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*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Cote d'Ivoire Country Report FY14

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2013 – September 30, 2014

DECEMBER 2014

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DISCLAIMER

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

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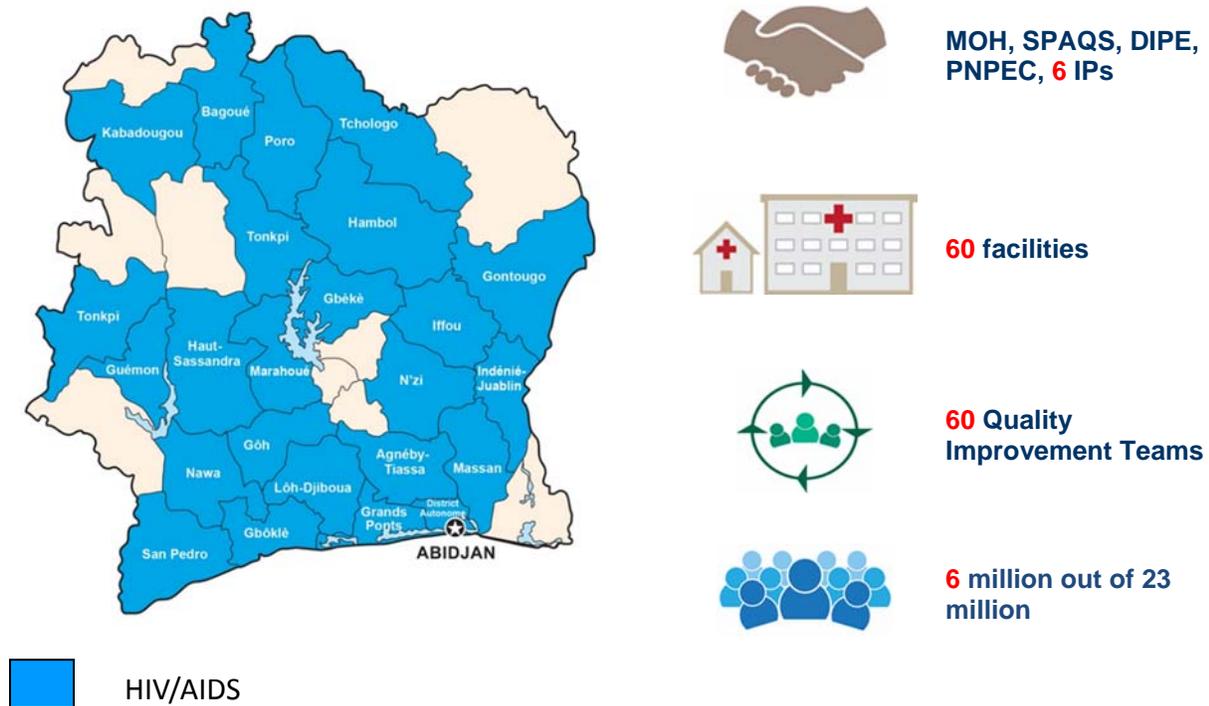
Abbreviations

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
CRESAC	<i>Centre Régional d'Evaluation en Education, Environnement, Santé et d'Accréditation en Afrique</i> (Regional Center for Evaluation in Health, Environment, Health, and Accreditation in Africa)
DGS	General Health Directorate
DIPE	National Health Strategic Information Department
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FY	Fiscal year
HAI	Health Alliance International
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
ICAP	International Center for AIDS Care and Treatment Programs
IP	Implementing partner
MOH	Ministry of Health
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	<i>Santé Espoir Vie</i> (Health Hope Life)
SLIPTA	Stepwise Laboratory Quality Improvement Process Towards Accreditation
SLMTA	Strengthening Laboratory Management Towards Accreditation
SPAQS	<i>Service de la Promotion de l'Assurance Qualité en Santé</i> (Health Care Quality Assurance Promotion Service)
TA	Technical assistance
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

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 (MOH) to: 1) establish a quality improvement (QI) system in four university hospitals; 2) provide technical expertise to implementing partners (IPs) in the implementation of their HIV and AIDS improvement activities at PEPFAR-supported facilities; and 3) build the capacity of a newly established MOH QI unit (*Service de la Promotion de l'Assurance Qualité en Santé – SPAQS*) within the General Health Directorate (DGS) to strengthen the capacity for improving care at the central level. In addition, the project is providing technical assistance to PEPFAR IPs that were assigned this year to support the WHO/CDC laboratory accreditation process.

