



# Quality Management for DSD Community of Practice

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# Session Objectives

- Discuss an overview of the quality management community of practice 2024 achievements and 2025 strategic plans
- Examine quality management data (CMM, DPR and SQA data) from 3 country case studies
  - Explore the process of adapting quality standards and designing, implementing and evaluating the assessment process within 3 countries
- Sensitize on the Key Population Friendly Services Quality Standards and Assessment Toolkit

## Session 9b. Outline

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Framing Remarks

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Burundi Case Study

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Kenya Case Study

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Cameroon Case Study

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Panel Discussion



# Setting the Stage

- Who are we?
- What do we do?
- How are we doing?
- What are we doing next?



# Who are we now?

## Quality Management Community of Practice



The CQUIN Project

Vision: To enhance the quality of DSD programs using modern QI approaches, ultimately, to improve outcomes and satisfaction for ROCs

Goal: To embed quality and QI in the delivery of DSD

### Objectives

Develop country-specific **DSD quality standards, indicators and tools**

Conduct routine **quality assessments** of DSD programs

Use the results to design DSD-specific **QI projects** for DSD service delivery

# What do we do? The QM Community of Practice Terms of Reference and Key Objectives



Identifying priority gaps and common challenges related to DSD quality management at the national level.



Contributing to the design and implementation strategies for DSD quality standards, assess



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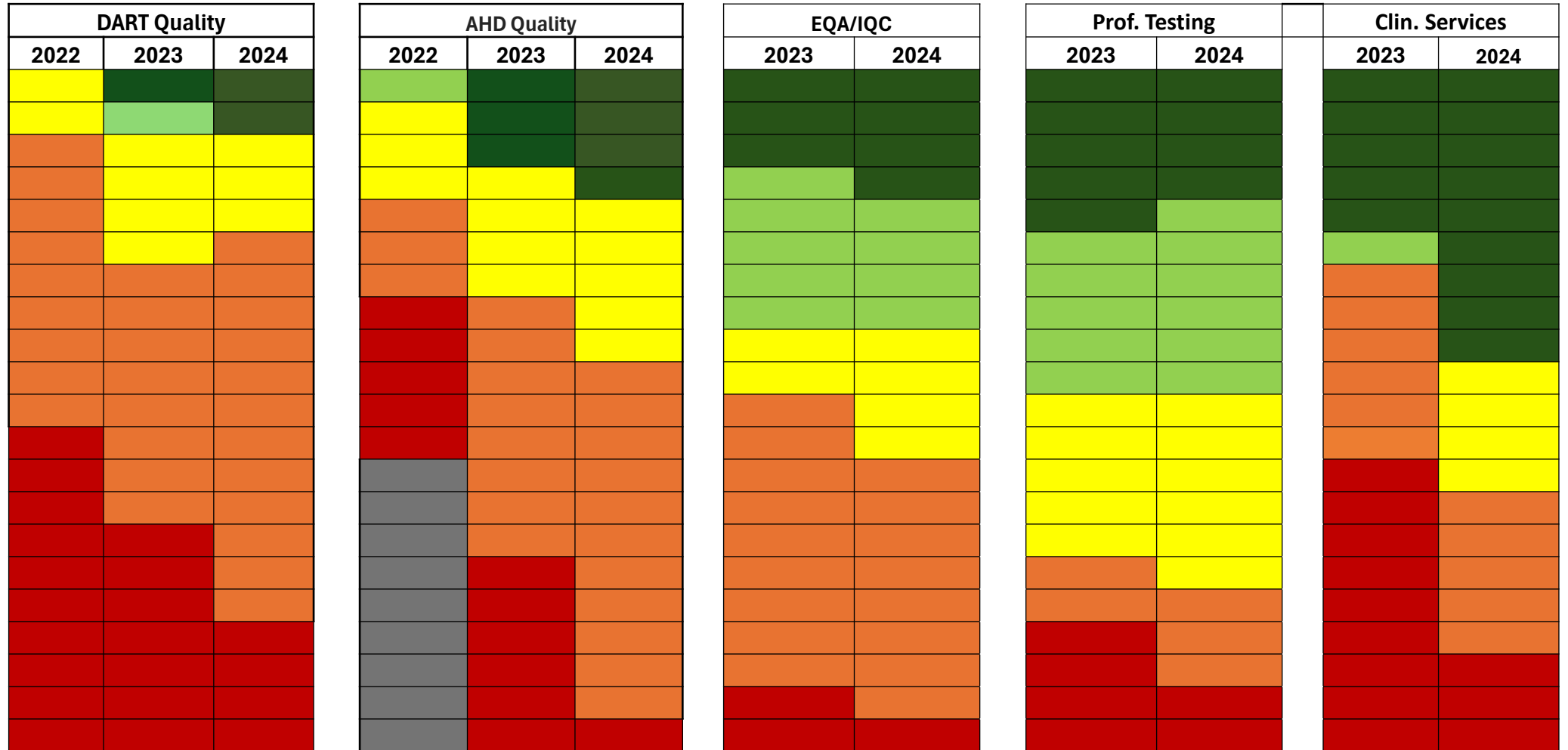
Exchanging best practices and resources for DSD quality management



Providing ongoing feedback and technical support for QI projects related to DSD programs

