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*Applying Science to Strengthen  
and Improve Systems*

## USAID ASSIST Project

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# Cote d'Ivoire Country Report FY15

**Cooperative Agreement Number:**

AID-OAA-A-12-00101

**Performance Period:**

October 1, 2014 – September 30, 2015

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**DECEMBER 2015**

This annual country report was prepared by University Research Co., LLC for review by the United States Agency for International Development (USAID). The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is made possible by the generous support of the American people through USAID.



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#### DISCLAIMER

This country report was authored by University Research Co., LLC (URC). The views expressed do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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For more information on the work of the USAID ASSIST Project, please visit [www.usaidassist.org](http://www.usaidassist.org) or write [assist-info@urc-chs.com](mailto:assist-info@urc-chs.com).

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## Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CDC	U.S. Centers for Disease Control and Prevention
CHU	<i>Centre Hospitalier Universitaire</i>
DGS	<i>Direction Generale de la Sante</i> (General Health Directorate)
DMH	<i>Direction Medecine Hospitaliere</i> (Directorate of Hospital Medicine)
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FANTA	USAID Food and Nutrition Technical Assistance Project
FY	Fiscal year
HAI	Health Alliance International
HIV	Human immunodeficiency virus
ICAP	International Center for AIDS Care and Treatment Programs
IP	Implementing partner
MSLS	Ministry of Health and the Fight against AIDS
NACS	Nutrition assessment, counselling, and support
PCR	Polymerase chain reaction
PDSA	Plan-do-study-act
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PNLS	National HIV and AIDS Care and Treatment Program
Q	Quarter
QI	Quality improvement
SEV-CI	<i>Santé Espoir Vie</i> Côte d'Ivoire (Health Hope Life)
SHOPS	USAID Strengthening Health Outcomes through the Private Sector Project
URC	University Research Co., LLC
USAID	United States Agency for International Development

# 1 Introduction

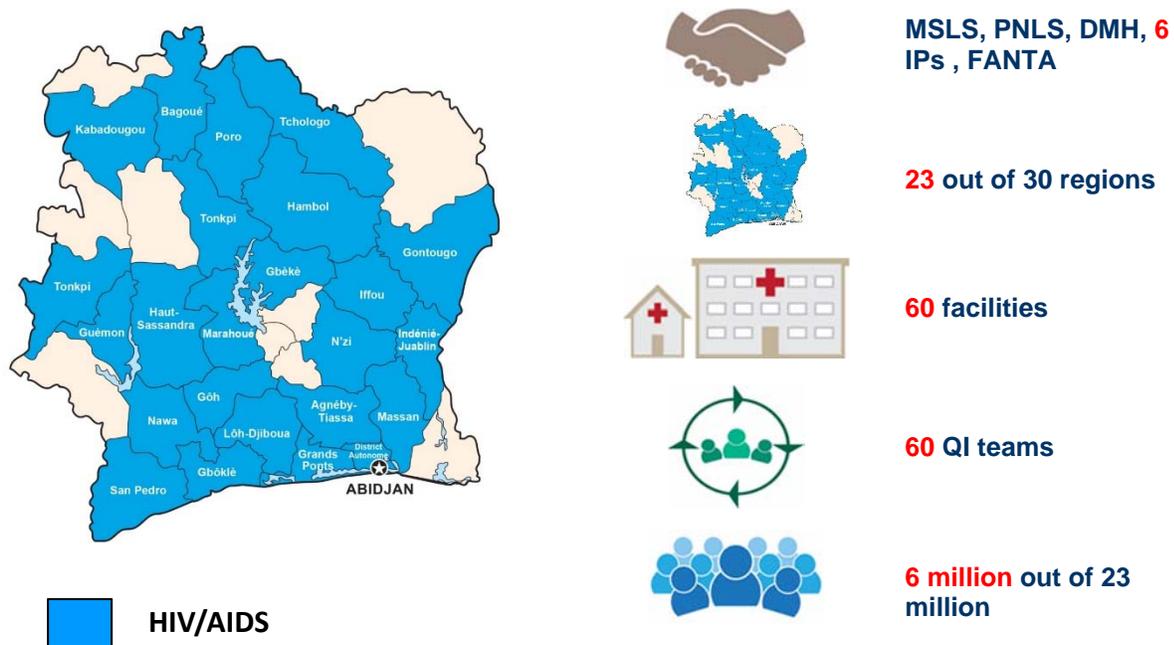
With funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is working in Cote d'Ivoire in collaboration with the Ministry of Health and the Fight Against HIV/AIDS (MSLS) to build a quality improvement (QI) approach into the health system in the country.