Scale of USAID ASSIST's Work in Cote d'Ivoire



During fiscal year (FY) 2014, ASSIST Cote d'Ivoire encountered some challenges in rolling out the QI initiative with PEPFAR IPs. While health care improvement work must necessarily take place at the service delivery level, ASSIST in its technical assistance (TA) mandate was instructed not to have direct contact with health facilities. Thus, the preparation phase, which includes steps to establishing a QI system in health facilities, faced challenges in its implementation from its inception. PEPFAR implementing partners were not notified of the quality improvement initiative and therefore did not include and budget for this initiative in their various FY14 work plans that were approved by their funder—in Cote d'Ivoire, primarily the U.S. Centers for Disease Control and Prevention (CDC).

The lack of a defined level of accountability for each partner engaged in this process created confusion in the implementation of QI. ASSIST's level of engagement was limited to suggesting activities to PEPFAR IPs; however, the organization and agenda of implementation was the responsibility of the IPs. This revised scope resulted in stress upon ASSIST resources (staff, logistics, internal processes, etc.) and misunderstandings between the project and PEPFAR IPs. It also challenged the collaborative methodology, as partners are at very different levels in terms of their readiness to undertake improvement work. While the preparation phase of this work should have concluded with all IPs and health facilities presenting their respective improvement plans, this has not occurred.

In spite of the limitations on the project's ability to directly engage health facilities in doing HIV care improvement work, USAID ASSIST is being made accountable for site performance. In response, the project has been flexible and creative in trying to ensure that the appropriate actions are taken by implementing partners to enable the successful development of improvement work in the health facilities.

2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Improve the quality of HIV and AIDS care and treatment services	<ul style="list-style-type: none"> Strengthen leadership, management and planning of MOH quality improvement unit in coordinating quality improvement activity design and implementation 	Central level 4 University hospitals (Abidjan South, East, and North districts; and Bouake)	x	
	<ul style="list-style-type: none"> Establish quality improvement system in university hospitals 	23 out of 30 regions 60 sites selected and distributed among these regions and districts		
	<ul style="list-style-type: none"> Improve retention in care of HIV+ patients on ART Improve the percentage of pregnant women who receive prophylaxis for PMTCT 	Expected population coverage: 6 million/ 23 million inhabitants Quality improvement teams: 60		
	<ul style="list-style-type: none"> Build capacity of IPs to establish collaborative activities within their supported health facilities 			
2. Support the WHO/CDC Laboratory Quality Improvement Process Towards Accreditation (SLIPTA)	<ul style="list-style-type: none"> Enable national structures involved in the process to coordinate and monitor WHO-AFRO Stepwise SLIPTA Strengthen capacity of laboratory staff to improve their skills for efficient interventions Ensure follow-up and periodic evaluation of the progress of laboratories involved 	15 of 21 labs from 1 st cohort 10 of 21 labs from 2 nd cohort 10 districts and 10 health regions		x
3. Improve the strategic information system	<ul style="list-style-type: none"> Support development of procedures for data use and promotion of information use culture Support new quality improvement initiative with accurate data used for decision making at all levels 	National scale		x

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 8 in 1998 to 538 facilities in 2012. Facilities of all levels of the health pyramid 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. These IPs 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* (SEV).

From 2008-2012, University Research Co., LLC (URC) through the USAID Health Care Improvement Project (HCI) was engaged in supporting the MOH through the National HIV and AIDS Care and Treatment Program (PNLS) to support quality improvement initiatives to build local leadership and ownership for improvement and to improve facility-based health service delivery for people living with HIV (PLHIV). Since 2012, this process has continued through USAID ASSIST with PEPFAR funding through USAID.

ASSIST is working to improve health care service delivery to HIV-infected patients in health facilities and increase the 12-month retention rate for ART patients. The project is providing technical assistance to the six PEPFAR implementing partners to improve their capacity to support the Cote d'Ivoire MOH in delivering high quality HIV care and treatment services. 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.