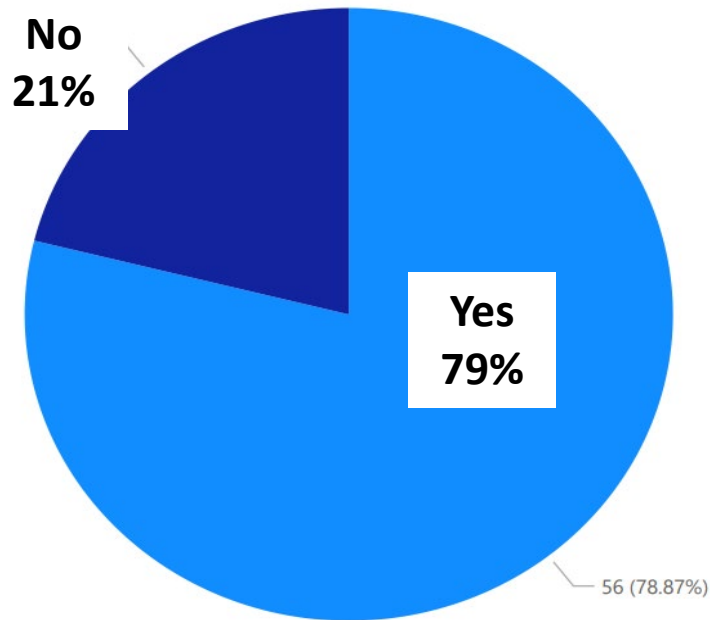
We will need to update these  
TOR this year to include  
Sustainability and Person  
Centered Service Approaches

# How are we doing? ART, AHD, and Testing CMM Quality Domains Stacked by Maturity by Year

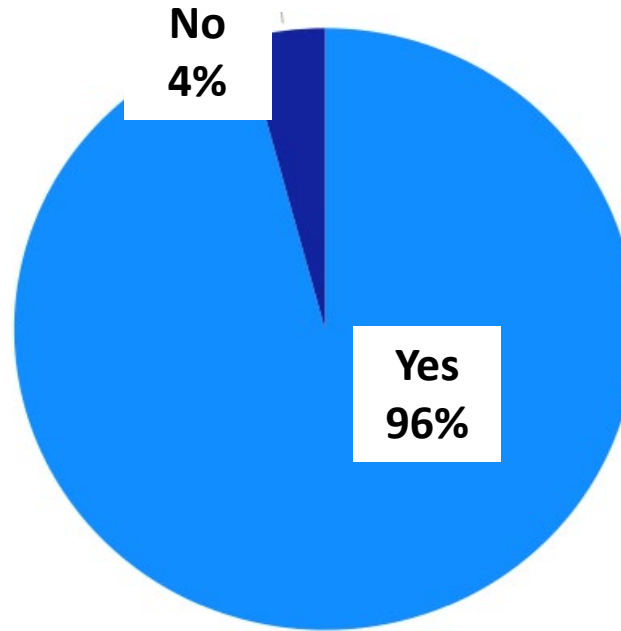


# Other Quality Indicators within CQUIN DPRs in 2024 Tanzania, N=71

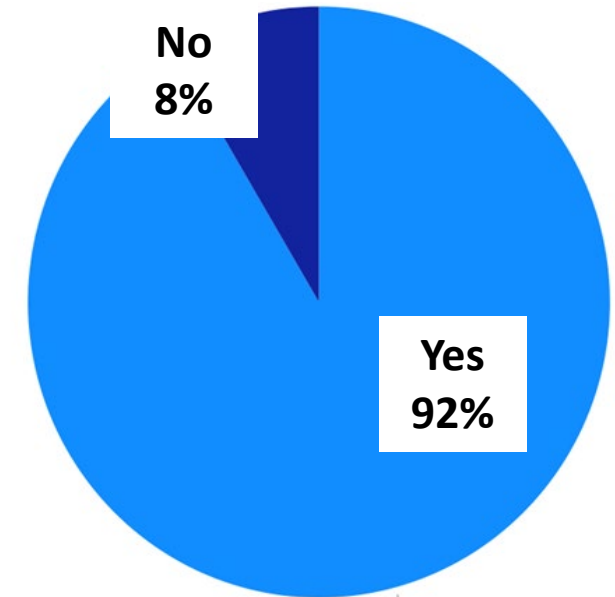
Does the site have QI standards specific to less-intensive DSD models for ART that are included in the site level plan?



Did the facility receive routine at least 1 SS visit to monitor service quality?