Since FY14, ASSIST focused on providing technical assistance to six PEPFAR implementing partners (IPs) so that they are able to support health facilities in improving health care service delivery to HIV-infected patients in health facilities and increase the retention rate for ART patients. In addition, ASSIST is providing technical assistance to the National Program Against HIV/AIDS (PNLS) to support improvement work at facilities in the South Comoé Region. More recently, the USAID Food and Nutrition Technical Assistance Project (FANTA) has also sought ASSIST technical support to apply QI to nutrition assessment, counselling, and support (NACS).

Specifically, USAID ASSIST:

- Provides technical expertise to the six clinical implementing partners to support the Cote d'Ivoire MSLS in delivering high quality HIV care and treatment services. The clinical implementing partners are: ACONDA-VS, a local non-governmental organization; International Center for AIDS Care and Treatment Programs (ICAP); Elizabeth Glaser Pediatric AIDS Foundation (EGPAF); Ariel Glaser Foundation; Health Alliance International (HAI); and Santé Espoir Vie Côte d'Ivoire (SEVCI). Each implementing partner identified 10 supported facilities to carry out improvement work with coaching support from ASSIST and the respective IP.
- Builds the capacity of a newly established MOH QI unit (*Direction Medecine Hospitaliere – (DMH)*) within the General Health Directorate (DGS) to strengthen the capacity for improving care at the central level.
- Supports the establishment of a QI system in the four university hospitals.
- Improves the strategic information system

## Scale of USAID ASSIST's Work in Côte d'Ivoire



## 2 Program Overview

What are we trying to accomplish?	At what scale?
<b>1. Improve the quality of HIV and AIDS care and treatment services</b>	
<ul style="list-style-type: none"> <li>• Improve timeliness, continuity, effectiveness, efficiency, and patient-centeredness of provided services and their consistency with clinical guidelines through the improvement collaborative approach</li> <li>• Strengthen capacity of medical providers to provide safe, timely, continuous, effective, and efficient medical care</li> <li>• Improve awareness of quality improvement experiences countrywide</li> <li>• Strengthen health information system to support development of evidence-based decisions on improvement quality of medical care</li> </ul>	Health Regions: 23 out of 30 Districts: 43 out of 82 districts in 23 health regions Facilities in selected districts: 11% (60 out of 529) Catchment population served: 6 million out of 23 million population
<b>2. Health systems strengthening</b>	
<ul style="list-style-type: none"> <li>• Strengthen leadership, management, and planning capacity of the MSLS quality improvement unit in coordinating quality improvement activity design and implementation</li> <li>• Establish QI system in four University Hospitals</li> </ul>	Central Level University Hospitals (District Abidjan South, East and North; and Bouake) 60 primary health care facilities (in 43 health districts and 4 health regions) 60 quality improvement teams

= Improvement Activity
  = Cross-cutting Activity

## 3 Key Activities, Accomplishments, and Results

### Activity 1. Improve the quality of HIV and AIDS care and treatment services

#### BACKGROUND

The number of health facilities in Cote d'Ivoire providing HIV care and treatment services, including anti-retroviral therapy (ART), has increased from eight in 1998 to 538 facilities in 2012. In Cote d'Ivoire, facilities of all levels of health care are engaged in HIV service delivery, including ART services. All health regions and districts have at least one health facility providing HIV services. Through PEPFAR funds, six IPs are supporting the MOH to provide access to HIV services to the population of Cote d'Ivoire. Since FY14, ASSIST has been working with the six IPs at 60 sites (10 per IP).