KEY ACCOMPLISHMENTS

- **Provided technical assistance to PEPFAR IPs on the new QI initiative**
 - A series of meetings with USAID/CDC and PEPFAR IPs were conducted to organize the preparation phase of an improvement collaborative. ASSIST provided technical assistance to all IPs to implement the collaborative in 60 pilot health facilities (10 health facilities per partner).
 - In quarter (Q) 1 of FY14, the competencies of 53 technical staff of PEPFAR, IPs, and MOH were reinforced on collaborative improvement methods.
 - From February-March 2014, ASSIST conducted the first series of trainings on QI methods and knowledge management to health facilities. Seven classroom sessions were organized and facilitated by teams composed of staff from ASSIST and PEPFAR IPs. About 165 participants from 60 health facilities supported by PEPFAR IPs attended the sessions.
 - In March 2014, the team conducted a quarterly review meeting with PEPFAR IPs. Topics discussed included the review of activities carried out in collaboration with PEPFAR IPs, training of PEPFAR IPs on the collaborative approach, validation of the change package with PEPFAR IPs, and development and testing of data collection tools.
 - To build the capacity of IPs on the use of QI performance evaluation tools, ASSIST organized a training divided in two sessions (one theoretical and one practical) in order to allow IPs to have a good understanding of the tools and the evaluation process.
 - The theoretical training was held on March 18, 2014 at "USAC-Treichville" with 24 participants from the six PEPFAR IPs. Presentations and exercises were conducted on the indicators, the sampling and the completion of the ART and PMTCT tools. The discussions, questions, and answers led participants to a better understanding of the tools.
 - The practical portion of the training was held from March 19-20, 2014 in six ART/PMTCT health facilities. Six teams were formed, and every person in a team participated in the evaluation of one of the six ART/PMTCT sites selected for this step. All participants practiced sampling records, asking questions, reviewing patient medical records, and completing the tools. After the trainings, the baseline site-level quality assessments by IPs was planned.
- **Conducted a policy seminar on infrastructure and policy for quality of care in Cote d'Ivoire.**

A one-day seminar entitled, "Thoughtful Conversation on National Improvement Strategies and Infrastructure for Improving Health Care" was convened on February 26, 2014. The meeting was officiated by the Director General of the MOH, with 57 participants. Over 30 of the participants were senior MOH, implementing partner, and USAID staff. External USAID ASSIST participants were: Dr. M. Rashad Massoud, ASSIST Director; Dr. Maina Boucar, ASSIST Regional Director for West Africa; and Mr. Lyle Mikowicz, Improvement Associate. The meeting raised the question of how the Government of Cote d'Ivoire can best pursue improvement in health service delivery through a well-

designed and organized QI system. One conclusion of the meeting was that the current infrastructure is non-functional and would need tremendous support to be operational. According to the DGS, in line with the new MOH organigram (which is expected to be announced in the near future), another institution will be handling the national QI Initiative. For the time being, ASSIST will continue working with the current department in charge of QI, SPAQS.