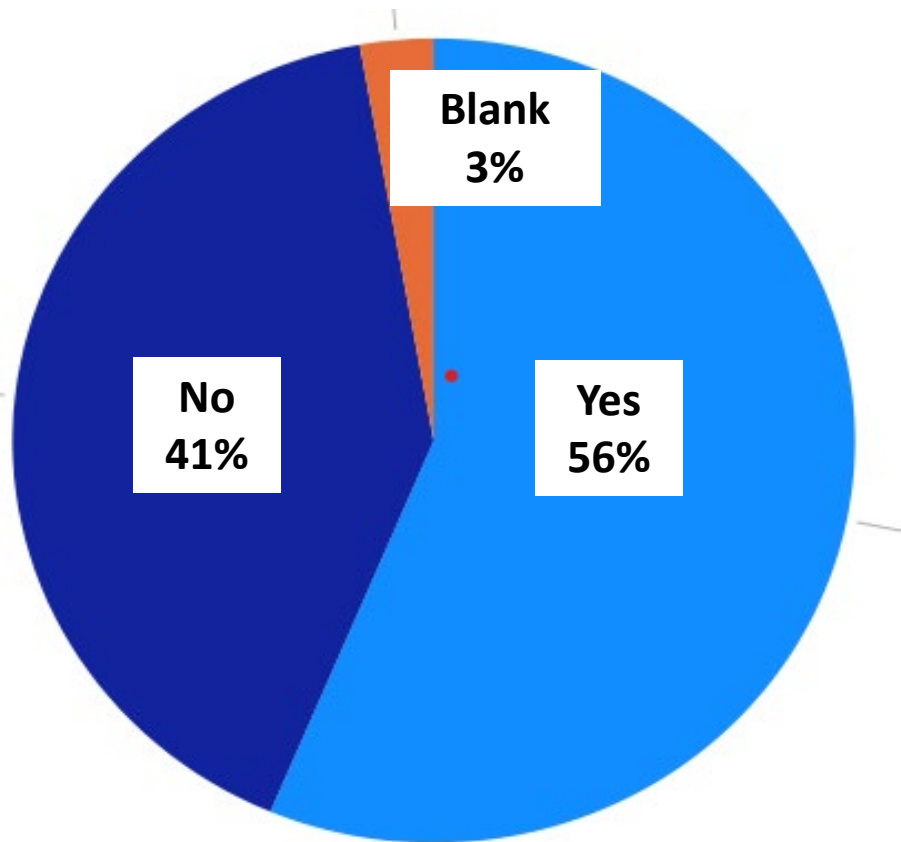
Is there a documented site level plan QI initiatives outlining roles, responsibilities, activities implemented and quantifiable projected outcomes?



