



# Quality Management for DSD Burundi Case Study

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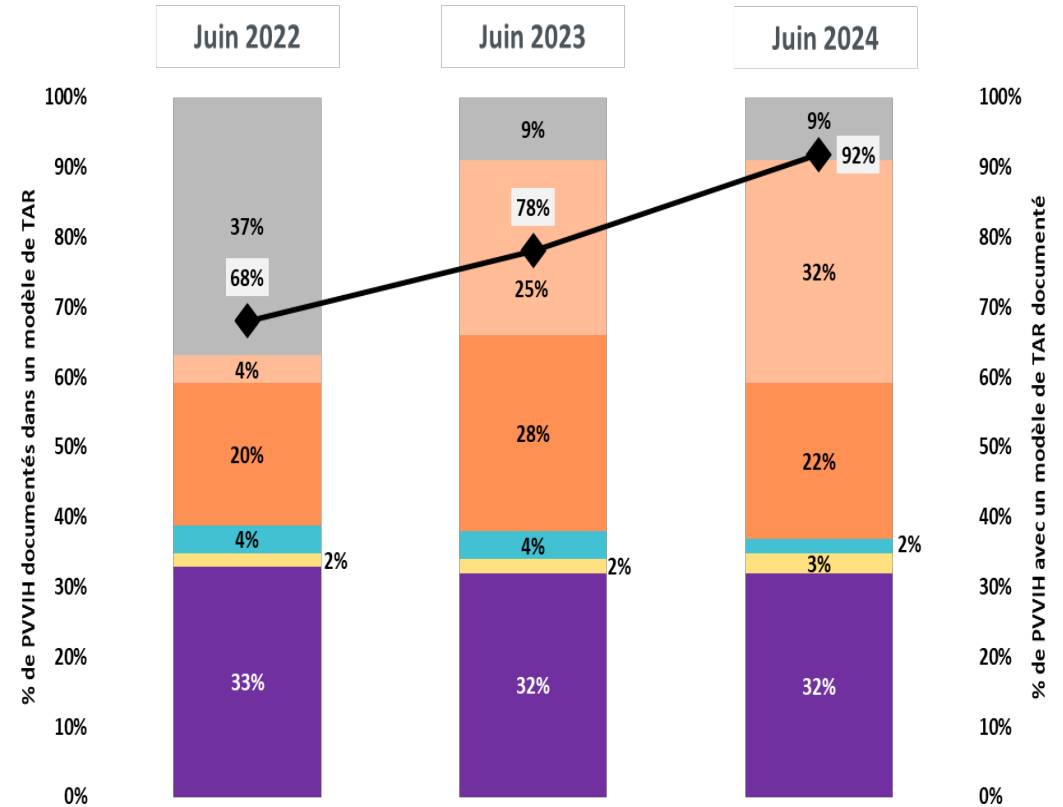
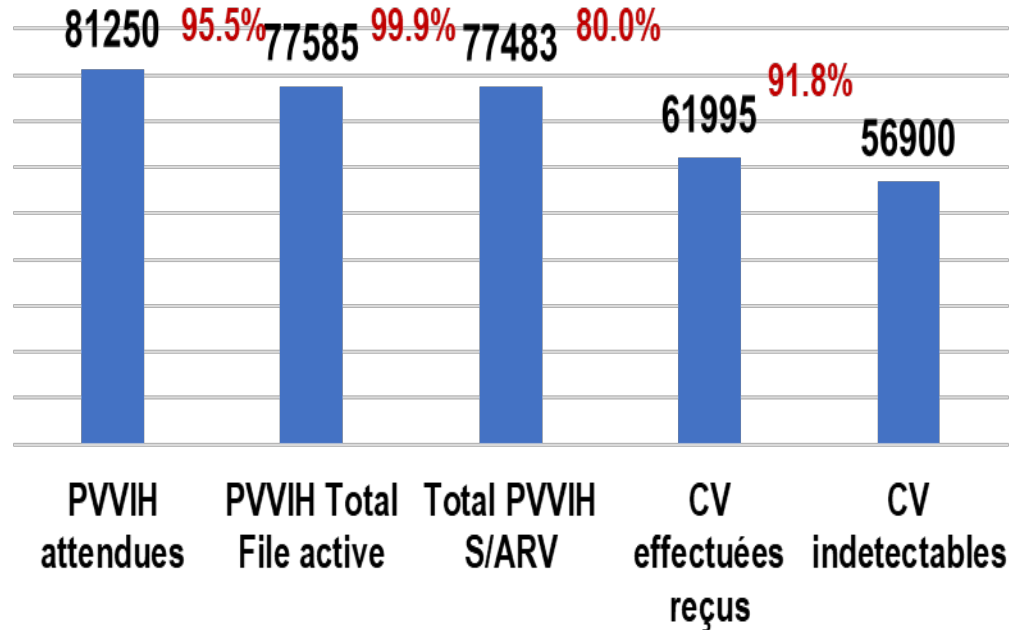