- **Promoted the use of collaborative improvement in the IPs' quality approach**
 - *Coaching visits:* From April-May 2014, ASSIST conducted coaching visits in 50 out of 60 sites supported by PEPFAR IPs. The aim of the visits was to check the functionality of the quality improvement teams, verify their recognition by the site leadership or management teams, and review the process analysis diagrams the site-level improvement teams were to have developed. As a result, all visited sites had a functional quality improvement team with process of internal recognition on its way. They had also all developed process diagrams. In September 2014, ASSIST conducted the second coaching visit for the health facilities supported by two PEPFAR partners (EGPAF and ICAP) where 20 health facilities were visited. During the coaching visit, performance data were reviewed, and coaching was conducted on the development of site-level improvement plans.
 - *Learning sessions:* Conducted the second learning session jointly with ICAP in Abidjan for its 10 supported sites (June 23-26, 2014). In July and August, ASSIST worked with each of four IPs (ACONDA, SEVCI, HAI, and EGPAF) to convene a second learning session for their supported sites. Health professionals (clinicians, nurses, midwives) from all 40 sites supported by these four IPs participated.
 - Although the other IPs have already had their second learning sessions, the Ariel Glaser Foundation has been delayed in implementing the QI process. In May 2014, ASSIST organized two sessions (Abidjan and San Pedro) to teach 27 of Ariel Glaser's staff on the management of baseline assessment tools and the assessment process. In September 2014, ASSIST conducted the first coaching visit with Foundation staff to nine sites in Abidjan and San Pedro. These sessions were facilitated by teams composed of ASSIST and the Foundation's staff.
 - The project's focus in the last quarter of FY14 was to finalize the preparation phase of the collaborative with the IPs. Due to each partner's different levels of engagement, achievements in this process differed widely by implementing partner. Although the schedule of deliverables was defined by consensus during quarterly coordination meetings, not all IPs complied with approved schedules.
- **Monitoring improvement data through PEPFAR IPs**
 - ASSIST has developed and shared the M&E system related to the QI initiative with PEPFAR IPs. Part of the project's role is to suggest quality data that can be collected, perform data quality review, and validate reported performance data.
 - Baseline assessment of site-level performance was performed by IPs in March 2014 at the 60 health facilities. Site-level performance is supposed to be assessed every two months by sites themselves with technical support from PEPFAR IPs (who were trained by ASSIST).
 - In FY14, QI performance assessment was not routinely performed, resulting in important delays in performing assessments among PEPFAR IPs and among health facilities within each PEPFAR IP's sphere of support.
 - While 60 facilities had completed the baseline assessment by March 2014, only 13 facilities reported data for June 2014 and only five facilities reported data for July 2014. It was expected that all 60 facilities would have reported data through the end of Q4 (180 facility data total was expected: 3 months x 60 facilities).
 - M&E systems of PEPFAR IPs have not picked up the QI performance data monitoring.
- **Provided technical assistance in PEPFAR partners' improvement plan development**
 - In Q4, ASSIST organized a workshop on the development of improvement plans. By the end of FY14, four of the six IPs had finalized their improvement plans (HAI, SEVCI, ICAP and ACONDA); only 15 out of 60 health facilities has developed site-level improvement plans.

- **Provided assistance in HIV care standards development**
 - During August-September 2014, ASSIST worked with the MOH's Directorate for HIV Services, particularly the unit in charge of HIV care and treatment on the development of National HIV Care and Treatment Standards. ASSIST organized three workshops and participated in the development of two documents for the first level of the health system: "HIV care standards for community services" and "HIV care standards for health services".
 - In collaboration with ASSIST, the unit in charge of HIV care and treatment services of the MOH Directorate General against HIV convened a workshop to validate the National HIV Care and Treatment Standards. This meeting convened the MOH, PEPFAR and its partners, and the different government department for HIV/AIDS on Aug 18-20, 2014.
- **Progress in establishing a QI system in the four university hospitals in the country**
 - Engaged the MOH entities in charge of quality of health care in Cote d'Ivoire (SPAQS) as well as the quality committee established by the MOH to identify the best strategies to boost quality improvement activities in the University Hospitals. ASSIST participated in a one-day workshop in the third quarter with the heads of the four university hospitals on the theme of "responsibility of health care managers in use of QI methods to improve health services". This activity was the first of its kind around QI with these participants and was supposed to facilitate ASSIST's support for improvement activities in these university hospitals.
 - SPAQS and the *Centre Régional d'Evaluation en Education, Environnement, Santé et d'Accréditation en Afrique* (CRESAC) conducted five meetings in the fourth quarter of FY14 to finalize the development of a QI project on the improvement of reception and hygiene in 10 health facilities. The QI leads of the four university hospitals were convened to these meetings and actively participated in the discussions. The establishment of the QI system is expected to be built by the SPAQS in collaboration with the QI focal points in these hospitals, with the technical assistance of ASSIST.
- **Improved the coordination of the Ministry of Health's quality unit activities**
 - A three-day workshop (September 2014) on "Management by Results" was organized by ASSIST to bring together the Ministry's quality unit and QI focal persons from the four university hospitals to build their capacity.
 - SPAQS is using new competencies developed to review the draft project document on "Improvement of Reception and Hygiene in 10 Health Facilities" initially submitted to the QI committee for review.

SPREAD OF IMPROVEMENT

In the beginning of the QI initiative with PEPFAR implementing partners, 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 about half (25) of the facilities in this QI initiative have recognized QI teams, with official recognition of the team by the respective facility manager.