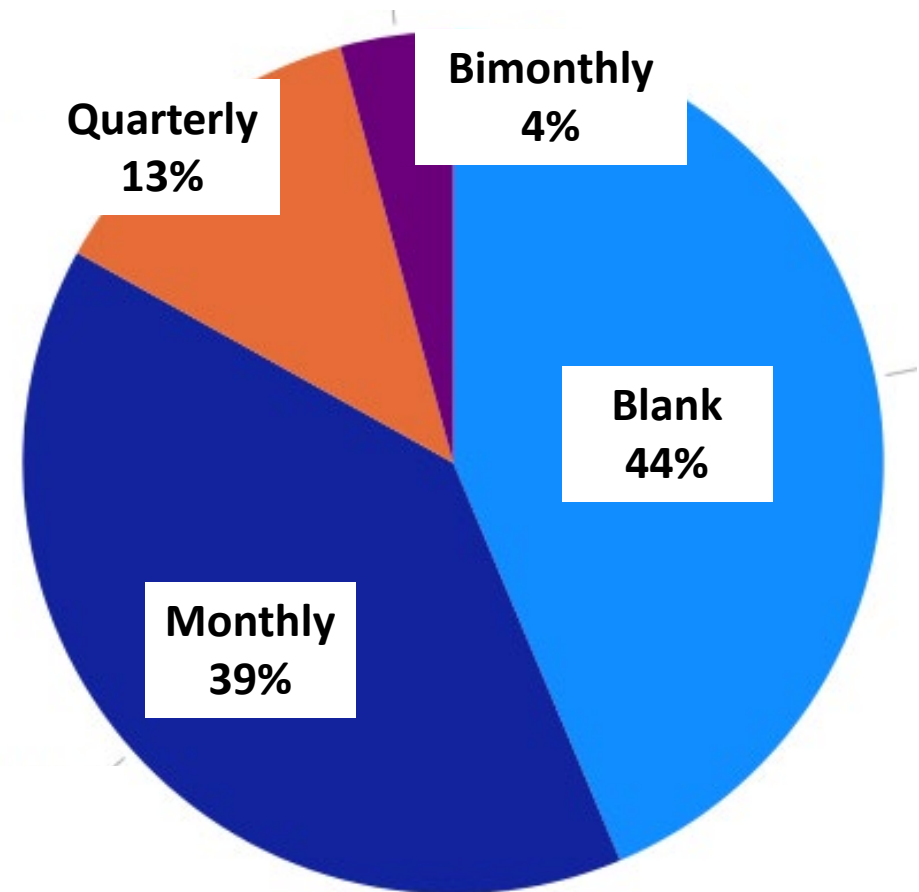


# Tanzania Quality Indicators, HCW Satisfaction, DPR 2024

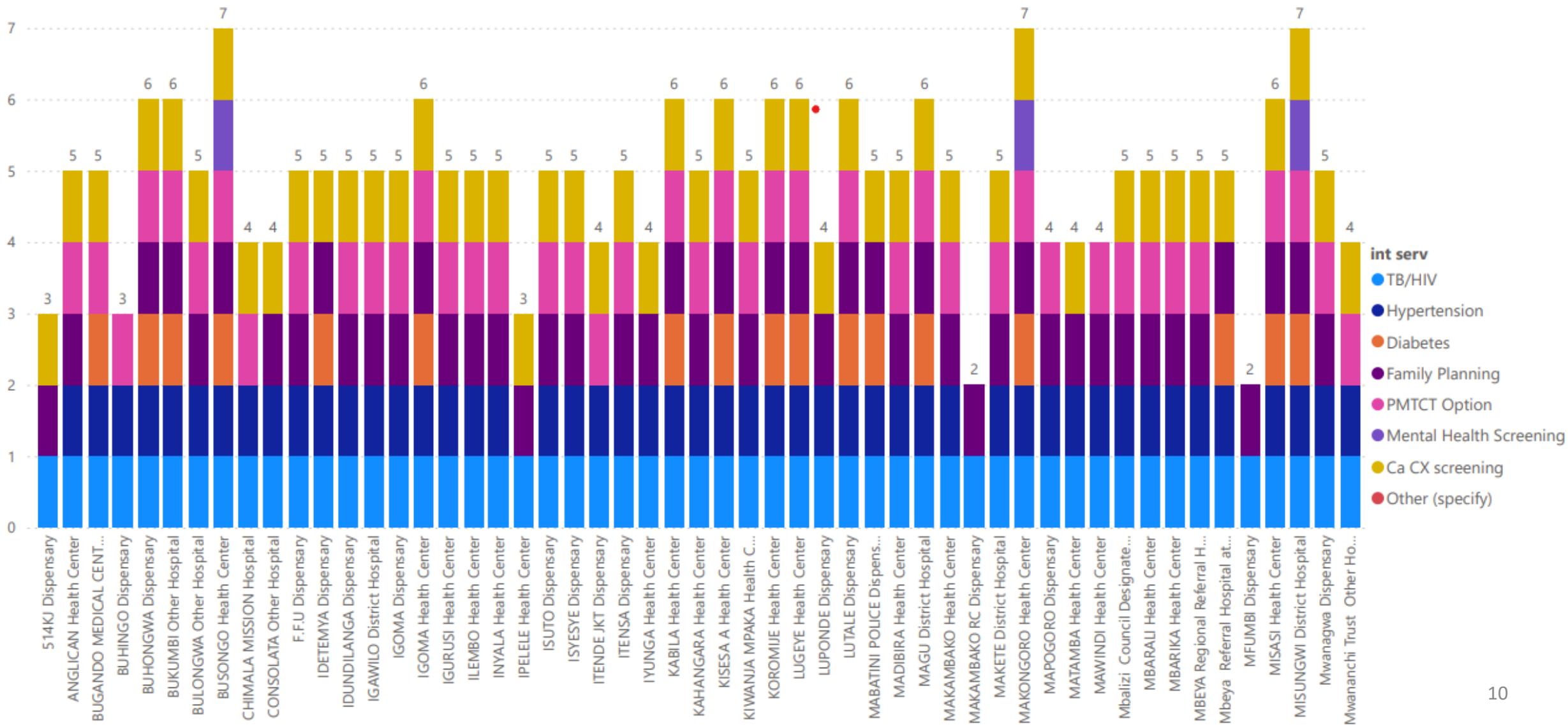
Health Facilities that perform HCW Satisfaction Surveys



HCW Satisfaction Survey Frequency

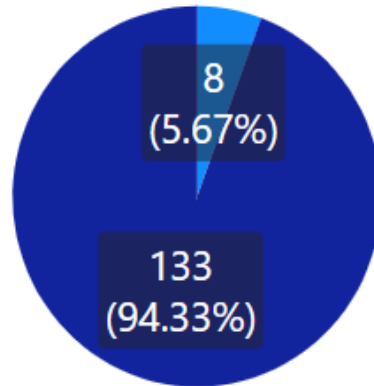


# Tanzania Coverage of Service Integration , DPR 2024



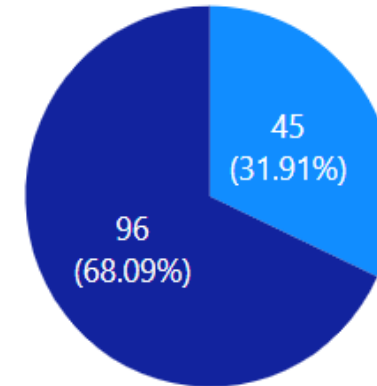
# Zimbabwe Quality Indicators DPR 2024, N= 141

Did the facility receive at least one supportive supervision visit to monitor service quality during the period of Jan-March 2024?



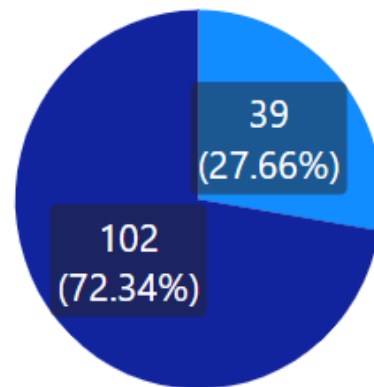
● No  
● Yes

Does the site have QI standards specific to less-intensive DSD models for ART that are included in the site level plan?



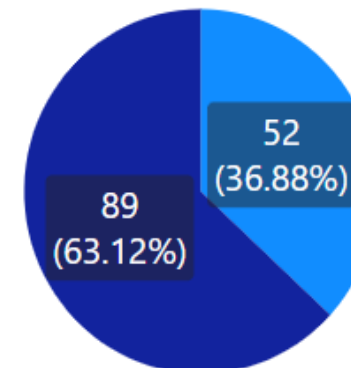
● No  
● Yes

Is there a documented site level plan for HIV services program improvement or quality improvement (QI) initiatives outlining roles, responsibilities, activities implemented and q...



● No  
● Yes

Did a multidisciplinary team within the site review key programmatic/performance indicators outlined in the site-level plan at least 4 times over the last 12 months?