The role of ASSIST is to build capacity of the partners to develop a culture of quality improvement in their supported health facilities so that these facilities can implement improvement activities on their own in the long run. Facility-level improvement efforts are directed at improving health care service delivery to HIV-infected patients in health facilities and increasing the 12-month retention rate for ART patients.

#### KEY ACCOMPLISHMENTS AND RESULTS

- **ASSIST conducted the second series of one-day coaching visits to health facilities together with PEPFAR partners** (Oct-Nov 2014). All 10 sites supported by HAI were visited, while only six of the ACONDA sites were visited by ASSIST staff together with ACONDA. The ACONDA regional office led the coaching visits for their remaining four health facilities without ASSIST. ASSIST was represented in all the coaching visits by at least one staff member. As a result, the 16 facility QI teams visited developed a better understanding of the monthly performance assessment process and how to develop an improvement plan. All PEPFAR partners except one (Ariel Glaser Foundation) have organized a second coaching visit to facility-level improvement teams.

Coaching visit, Kounfao (East Cote d'Ivoire) 23 February 2015. Photo by Ehouman Sylvain, URC.



- **ASSIST was invited by Health Alliance International to support testing of changes in three of their sites** (Nov 2014). During these sessions, ASSIST helped the QI teams understand how to test changes using Plan-Do-Study-Act (PDSA) cycles. Teams sought to introduce changes to improve documentation and adherence to scheduled appointment visits.
- **Dr. Maina Boucar, ASSIST Regional Director for Francophone Africa, participated in the first workshop with all the counterparts of ongoing PEPFAR-funded QI initiatives** (Jan 2015). The workshop provided an opportunity to review the ongoing improvement work as well as clarify the roles and accountability of each partner. USAID emphasized that ASSIST work should be above-site while Centers for Disease Control and Prevention (CDC) partners' work is direct site support according to PEPFAR's vision of each partner's roles in the country. ASSIST's role is build capacity among six PEPFAR clinical partners who have direct contact with facilities and are able to provide the necessary support required to implement QI activities. During the workshop, challenges related to this approach were discussed, and ASSIST was asked to make sure that the collaborative improvement approach is being used by PEPFAR clinical partners to improve sites' performances on the defined indicators.
- **ASSIST organized a quarterly QI technical meeting with the six QI focal contacts of the PEPFAR partners** (Jan 27, 2015). The main goal of the meeting was to update the partners on QI-related activities that had already been implemented and plan upcoming activities. The meeting highlighted that at the time, the current QI initiative was being jeopardized by IPs who were not complying with their own plans and commitments. While sites were supposed to be testing changes, they were still developing their improvement plans and were not receiving the necessary guidance and assistance required from their partners. Sites have requested support to move forward with the current QI initiative but the support is slow. Due to delays in allocating obligated funds, some partners are reorienting priorities to focus on activities reported in the Monitoring Evaluation and Reporting (MER) at the expense of improvement work.
- **ASSIST organized a series of coaching visits through mixed teams (ASSIST and PEPFAR partners) at seven health facilities in five districts** (Feb 2015): Tanda and Kounfao general hospitals (HAI), Anyama general hospital (EGPAF), Avocatier general hospital (ICAP), Bouaflé Regional Hospital Center, Bouaflé integrated health center, and Zuénoula general hospital (SEV-CI) The aim of these sessions was to finalize the improvement plans for each health facility and initiate testing of changes.
- **ASSIST organized coaching visits with IP staff in Abidjan, Aboisso, and Ayame** (7-9 September 2015)

- **ASSIST organized learning sessions for two partners EGPAF and ICAP (March 2015).** The goal of these learning sessions was to monitor the level of implementation of planned changes and the results that were obtained. At the end of these sessions, the 20 health facilities (from 14 health district departments of the country) supported by EGPAF and ICAP finalized their improvement plans and developed change ideas and action plans.

- **An additional seven learning sessions were organized jointly with the six PEPFAR clinical IPs:** ICAP (26-28 August 2015), ACONDA (19-22 May 2015), SEV-CI (3-5 August 2015), HAI (31 August-2 September 2015), Ariel (16-18 June 2015 and 7-8 July 2015), and EGPAF (24-26 June 2015)

- **ASSIST organized a series of site visits for data verification in 15 health facilities in seven health districts (Jan – March 2015).** The aim of this activity was to ensure the quality of the data ASSIST received from health facilities. After the verification, ASSIST presented the results to the local QI teams in order to review any mistakes that were made. The data was corrected, and a refresher training was provided to local QI teams so that they had a better understanding about how to compute their indicators in the coming months. In addition, the reporting process was again explained to the local staff, as data reporting has proven to be a challenge.