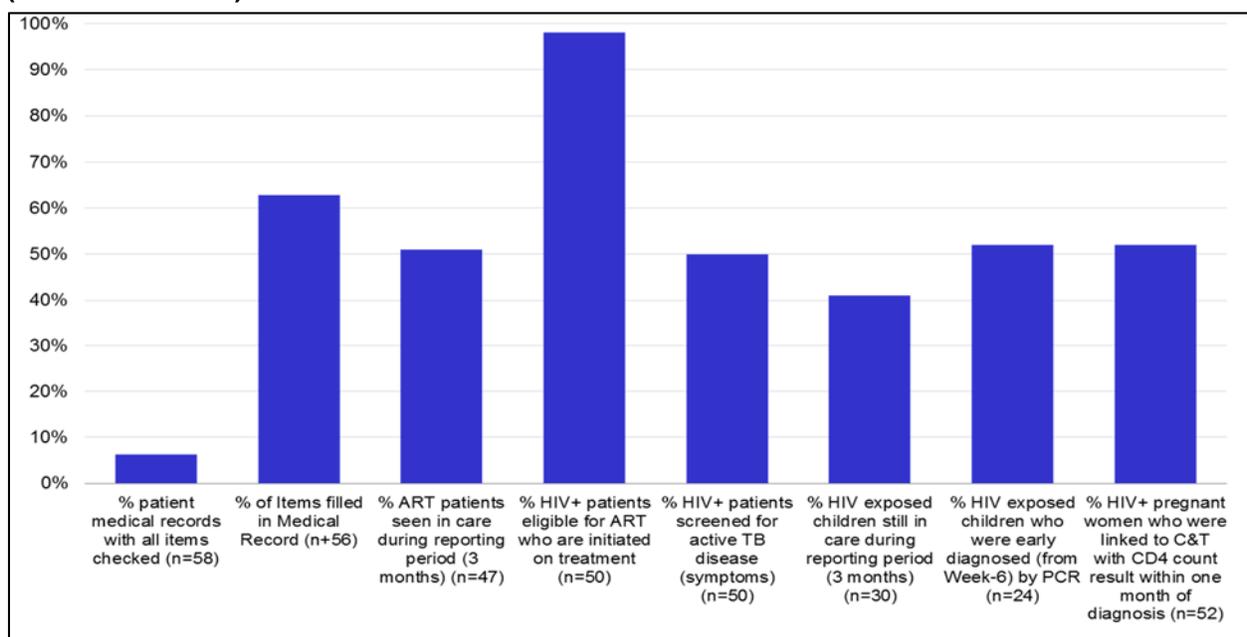
RESULTS

Improvement in Key Indicators

Activity	Indicators	Baseline (Jan-March, 2014)	Follow-up (June 2014)	Magnitude of improvement (percentage points)
Improve Quality HIV/AIDS care and treatment services in Cote d'Ivoire	% of client records with all items filled	6% (58 sites)	3% (13 sites)	-3
	% of HIV positive patients eligible to ART and initiated on ART	98% (50 sites)	100% (13 sites)	2
	% of HIV positive patients who are screened for tuberculosis during clinic visit	50% (50 sites)	68% (13 sites)	18
	% of HIV positive patients on ART seen in the review period	51% (47 sites)	75% (13 sites)	24
	% of infants born to HIV positive mothers tested by PCR prior two months and with PCR result	53% (24 sites)	29% (13 sites)	-24
	% of HIV positive pregnant women with baseline CD4 test performed in the first month of diagnosis	50% (52 sites)	66% (13 sites)	16
	% of infants born to HIV-positive mothers who are still in care in the review period	42% (30 sites)	4% (13 sites)	38

Baseline data for the 60 implementing partner-supported sites that are participating in collaborative improvement activities are presented in Figure 1.