● No  
● Yes





# Where is the QM CoP going in 2025?



3 more CoP Meetings:  
March, June, September  
2025



Development of a HIV  
program, PCS focused  
harmonized quality  
assessment digital tool  
and approach



Development of a HIV  
program Integration CMM  
Dashboard and other  
tools / resources (e.g.  
readiness assessment  
toolkit) in collaboration  
with NCD, TB, MCH, and  
M&E CoPs



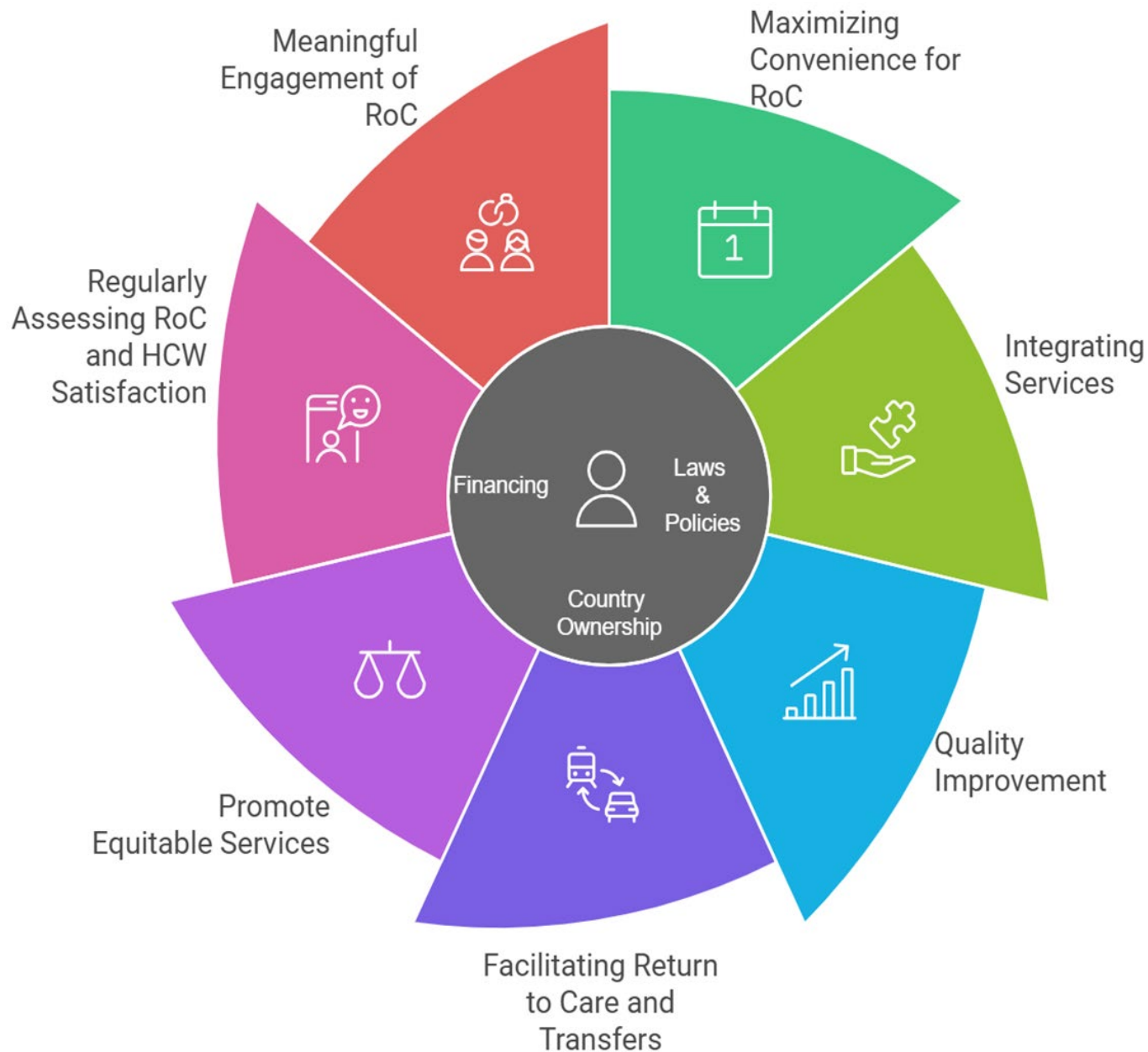
Support a Quality M&E  
Framework for PCS  
Quality Domain