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- **The data reported by the sites that ASSIST was able to coach with implementing partners (shown in Figure 1 and below under “Improvement in Targeted Indicators”) show continued gains in the percentage of client records that have all items correctly filled out.** This percentage increased from 40% in December 2014 to 69% in September 2015.

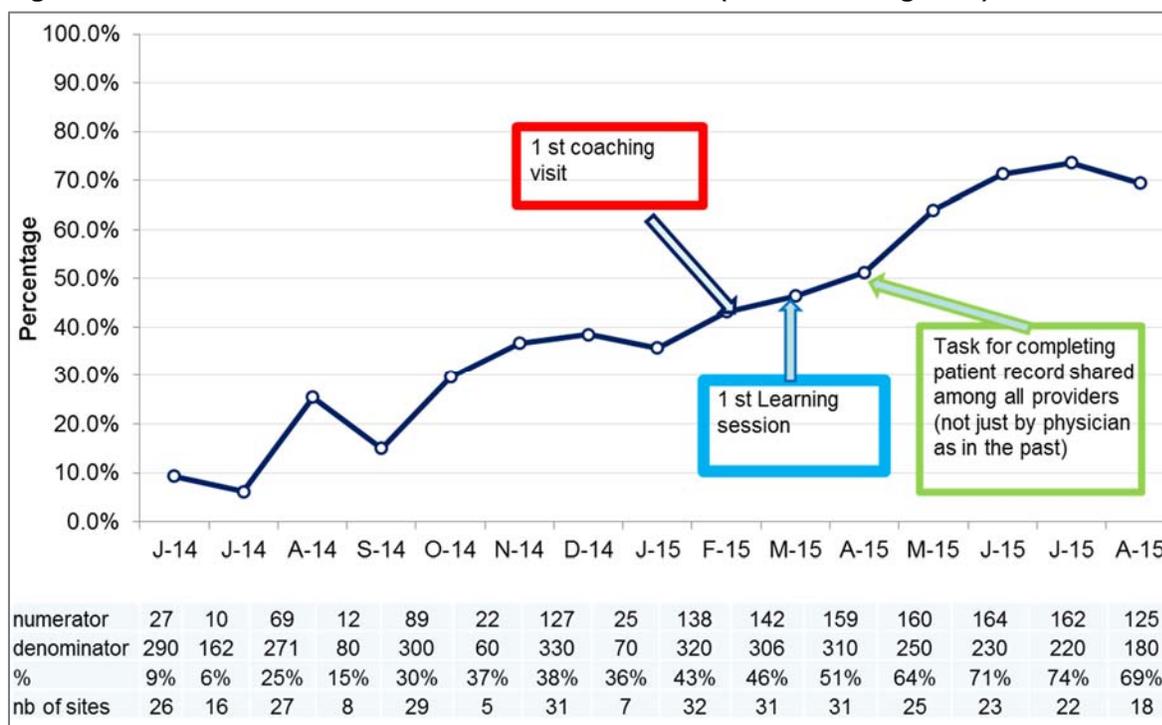
- **Results show improvement in indicators such as percentage of HIV-positive patients who are screened for TB during clinic visits (Figure 2),** as well as other key indicators (see “Improvement in Key Indicators” section).

- **Two coordination meetings were organized with all six IPs to discuss new PEPFAR requirements and expectations for how IPs will work with ASSIST (Aug 14 and Sept 25, 2015).** According to new PEPFAR guidelines, IPs are to focus their in scale-up saturation districts, scale-up districts, and maintenance districts. PEPFAR recommended that IPs conduct QI activities in sites in the scale-up saturation districts.