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# Outline

1. Burundi HIV context
2. Overview of National QA/QI policies
3. 2024 DART CMM Results
4. Steps for implementing QI indicators in Burundi  
QA/QI Indicator Framework  
QI coordination
5. QI assessment results
6. Lessons learned and challenges
7. Next steps

# Burundi HIV context



Great achievement on the 95% targets and DSD Model coverage

- Modèles conventionnels
- Espacement des rendez-vous sans Fast Track (FBI)
- Espacement des rendez-vous + Fast Track (FBI)
- Clubs ART (FBG)
- Sensibilisation (CBI)
- Groupe ART communautaire, dirigé par des pairs (CBG)

# Overview of QA/QI policies

**Quality assurance** is the maintenance of the quality of patient care by **assessing compliance with quality standards and quality improvement combining the efforts of all health system actors** to make changes that lead to better patient outcomes and health system performance.

## Essential Elements of National QA/QI Strategy

1. Definition of quality according to standard standards.
2. Identification and engagement of all stakeholders;
3. Situational analysis;
4. Situational analysis;
5. Governance and organizational structure;
6. The methods and interventions of AQ/IQ;
7. The management of the health information system and data system;
8. Definitions of QA/QI indicators and measurement elements.

# 2024 DART CMM Results and Plans for 2025

Policies				
Guidelines				
Coordination	Diversity		AHD	
Community	Training	Scale Up Plan	MCH	
Procurement	Facility Coverage	M&E System	Quality	Key Populations
TB/HIV	Client Coverage	Family Planning	im	NCD/HIV
Most mature				Least mature

**Yellow** has been already performed according to November assessment... working for a **light green** in 2025



National quality standards and an EQS tool for ART models have been developed but no quality assessments referencing these standards have been carried out in the past year, OR the EQS tool has been used in the past year but less than 50% of the health facilities assessed have met or exceeded the national standards



The EQS tool has been used to conduct at least one TARVD quality assessment in the past year, and more than 75% of the healthcare facilities assessed met or exceeded national quality standards

# Steps for implementing QM in Burundi

CQUIN DART Tool  
A select committee composed of the PNLS and the partners to develop a draft

Dec 2022

Received feedback from stakeholders including the community to improve the tool

Feb 2023

Validation of the tool by the DSD technical committee and other QA/QI units

Apr 2023

**-A clear improvement**  
-Reminders  
-Unsupported sites are now better  
-Ownership of the quality of DSDs

Nov 2024

## **Formative supervision**

Support/On Site Training  
Sharing of QI tools  
Restitution of the baseline assessment  
-Answer questions from sites providers

Apr 2024

The baseline assessment showed **disparities** in the quality of the DSDs, **non-compliance with standards or non-availability, supported and unsupported sites.**

Oct 2023

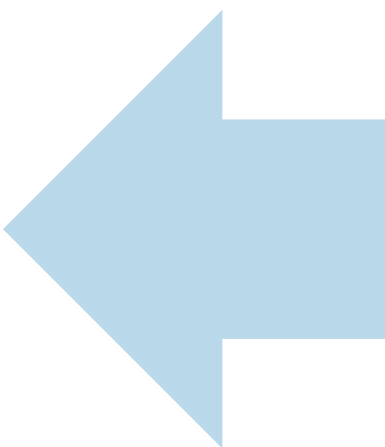
**Baseline assessment**  
of QI indicators in 22 sites