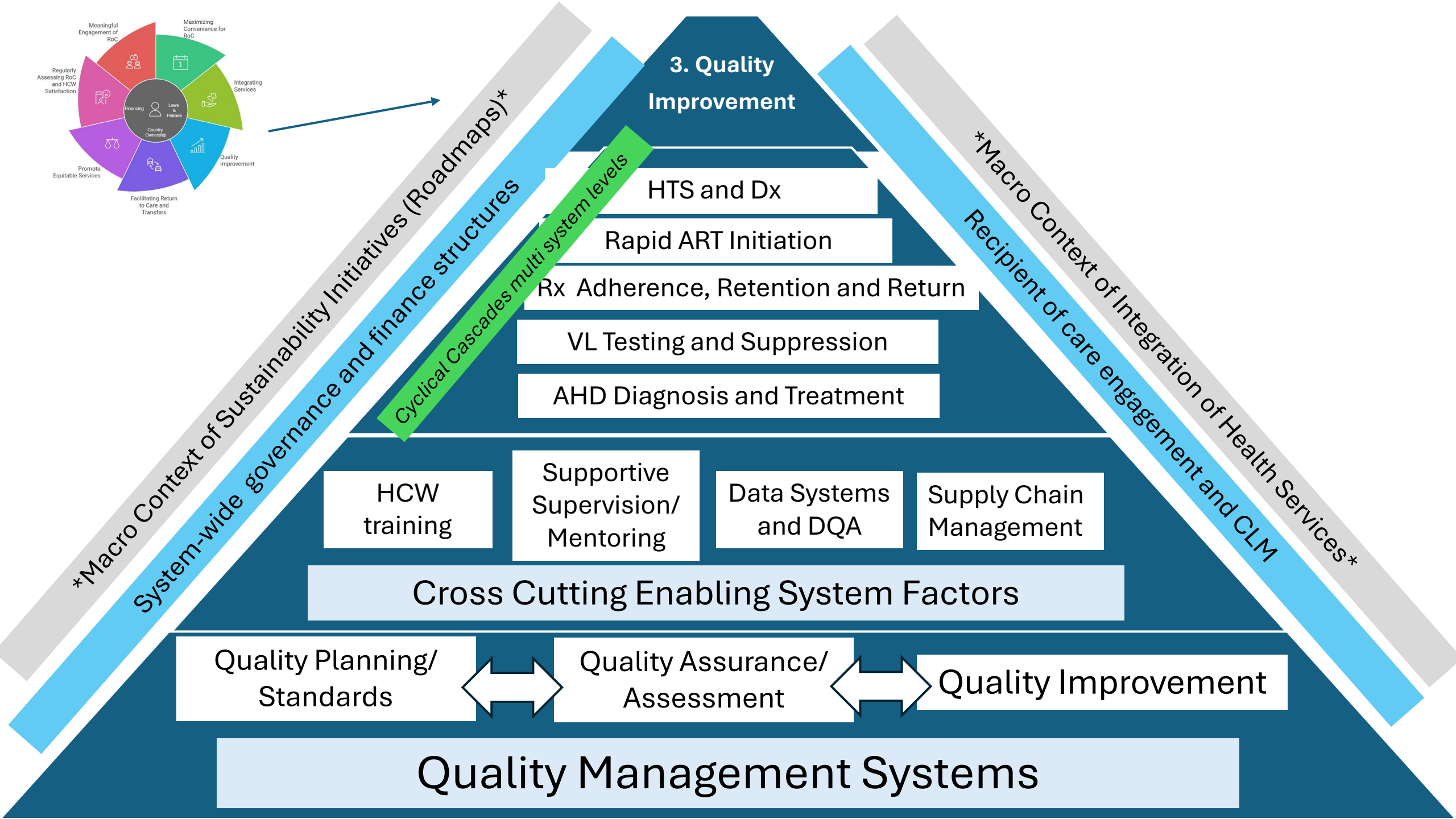
Burundi	DART	Red	Orange	Yellow	1. Organise quarterly a formative supervision to strengthen the 21 sites that have undergone the baseline assessment 2. Organise a 2nd quality assessment in the 21 pilot sites in 2024 to evaluate progress.
Cameroon	DART	Red	Orange	Yellow	National and regional and District Capacity building CQI and QA
Cote d'Ivoire	DART	Orange	Yellow	Light Green	Evaluate the quality of services offered to RoC and develop an improvement plan in more than 75% of sites
Eswatini	DART	Orange	Orange	Light Green	1. Adapt SIMS tool for DSD quality assessment 2. Conduct 3. Assist fac 4. Draft qua 5. Develop
Ethiopia	DART	Red	Red	Yellow	Leverage Co standards
Kenya	DART	Orange	Orange	Light Green	Conduct DS
Lesotho	DART	Red	Red	Orange	Develop di
Liberia	DART	Red	Red	Orange	1. Develop
Malawi	DART	Red	Orange	Yellow	1. Develop 2. Develop 3. Train hea 4. Provide entorsnip/supportive supervision to health workers on the use of QI for DSD 5. Conduct SDS review meetings 6. Support learning visits for the underperforming facilities to high performing sites.
Mozambique	DART	Yellow	Yellow	Light Green	
Senegal	DART	Red	Red	Orange	Organise a workshop to develop quality assessment tools, conduct a satisfaction survey among recipients of care, organise a workshop to develop training modules on quality in DSD, train providers on quality in DSD, conduct post-training supervision
Sierra Leone	DART	Red	Red	Orange	1. Finalize and validate the national quality standards, 2. Validate adapted quality service assessment tools (QSA) 3. Assess selected facilities for quality standards
South Africa	DART	Red	Orange	Yellow	Use DPR data as the baseline of the 100 Facilities Innovation to facilitate improvement of 2nd and 3rd 95 targets
Tanzania	DART	Orange	Red	Yellow	1. Conduct workshop meeting to revise DART services quality assessment tool. 2. Pilot and Disseminate the revised DART services quality assessment tool.
Zambia	DART	Orange	Red	Yellow	Increase the proportion of HF meeting national quality standards for DART models

This week teams are working on their action planning for Treatment and AHD Programs. Let us know how we can help!