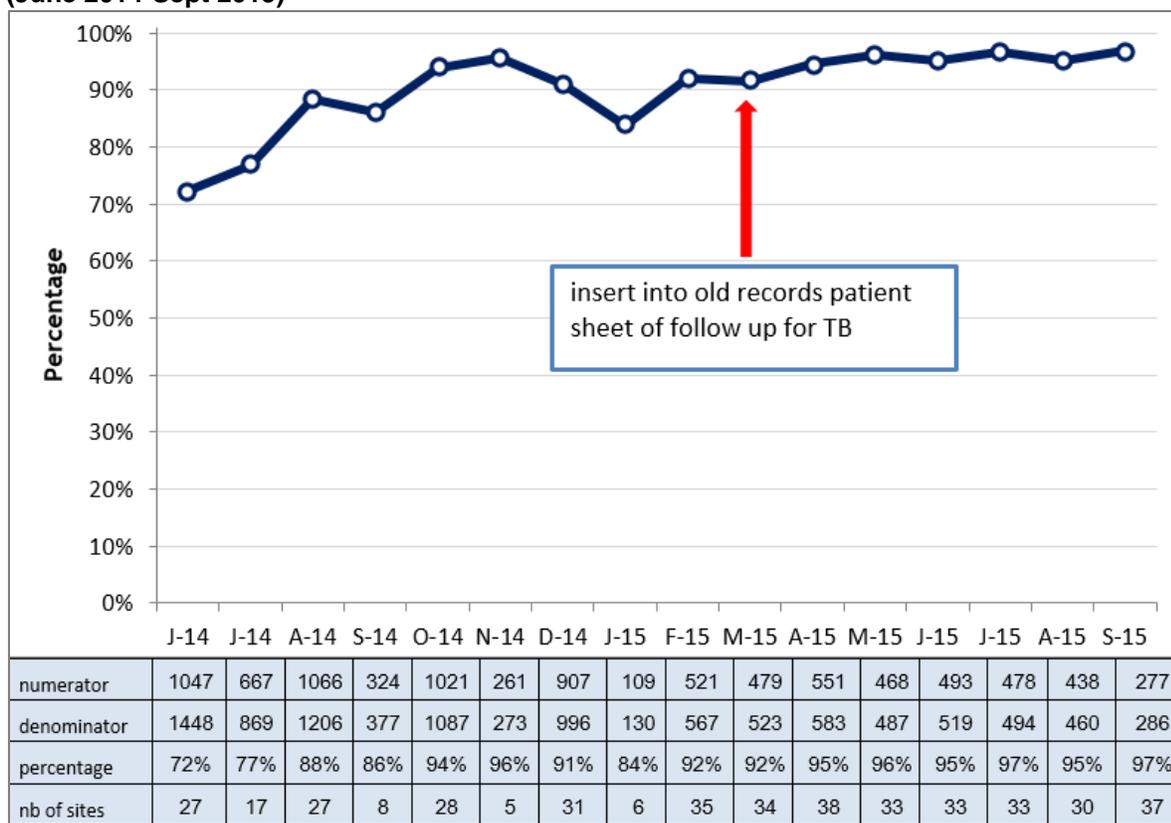


Award ceremony during learning session, Dimbokro, 10 to 12 March 2015. Photo by Ehouman Sylvain, URC.

**Figure 1: Percent of client records with all items filled in (June 2014-Aug 2015)**



**Figure 2: Percent of HIV-positive patients who are screened for tuberculosis during clinic visit in (June 2014-Sept 2015)**



- **Worked to improve the strategic information system.** An assessment performed on the health information system at all levels of the health pyramid in 2012 by the MSLS in collaboration with MEASURE Evaluation showed several weaknesses in this existing system, including a weak feedback system of health information/data, a lack of supportive supervision, poor competence of staff in data analysis and data use for activity management, and a lack of availability of policy documents around strategic information. To respond to these gaps, under the leadership of the MSLS and MEASURE Evaluation, USAID ASSIST is supporting the development of a policy document to address National Health Information standards for each level of the health system.
  - During FY15, the National Health Strategic Information Department was replaced by another body, the Department of Planning, Evaluation, and Strategic Information, with new leadership.