Sept 2023

# QI coordination

PNLS Program QA/QI Focal Point is the Chair of the Committee

- Focal points of the different technical working groups:
- HIV prevention,
- HIV testing,
- HIV care and treatment
- PMTCT and Pediatric HIV,
- Laboratory, commodities and medicines,
- Focal points of technical and financial partners
- Civil society organization



The national committee provides guidance on QA/QI and collaborates with teams at the intermediate levels (provinces and health districts, technical partners and civil society organizations), peripheral teams at the level of health facilities (EAQ) as well as community stakeholders.

Source- Directives nationales 2024

# Implementation of DART Quality Assessment

## 22 sites in 14 provinces out of 18 provinces were assessed in 2023 and 2024

- Sites were selected at all levels of the health system
  - Primary, Secondary, Tertiary
- Pefar-supported VS non-Pefar-supported sites
- Small and large sites in Public, Associations/NGOs, Private, Religious
- A multidisciplinary team of MOH, province and health facility administration performed the assessments
- Paper based tools were used at the health facility level and data was transferred into excel

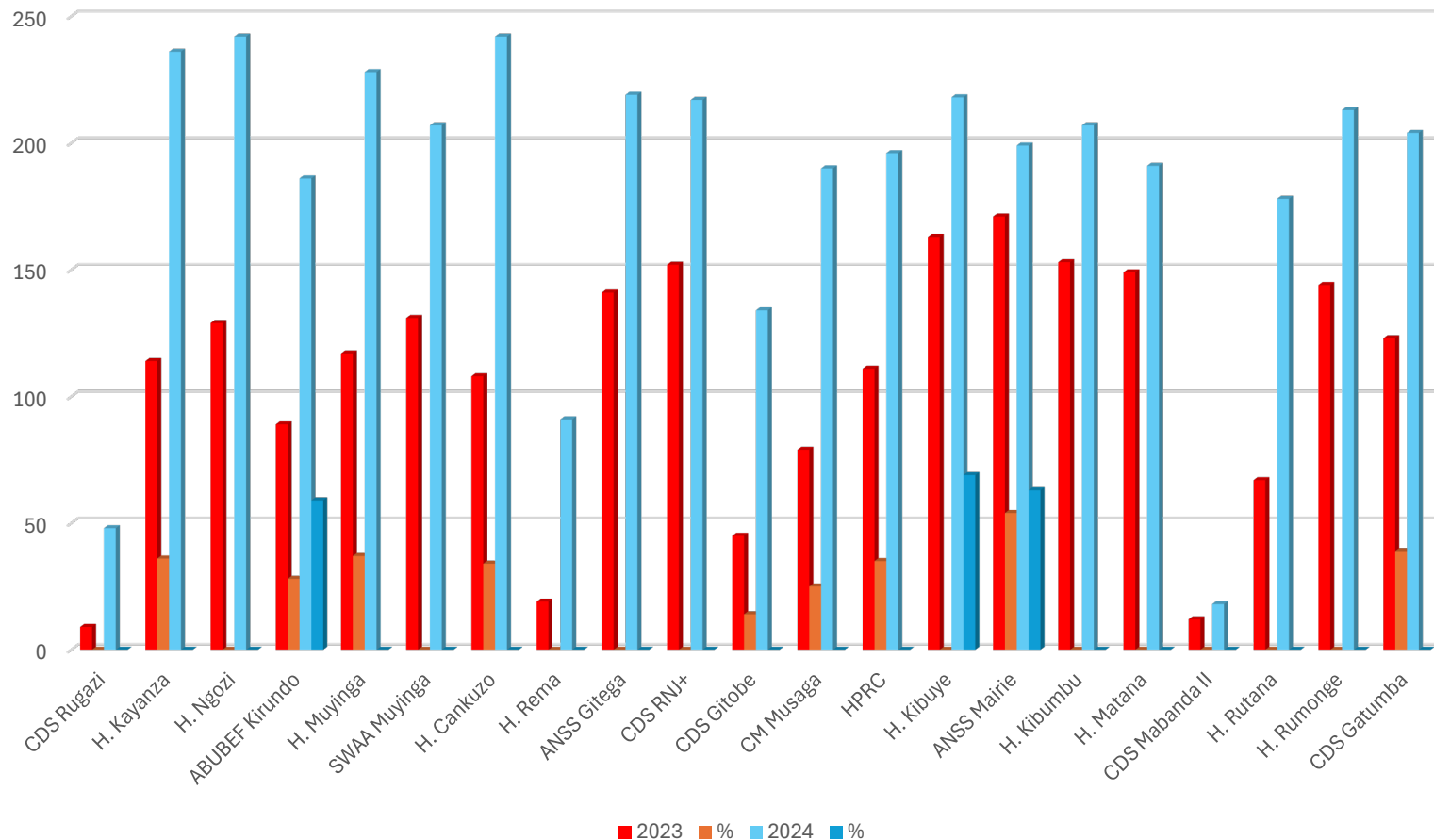


# 2023 and 2024 Assessment Results (1)

	CDS Ruzizi	H. Kaya nza	H. Ngozido	ABUB EF Kirundo	H. Muyinga	SWA A Muyinga	H. Cankuzo	H. Remaa	ANSS Gitega	CDS RNJ+	CDS Gitobye	CM Musaga	H. HPRC	ANSS Kibuye	H. Mairi	H. Kibumbu	H. Mata na	CDS Mbanda	H. Rutana	H. Rumonge	CDS Gatumba
<b>Total</b>	315	315	315	315	315	315	315	315	315	315	315	315	315	315	315	315	315	315	315	315	315
<b>2023</b>	9	114	129	89	117	131	108	19	141	152	45	79	111	163	171	153	149	12	67	144	123
	2,8	36	40,9	28	37	41,5	34	6,3	44,7	48,2	14	25	35	51,7	54	48,5	47,3	3,8	21,2	45,7	39
<b>2024</b>	48	236	242	186	228	207	242	91	219	217	134	190	196	218	199	207	191	18	178	213	204