# A working definition of person-centered services (PCS) for CQUIN

7 interrelated, mutually-reinforcing components of PCS





### 3. Quality Improvement

HTS and Dx

Rapid ART Initiation

Rx Adherence, Retention and Return

VL Testing and Suppression

AHD Diagnosis and Treatment

HCW training

Supportive Supervision/ Mentoring

Data Systems and DQA

Supply Chain Management

Cross Cutting Enabling System Factors

Quality Planning/ Standards



Quality Assurance/ Assessment



Quality Improvement

Quality Management Systems

\*Macro Context of Sustainability Initiatives (Roadmaps)\*

System-wide governance and finance structures

\*Macro Context of Integration of Health Services\*

Recipient of care engagement and CLM

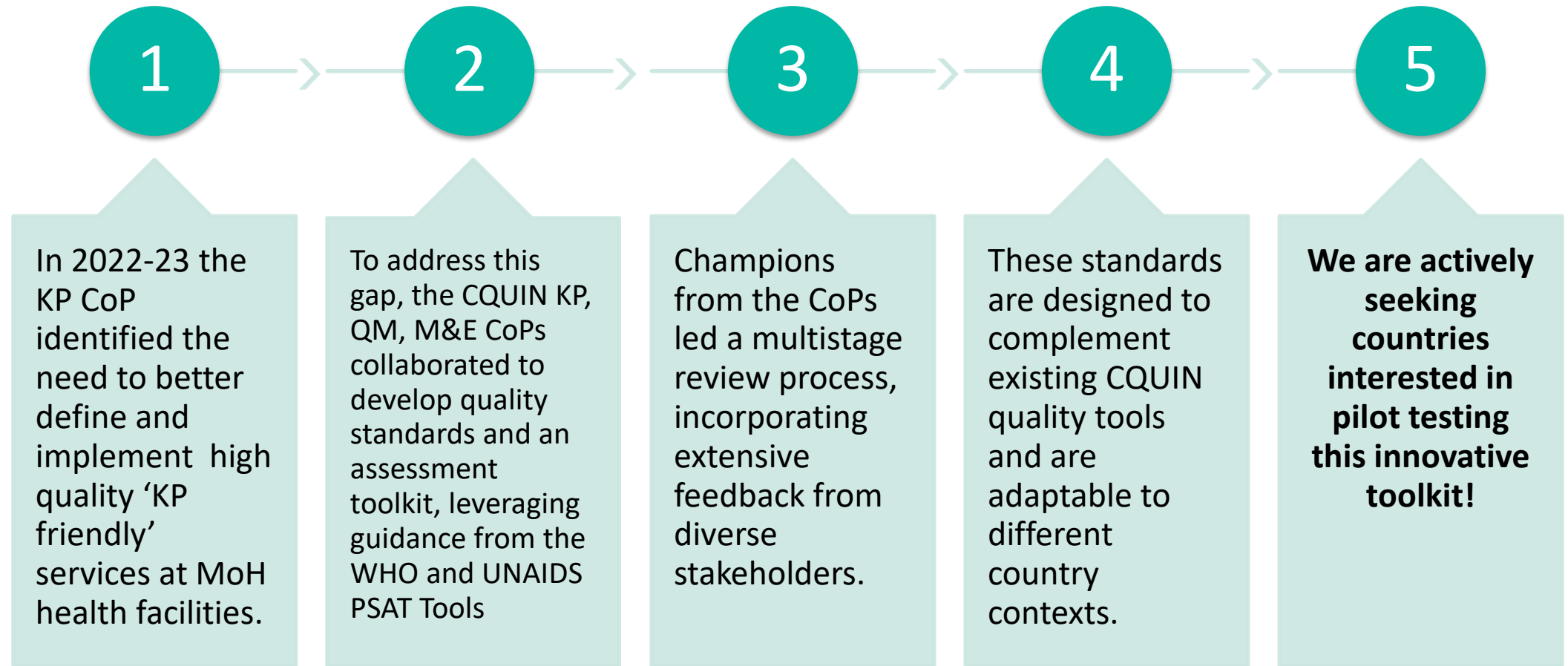
Cyclical Cascades multi system levels



QUALITY of PCS M&E Framework	National Level	Sub-National Level	Health Facility Level	ROC Level	Community Level
<b>Outcome Indicators</b>	UNAIDS 95-95-95 Targets (Disaggs by age, sex, population group) HIV incidence HIV recency  National HIV Program Quality Management Strategy and Guidelines	Geographical heat map showing, HIV incidence, ART coverage and VL Suppression by province and/or district  Subnational QI Leadership, QI team?	Health Facility Quality Strategy  SQA Analysis with achievement towards standards (e.g. Number of standards achieved or number of standards in Red)  Integration of Services Related outcome indicators  HCW satisfaction	<b>Prevention Cascade-</b> (% enrolled on PrEP, Retained on PrEP) <b>Rx Cascade:</b> <b>Diagnosis:</b> % of PLHIV diagnosed <b>Linkage to Care:</b> % linked to care within 30 days of diagnosis <b>ART Initiation:</b> % initiated on ART after dx <b>Retention:</b> % retained on ART after 6 and 12 months <b>VS:</b> % achieving VS % switched to 2 <sup>nd</sup> Line Therapy ART Stockouts	CLM Outcomes Indicators
	<b>Process Indicators</b>	HIV Program Service Coverage by program /location  Supply Chain Management  National SI systems / interoperability  Unique ID systems (Biometric ID systems )	system  Number of QI projects  Number of Province/ District Health Team trained in QI	Number of HCW trained in QI  Number of SQA primary and reassessment completed  Number of SS and Mentoring visits  Number of QI projects	/ Trainings / EQA  Counseling and PSS ART adherence support, EAC completion <b>Retention:</b> ROC follow-up systems (SMS reminders, peer navigators). <b>VS:</b> % viral load testing performed appropriately, lab turnaround times
<b>CQUIN</b>	<b>CMM- dHTS, dART, AHD, DSD Model Mix</b>	<b>CMM DPRs</b>	<b>DPRs, Service Quality Assessments, ROC Satisfaction Toolkit</b>	<b>DPR</b>	<b>SQA DPR</b>
<b>Potential Data Sources and Data Systems</b>	PHIA/ Population based national surveillance studies TRACE	DHIS2 Lab Info Systems (National data warehouse)	EMR LIS Satisfaction Surveys	EMR LIS Paper based registers and tools	CLM National Community

Illustrative Quality of PCS M&E Framework to Guide Leaders in Understanding and Making Critical Decisions about Quality

# 2024 Key Achievement for the KP, QM, and M&E CoPs Co-Creation of a KP Friendly Service Quality Toolkit for Government Health Facilities



# KP Friendly Service Quality Toolkit: Standards, Indicators and Assessment Questions

## EQUITABLE

*All key population groups* can obtain high quality HIV health services available in the public sector.

