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USAID ASSIST Project

Applying Science to Strengthen and Improve Systems

Cote d’Ivoire Country Report FY16

Cooperative Agreement Number AID-OAA-A-12-00101
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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.

Recommended citation

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Abbreviations

AIBEF  Association Ivoirienne pour le Bien Etre Familial (Ivorian Association of Family Welfare)
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  Centre Hospitalier Universitaire / University Teaching Hospital
CHR  Centre Hospitalier Regional (Regional Hospital Center)
CSU  Centre de Santé Urbain (Urban Health Center)
DGS  Direction Generale de la Santé (General Health Directorate)
CSAS  Chef de Service de l’Action Sanitaire (Head of Public Health Service)
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>DMHP</td>
<td>Direction Medecine Hospitalière et de Proximité (Directorate of Hospital Medicine)</td>
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<tr>
<td>EGPAF</td>
<td>Elizabeth Glaser Pediatric AIDS Foundation</td>
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<tr>
<td>FANTA</td>
<td>USAID Food and Nutrition Technical Assistance Project</td>
<td></td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal year</td>
<td></td>
</tr>
<tr>
<td>HAI</td>
<td>Health Alliance International</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
<td></td>
</tr>
<tr>
<td>ICAP</td>
<td>International Center for AIDS Care and Treatment Programs</td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>Implementing partner</td>
<td></td>
</tr>
<tr>
<td>MSHP</td>
<td>Ministry of Public Health and Hygiene</td>
<td></td>
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<tr>
<td>NACS</td>
<td>Nutrition assessment, counseling, and support</td>
<td></td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and vulnerable children</td>
<td></td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase chain reaction</td>
<td></td>
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<tr>
<td>PDSA</td>
<td>Plan-do-study-act</td>
<td></td>
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<tr>
<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
<td></td>
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<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
<td></td>
</tr>
<tr>
<td>PMI</td>
<td>Protection Maternelle et Infantile</td>
<td></td>
</tr>
<tr>
<td>PNN</td>
<td>National Nutrition Program</td>
<td></td>
</tr>
<tr>
<td>PNLS</td>
<td>National HIV and AIDS Care and Treatment Program</td>
<td></td>
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<tr>
<td>PSHP</td>
<td>Private Sector Health Project</td>
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<tr>
<td>Q</td>
<td>Quarter</td>
<td></td>
</tr>
<tr>
<td>QI</td>
<td>Quality improvement</td>
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<td>SEV-CI</td>
<td>Santé Espoir Vie Côte d’ivoire (Health Hope Life)</td>
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<tr>
<td>URC</td>
<td>University Research Co., LLC</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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1 Introduction
With funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development (USAID) Applying Science to Strengthen and Improve Systems (ASSIST) Project is working in Cote d’Ivoire in collaboration with the Ministry of Public Health and Hygiene (MSHP) to integrate a quality improvement (QI) approach into the health system in Cote d’Ivoire. Since 2015, ASSIST is also providing technical assistance to the MSHP to put in place an infrastructure for orienting and guiding managers to manage QI in the health system.

ASSIST is providing technical assistance to the six PEPFAR clinical implementing partners (IPs) – ACONDA (a local non-government organization), International Center for AIDS Care and Treatment Programs (ICAP), Health Alliance International (HAI), Ariel Glaser Foundation, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), and Santé Espoir vie Cote d’Ivoire (SEVCI) – as well as the two USAID technical partners: Abt Associates through the Private Sector Health Project (PSHP) and FHI 360 through the FANTA III Project. ASSIST is also working with the National HIV/AIDS Care and Treatment Program (PNLS) to support the Cote d’Ivoire MSHP in delivering high-quality HIV care and treatment services. Since 2013, as per USAID’s instructions, the PEPFAR clinical partners provide direct support to health facilities. ASSIST’s role is to provide sufficient technical assistance to the PEPFAR partners so that they are able to support health facilities in producing quality health services. Specifically, USAID ASSIST:

• Provides technical expertise to implementing partners in the implementation of their HIV and AIDS improvement activities at PEPFAR-supported facilities
• Seeks to increase the retention rate for patients on antiretroviral therapy (ART) facilities and improve health care service delivery to HIV-infected patients
• Builds the capacity of the General Health Directorate (DGS) within the newly established MSHP QI unit Direction Medicine Hospitaliere (DMHP) to strengthen the capacity for improving care at the central level and supports the establishment of a quality assurance (QA)/QI system in the four University (teaching) hospitals

In FY16, PEPFAR defined three types of intervention districts: “scale-up for saturation,” “scale-up,” and “maintenance.” During the September 25, 2015 coordination meeting held at the Public Health National Institute, PEPFAR decided that collaborative improvement would be conducted in the 30 “scale-up for saturation” districts. ASSIST is aligned with PEPFAR directives in its approach to improving the quality of HIV and AIDS care and treatment services and implementing health systems strengthening activities.