Figure 1: Baseline performance of health facilities supported by PEPFAR IPs, 23 health regions (Jan – March 2014)



Because PEPFAR has instructed ASSIST to only visit facilities together with IPs, it has been a challenge to engage IP staff in visiting sites to review progress on improvement activities. In this first preparation phase of the collaborative, none of the IPs had this QI initiative in their respective workplans. None of the M&E systems of the IPs are collecting or reporting on these indicators. By the last quarter of FY14, ASSIST was able to visit and obtain data from only 13 of the 60 sites. Figures 2 and 3 show results of

improvement work from the 13 sites that ASSIST was able to visit with IPs for ART and PMTCT services, respectively.

Figure 2: ART performance data from 13 PEPFAR partner-supported facilities (March and June 2014)

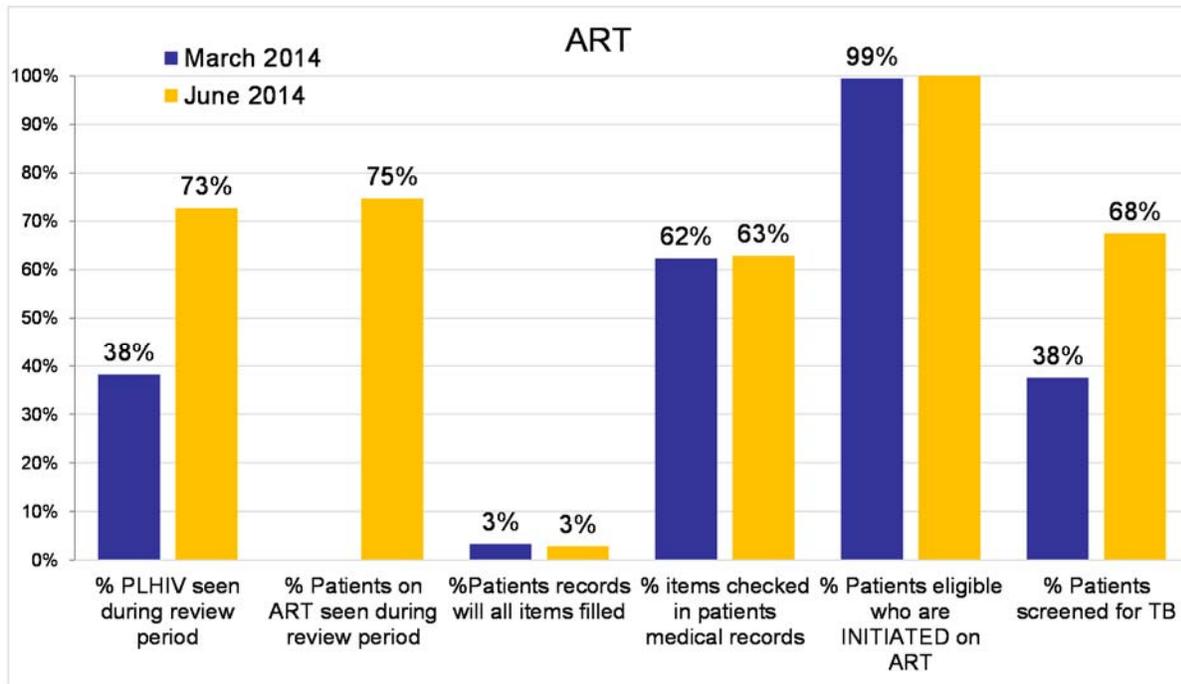
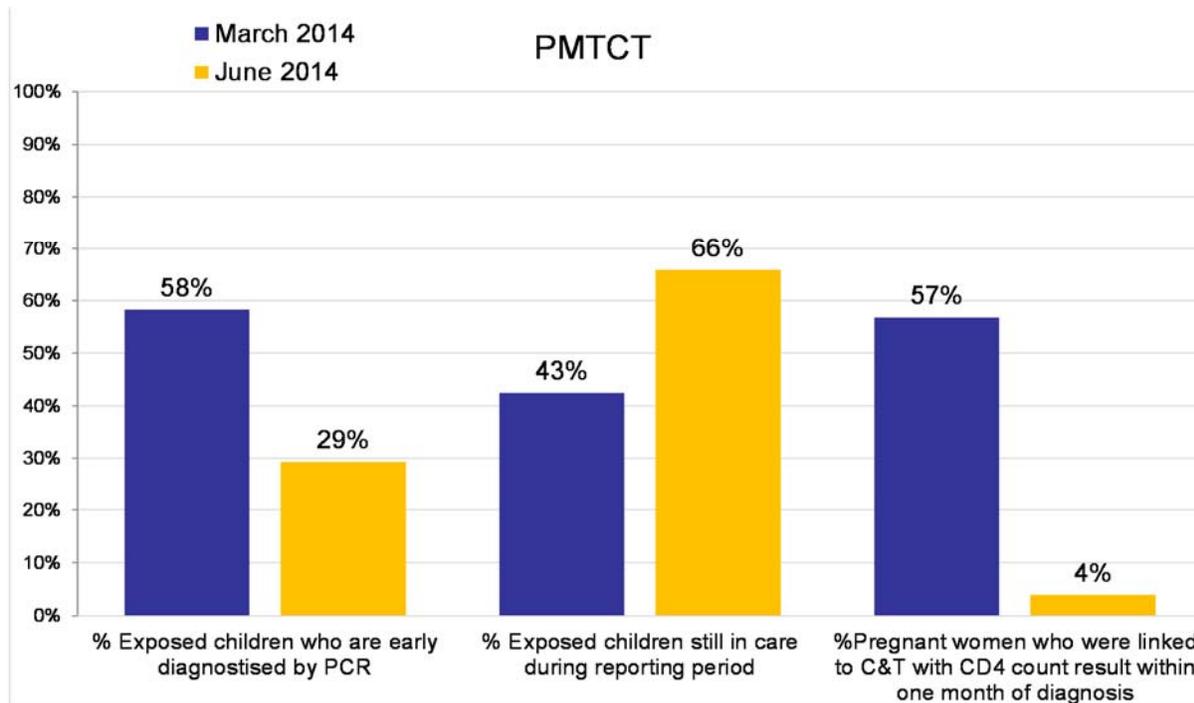