## ACCESSIBLE

All key population groups *are able* to obtain the HIV health services that are available.

## ACCEPTABLE

Key population groups *are willing* to obtain the HIV health services that are available.

## APPROPRIATE

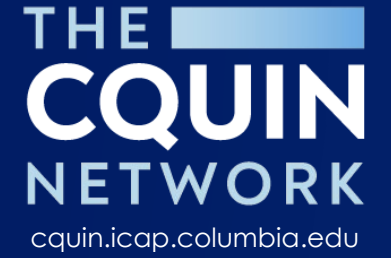
The *right HIV health services* are provided to key populations, based on their needs.

## EFFECTIVE

The right HIV health services are *provided in the right way* to make a positive impact on health outcomes.

## ACCOUNTABLE

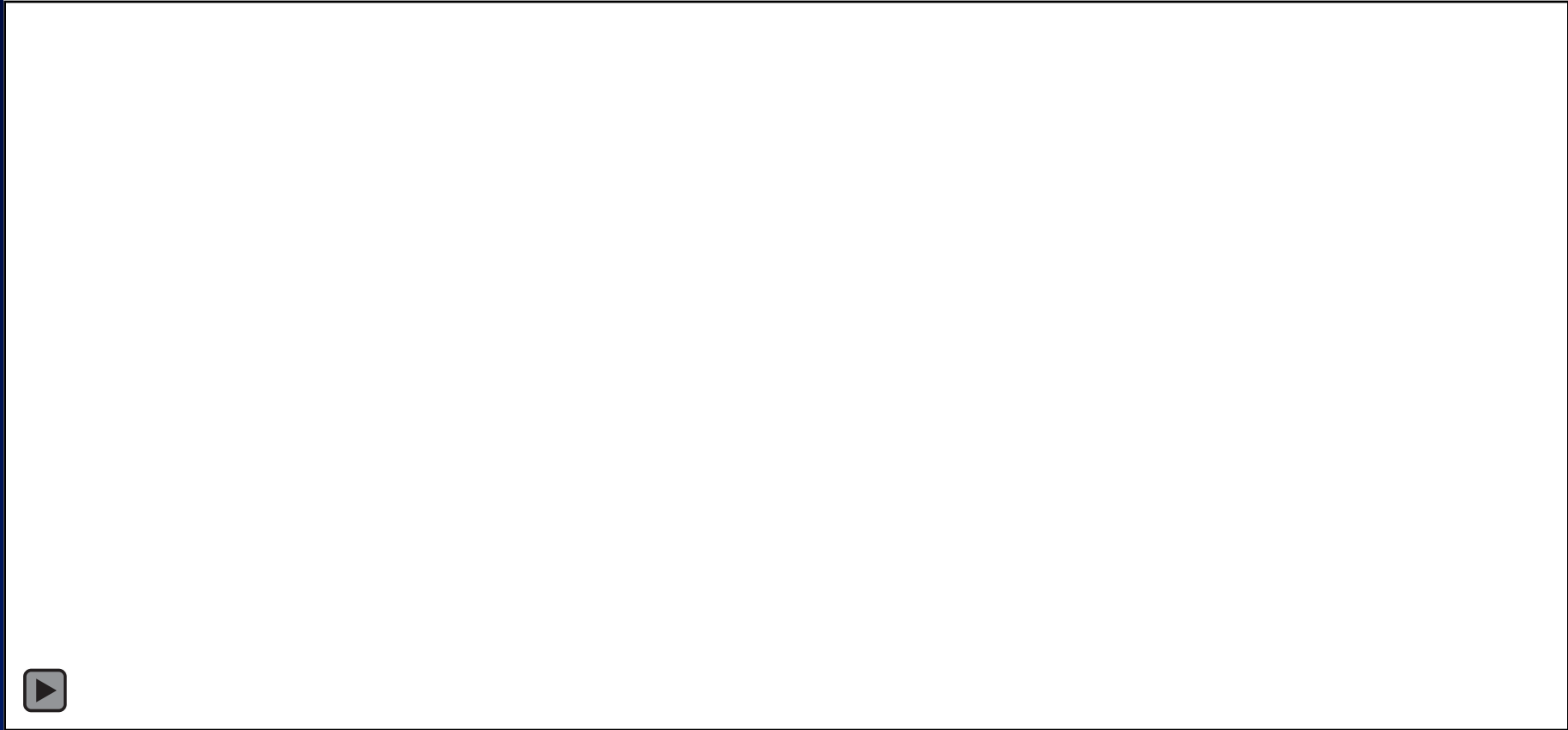
Key populations are *empowered and equipped* to advocate for quality HIV services



# Thank You!







# Welcome to the Case Study Presenters