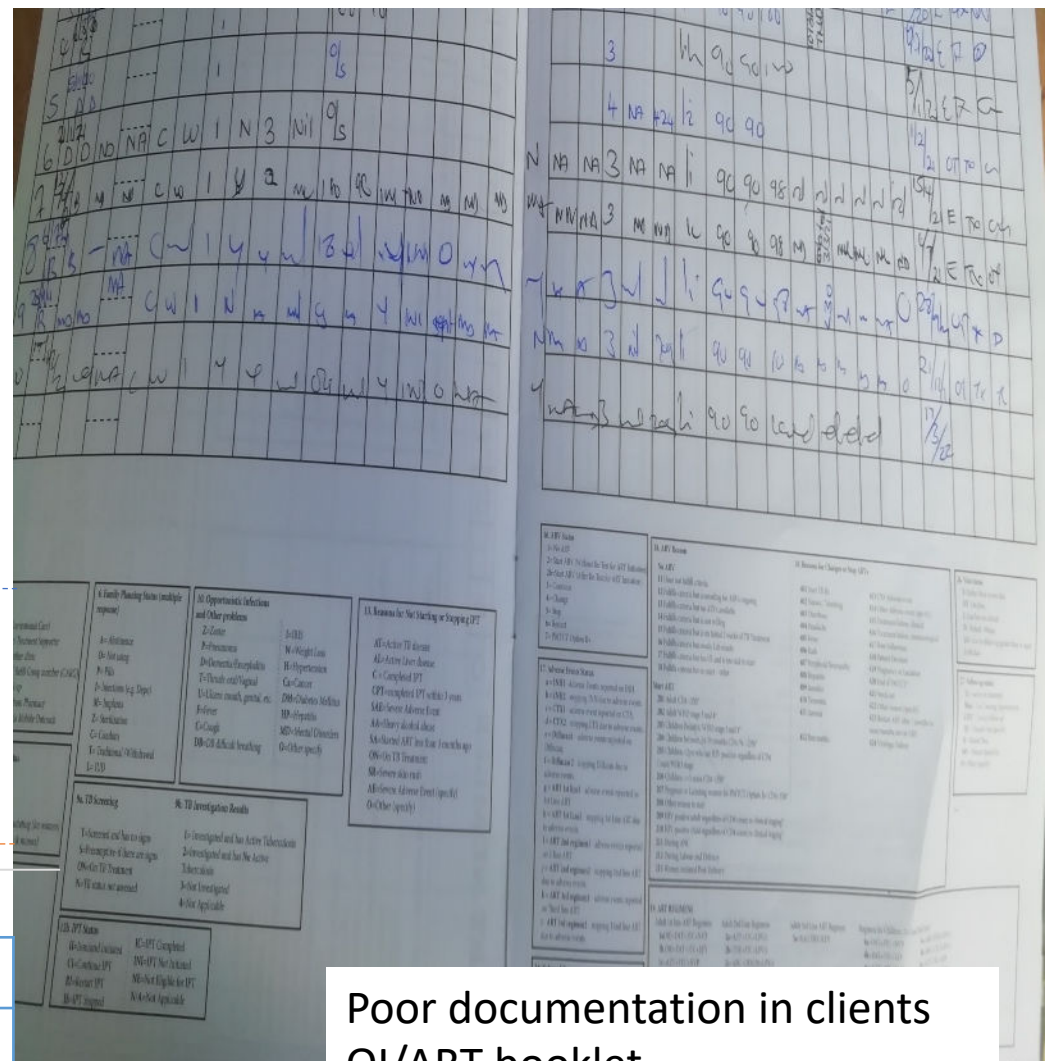
Aim: To increase the proportion of eligible RoCs enrolled in DSD models from 2% to 30% from November 2021 to November 2022 at Kariba Hospital

- Despite unavailability of the key steps in QI project implementation team had started
 - Intensified VL collection among their clients
 - Involvement of community cadres in demand creation
 - Enrolled 75 clients into FT since January 2022
 - Although team reported the above activities
 - No documented test of changes available

Kariba Hospital Data and runs charts



Target			35	35	71
Achieved			4	19	52
Proportion	2	2	11.4	54.3	73



What worked (Successes)

- Involvement and capacitation of VHW/CLFs/Expert patients in demand creation
- Morning health education sessions on DSD models
- Team work –most facilities had a cooperative QI team where everyone could contribute freely to the success of the project
- Allocation of staff duties and tasks in the OI clinic
- Intensification of VL collection to increase the proportion of eligible clients

Challenges

- Inadequate implementation knowledge among facility teams and coaches
- Inadequate health care workers in OI clinics
- Poor documentation in clients booklets and DSD register
 - Benefit of reducing workload not realized
- Lack of team work at some facilities
- Inadequate support from district managers
- Lack of clear identification system of eligible clients

Lessons Learnt

- Team work is key to a successful QI project
- A dedicated QI coach is critical when implementing QI
- Early support and mentorship visits post training
- Facilities to run similar projects with same targets for easy tracking
- Documentation of PDSA cycles critical
 - Assist teams to decide on successful tested changes
- Cohorting of clients allows easy identification of eligible clients for VL
 - Increasing eligible clients for DSD

Next steps

- Teams to continue with implementation
- To source for funding to conduct learning sessions
 - Motivating poorly performing facility teams
 - Capacitate coaches in poorly performing sites
- To train coaches in non PEPFAR districts (HIVFP overwhelmed)
- Support and mentorship visits for the second group (May 2022)
- Plan for scaling up to other facilities
- Focus on **quality and fidelity** as facilities meet coverage targets

Thank You