## SPREAD OF IMPROVEMENT

At the beginning of the QI initiative with PEPFAR implementing partners in FY14, only two partners (HAI, ICAP) had QI focal persons. As of November 2014, all six IPs have either recruited or designated a focal person to lead their QI effort. While initially none of the health facilities had formal and operating QI teams, now all facilities (60) have QI teams, with official recognition of the team by the respective facility manager.

Additionally, PEPFAR implementing partners are delivering different service packages based on three approaches (aggressive enrollment, active enrollment, and passive enrollment) to test spread of improvement in districts that are classified as scaling up for saturation, scale-up, or maintenance. **Figure 3** provides additional detail.

**Figure 3: Service package by district (saturation, scale-up, or maintenance), May 2015**

District	Approach	Service Package
Scale-up for Saturation	Aggressive Enrollment	<ul style="list-style-type: none"> <li>• Aggressive demand creation</li> <li>• New Sites, New Staff, Training, Equipment</li> <li>• PITC &amp; targeted outreach testing (KP, PP, OVC, Family Members of Index cases)</li> <li>• Task sharing</li> <li>• FP/integration</li> <li>• PMTCT &amp; EID</li> <li>• LAB (CD4, Biochemistry, Hematology, VL) for ART and Pre-ART</li> <li>• Active linkage to care &amp; tx.</li> <li>• Care (CTX, TB Screening, PHDP, Condom)</li> <li>• ART</li> <li>• ARVs/commodities &amp; Supply Chain TA</li> <li>• Active retention</li> <li>• PBF</li> </ul>
Scale-up	Active Enrollment	<ul style="list-style-type: none"> <li>• Demand creation (@ current pace)</li> <li>• Training</li> <li>• PITC &amp; targeted outreach testing (KP, PP, OVC)</li> <li>• PMTCT &amp; EID</li> <li>• LAB (CD4, Biochemistry, Hematology, VL) for ART and Pre-ART</li> <li>• Care (CTX, TB Screening, PHDP, Condom)</li> <li>• ART</li> <li>• ARVs/commodities &amp; Supply Chain TA</li> <li>• Active Retention</li> </ul>
Maintenance	Passive Enrollment	<ul style="list-style-type: none"> <li>• Maintain assets (sites, staff, vehicles)</li> <li>• Targeted diagnostic Testing (TB)</li> <li>• Care (CTX, TB Screening, PHDP)</li> <li>• CD4</li> <li>• ART and Support for Retention</li> <li>• ARVs</li> </ul>

## IMPROVEMENT IN KEY INDICATORS

Improve quality of HIV/AIDS care and treatment services through support to implementing partners	% of client records with all items filled in	6% (58 sites)	3% (13 sites)	67% (18 sites)	61
	% of HIV-positive patients eligible to ART and initiated on ART	98% (50 sites)	100% (13 sites)	96% (18 sites)	-2
	% of HIV-positive patients who are screened for tuberculosis during clinic visit	50% (50 sites)	68% (13 sites)	97% (17 sites)	47
	% of HIV-positive patients on ART seen in the review period	51% (47 sites)	75% (13 sites)	87% (18 sites)	36
	% of infants born to HIV-positive mothers tested by PCR in the prior two months and with PCR result	53% (24 sites)	29% (13 sites)	53% (13 sites)	0
	% of HIV-positive pregnant women with baseline CD4 test performed in the first month of diagnosis	50% (52 sites)	66% (13 sites)	55% (7 sites)	5
	% of infants born to HIV-positive mothers who are still in care in the review period	42% (30 sites)	4% (13 sites)	70% (13 sites)	28

### **Activity 2. Health System Strengthening**

#### **BACKGROUND**

In November 2014, the MSLS Health Care Quality Assurance Promotion Service was dissolved after being operational for five years. One mandate of ASSIST is to support the MSLS to build a QI approach within the current health system. During a policy meeting held in February 2014, it became apparent that there was little engagement on QI in health care settings in the country. In addition, there was no infrastructure to lead the QI process and develop the QI system so that it could be integrated into the national health system. In February 2015, a new MSLS *Direction Medecine Hospitaliere* was put in place. This newly established department will be responsible for quality improvement, with new leadership and a new organizational structure.