	15,2	74,9	76,8	59	72,3	65,7	76,8	28,8	69,5	68,8	42,5	60,3	62,2	69	63	65,7	60,6	5,7	56,5	67,6	64,7

# 2023 and 2024 Assessment Results (2)

QI Assessment 2023 VS 2024



- A significant progression between the 2 QI Assessments
- In 2023, only 2 sites had reached 50% of the target
- In 2024, out of 21 sites, 17 sites significantly exceeded 50%.
- This includes sites that are not covered by Pepfar,
- The sites that did not reach 50% are all non-Pepfar supported sites

# Lessons learned and challenges

## Lessons learned

- ROC adhered well to the different models of DSD
- Good progress improving quality in most sites with only slight progress noted in unsupported sites
- The integration of services into HIV in facility-based models is a reality, but it has not yet begun at the community level
- The EV3 model is not well implemented in most sites
- Formative supervision has enabled sites to improve their performance

## Challenges

- Unclear approach to understand the satisfaction of beneficiaries
- The availability of appropriate commodities and space limits the integration of services
- The supervision of the GACs is suboptimal

# Next steps

- Continued technical support is needed to improve quality, especially in non PEPFAR supported sites
- Need for supervision of providers to improve the quality of DSD
- Review the list of sites to replace sites that do not have enough ROC and keep sites that offer all DSD models, will add additional sites for quality assessment
- Baseline quality assessment at additional sites
- Organise another assessment of quality indicators in 2025

# Acknowledgements



Association Nationale de Soutien  
aux Séropositifs et malades  
du sida

**ANSS**



**SWAA – BURUNDI**

Society for Women against AIDS in Africa  
Association des Femmes Africaines face au SIDA







**Thank You!**