Figure 3: PMTCT performance data from 13 PEPFAR partner-supported facilities (March and June 2014)



Activity 2. Support the WHO/CDC laboratory quality improvement process towards accreditation

BACKGROUND

Recognizing the critical need for laboratory strengthening, Cote d'Ivoire adopted a country-based approach to developing national policy guidelines and strengthening national institutions to implement the WHO AFRO Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) in laboratories from two cohorts. The accreditation preparedness process is coordinated by the MOH through three central institutions that represent the national Accreditation Technical Working Group: *Centre Régional d'Evaluation en Education, Environnement, Santé et d'Accréditation en Afrique* (Regional Center for Evaluation in Health, Environment, Health, and Accreditation in Africa) (CRESAC); *Laboratoire National de Santé Publique*; and *Institut Pasteur de Côte d'Ivoire*. Following the training by WHO of 12 central laboratory personnel as assessors to support the accreditation process, the WHO-AFRO checklist was used to conduct a baseline assessment for 25 laboratories in May 2010.

The baseline assessment supported by URC through the USAID Health Care Improvement Project showed significant challenges (occurrence/incident management and procedures improvement, internal audit, corrective action, client's management, organization, etc.) that needed to be addressed to meet optimum quality of laboratory service delivery for improving laboratory quality management. With support from HCI, 12 national coaches (assessors) were trained and provided assistance to strengthen laboratory capacity. They supported laboratories to meet the accreditation checklist requirements. The SLIPTA process includes five steps (each step is rated by one star). Coaching and mentorship visits were conducted by these assessors.

In FY14, USAID ASSIST conducted laboratory improvement activities in 15 of 21 laboratories from the first cohort, and 10 of 21 laboratories in the second cohort for the quality improvement process towards accreditation. USAID ASSIST's support for the laboratory accreditation process was closed out August 31, 2014.

KEY ACCOMPLISHMENTS

- Assessed 21 laboratories involved in the process towards accreditation (Q1).
- Conducted coaching visits to five of 21 laboratories (Q1).
- Conducted workshops to debrief on results of the Strengthening Laboratory Management Towards Accreditation (SLMTA) process assessments: February 11-12, 2014 for laboratories from Abidjan; February 11-14, 2014 for laboratories throughout the country.
- Organized a coordination meeting to identify the next steps of WHO-AFRO program after debriefing (March 14, 2014).
- Organized a coordination meeting to identify a new cohort of laboratories for the new SLMTA initiative (March 24, 2014).
- Conducted the baseline assessment for the new cohort of 30 laboratories involved in the WHO-AFRO process (May-June, 2014).
- Organized the SLMTA workshops for the new cohort of 25 laboratories to be included in the process toward accreditation (July 14-25, 2014). ASSIST organized the first session of SLMTA for the 11 laboratories from Abidjan, Adzopé, Agboville, Bingerville, and San Pedro (July 14-18, 2014).
- The second session was conducted in Yamoussoukro for 19 laboratories from within the country (July 21-25, 2014).