#### **KEY ACCOMPLISHMENTS AND RESULTS**

- **ASSIST participated in editing and reviewing the National HIV/AIDS Standard Operating Procedures for health facilities and communities** (Oct – Dec 2014). The document is the first of its kind, which will serve as reference for the provision of quality of HIV care and services to patients in Cote d'Ivoire.
- **ASSIST organized a QI training session for quality focal points of the four University Hospital Centers** (Dec 10-11, 2014).
- **ASSIST participated in a series of meetings with MSLS representatives to look into the best infrastructure to put in place to lead and build a more robust QI approach within the current health system** (Jan – March 2015). As a result, a new structure was approved by the MSLS, and the unit known as the *Direction Medecine Hospitaliere (DMH)* was put in charge of QI activities. ASSIST and DMH agreed on the following activities to be completed during 2015: Development of a policy document for quality improvement in Cote d'Ivoire; development of National Quality Improvement Strategic Plan 2015 – 2020; organization of meetings to sensitize health managers on building QI

systems and initiating QI activities in health care settings; and capacity building of new QI unit staff on QI methods and performance monitoring.

- **ASSIST participated in a Ministry of Health-led initiative to collect information on the existing national infrastructure to support quality assurance for care and health services and patient safety** (March 2015). This assessment was supported and performed by the African Regional Office of the WHO.
- **ASSIST initiated the development of a national QI policy document** (Aug 2015). ASSIST worked with the MSLS DMH to create a technical group to lead the process. The group reviewed all existing QI and related documents in the country and has developed and field-tested a questionnaire to collect needed additional information.
- **ASSIST began new support to FANTA sites to apply QI to NACS** (Oct 2014, Jun-Aug 2015) ASSIST held a series of discussions with FANTA to support them in applying QI methods to improve the quality of NACS services for people with HIV (PLHIV) and orphans and vulnerable children. FANTA selected 11 high-volume sites that it supports in different parts of the country (Dabou, Abengourou, Bouaflé, Issia, Oumé, San Pedro, and Abidjan) to pilot the QI activities. Together with ASSIST and the MSLS, FANTA selected five performance indicators that it will track: Percentage of PLHIV and vulnerable children whose nutritional status was assessed through anthropometry; percentage of PLHIV and vulnerable children whose nutritional status was classified; percentage of PLHIV and vulnerable children whose nutritional status was assessed; percentage of PLHIV who received nutritional counseling; and percentage of malnourished vulnerable children who received nutritional treatment. FANTA conducted baseline measurements in the 11 sites, and in June 2015, ASSIST organized jointly with FANTA the first learning session for these teams, held in Yamoussoukro. In July and August 2015, ASSIST conducted joint coaching visits with FANTA to the sites in Abidjan.

## 4 Sustainability and Institutionalization

To help build sustainability and institutionalization of QI efforts in the country, ASSIST is building the capacity of key Ministry of Health units (*Direction Medecine Hospitaliere* and PNLs) in QI methods and principles. ASSIST is helping to create a critical mass of competent health providers using QI concepts at the health facility level; helping to develop a network of QI experts to allow experience and best practice sharing; and promoting the transfer of QI competencies to PEPFAR IPs and health facility staff. ASSIST is also participating in building a QI system by engaging the Ministry of Health in the development of national policy documents on QI and standard operating procedures for HIV care and service delivery.

## 5 Directions for FY16

ASSIST will continue to work with PEPFAR clinical IPs to improve the delivery of services for patients with HIV as well as to the PNLs to support improvement in 10 facilities in the South Comoé. ASSIST will also work with the Strengthening Health Outcomes through the Private Sector (SHOPS) Project to improve their capacity in providing high quality HIV care and treatment support to five private providers.

In collaboration with the DMH and the quality focal point of each of the four University Hospital Centers, ASSIST will develop collaborative improvement activity within the four hospitals. ASSIST will support improvement teams to carry out a baseline assessments, define improvement objectives and common indicators, and support DMH to conduct coaching visits and convene learning sessions.

ASSIST will also work with the MSLS to finalize a strategic framework for improving the quality of health care and services.



**USAID APPLYING SCIENCE TO STRENGTHEN  
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