Activity 3. Improve the strategic information system

BACKGROUND

An assessment performed on the health information system at all levels of the health pyramid in 2012 by the MOH 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, as well as a lack of availability of policy documents around strategic information. To respond to these gaps, under the leadership of the MOH 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.

KEY ACCOMPLISHMENTS

- Conducted informational and preparatory meetings with the National Health Strategic Information Department (DIPE) and MEASURE Evaluation for the development of standards for the use of health information for decision making.
- Currently developing the first draft of the standard on data use for decision making which will be sent to the other partners involved in the process (DIPE and MEASURE) for inputs. As a next step, USAID ASSIST, DIPE, and MEASURE will meet to finalize the draft version of standards for review by the Technical Working Group.
- Organized three preparatory meetings from August-September 2014 to move forward on the process for the development of the National Strategic Information Standards at the DIPE (August-September 2014). Due to one major stakeholder not being available during the process (MEASURE Evaluation, which closed out its activities in Cote d'Ivoire), the activity has slowed down. However, this activity was rescheduled to restart in the first quarter of FY15.

4 Sustainability and Institutionalization

USAID ASSIST is building the capacity in quality improvement of the key MOH QI units: SPAQS, National HIV/AIDS Care and Treatment Program (PNLS), and the National Health Information System (DIPE). These units are gaining on-hand experience in co-facilitating and supporting QI work with IPs. This process will not only lead to informed QI for national policy and strategy development but create learning opportunities for conducting advocacy for resource mobilization and other initiatives on QI. The partnership with IPs will over time produce quality improvement integrated into care delivery as an integral part of the package. USAID ASSIST in collaboration with the MOH will support the review of national HIV/AIDS care and support tools to include quality improvement items and performance reviews. The integration of QI indicators into the national health strategic information system is key to institutionalizing the initiative. Integration of quality improvement and performance review topics in national forums at all level of the health pyramid will also be necessary to continue raising awareness on the need for quality services.

In addition in order to promote sustainability and institutionalization, ASSIST is helping create a critical mass of competent health providers using QI concepts at the health facility level; helping develop a network of QI experts to allow experience and best practice sharing; and promoting transfer of QI competencies to PEPFAR IPs and health facility staff.

5 Knowledge Management Products and Activities

In order to provide guidance and orientation to health facilities engaged in filling the gaps of QI performance, ASSIST along with PEPFAR IPs developed a change package for implementation in the health facilities. The change package includes evidence-based strategies and interventions according to domains and indicators to be improved. The package was shared with partners to suggest to health facilities during their field support for change testing activities.

6 Directions for FY15

Improve quality HIV/AIDS care and treatment services in Cote d'Ivoire

- Finalize the establishment of QI systems in PEPFAR IP-supported health facilities
- Build M&E system to support reporting on performance data for QI activities
- Support health facilities through TA to PEPFAR IPs to test and implement evidence-based interventions
- Continue coaching, mentorship, and supportive supervision of PEPFAR IPs to implement QI activities
- Conduct harvest meetings on the QI Initiative through PEPAR IPs
- Continue compiling, reviewing, and validating PEPFAR IP-reported data from health facilities
- Support PEPFAR partners during the supervision of sites' improvement plan implementation
- Establish QI systems and engage managers and health professionals in the university hospitals

- Build competencies of university hospital health professionals in QI methods

Improve the strategic information system

- Conduct two workshops for the development and finalization of the Strategic Information Standards

Support national level initiatives (policies, technical guidelines, etc.)

- Participate in the development of HIV Care Standards for the second and third level of the health system
- Suggest and participate in the development of any other relevant procedural, guideline and policy documents

**USAID APPLYING SCIENCE TO STRENGTHEN
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