In quarter (Q) 4, 90 sites were supported by the PEPFAR implementing partners. Since December 2015, 60 sites had started the QI process. Thirty (30) new sites have been added and have participated in the learning session conducted in September 2016 for which baseline data is about to be collected.

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

- MSHP, DMH, PNLS, 6 CDC/PEPFAR Implementing Partners
- 2 USAID Technical Partners
- 1 Global Fund partner (PNLS)
- 15 out of 20 health regions
- 30 out of 82 health districts
- 105 out of 529 facilities (30 intervention districts)
- 105 QI teams
- 15,745,741 (in 30 intervention districts)
- 25,236,000 total population
2 Program Overview

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>At what scale?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the quality of HIV and AIDS care and treatment services</td>
<td>Health regions: 15 out of 20</td>
</tr>
<tr>
<td>Improve timeliness, continuity, effectiveness, efficiency, and patient-centeredness of provided services and their consistency with clinical guidelines through the improvement collaborative approach</td>
<td>Districts: 30 out of 82</td>
</tr>
<tr>
<td>Strengthen capacity of medical providers to provide safe, timely, continuous, effective and efficient medical care</td>
<td>100 public health facilities (60+30 new IP sites and 10 MSHP-supported) in selected districts: 19% (100 out of 529) + 5 private clinics =105 health facilities</td>
</tr>
<tr>
<td>Improve awareness on quality improvement experiences countrywide</td>
<td>Catchment population facilities/community served: 14,745,741 out of 25,892,248 people in 30 intervention districts</td>
</tr>
<tr>
<td>Strengthen health information system to support development of evidence-based decisions on improvement quality of medical care</td>
<td>11 sites supported by FANTA</td>
</tr>
<tr>
<td>Ensure equitable access to priority “best-buy” high-impact medical services in demonstration regions</td>
<td>Technical assistance (TA) in QI for FANTA-supported sites</td>
</tr>
<tr>
<td>Technical assistance (TA) in QI for FANTA-supported sites</td>
<td>100% (529 out of 529)</td>
</tr>
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</table>

2. Health systems strengthening

<table>
<thead>
<tr>
<th>Improvement Activity</th>
<th>Cross-cutting Activity</th>
</tr>
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<tbody>
<tr>
<td>Strengthen leadership, management, and planning of MSHP quality improvement unit in coordinating quality improvement activity design and implementation</td>
<td>Central Level (MSHP/DMH)</td>
</tr>
<tr>
<td>Establish QA/QI system in the four university hospitals</td>
<td>4 university hospitals (District Abidjan South, East and North; and Bouake)</td>
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<tr>
<td>Support development of national standard documents</td>
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3 Key Activities, Accomplishments, and Results

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

**BACKGROUND**

ASSIST is working to improve health care services delivery to HIV-infected patients. The project is providing technical assistance to the six PEPFAR IPs, two USAID technical partners, and the PNLS to improve their capacity to support sites in delivering high quality HIV care and treatment services.

**KEY ACCOMPLISHMENTS AND RESULTS**

- **ASSIST provided technical assistance to PNLS to implement collaborative improvement activities in 10 sites in the southeast Sud Comoe Region** (Dec 1-4, 2015). ASSIST organized jointly with PNLS a coaching visit in four out of the 10 sites: Centre Hospitalier Regional (CHR), Aboisso Protection Maternelle et Infantile, Centre de Sante Urbain (CSU) Etueboué, and Hopital General Tiapoum. During this coaching visit, the improvement teams completed their action plans of change ideas to introduce to address the problems identified in each site. The sites are addressing the same issues as the sites supported by PEPFAR IPs -- improving documentation and enrollment in ART care and improving retention in care and follow-up of children born to HIV-positive mothers. The six other MSHP sites were coached by the PNLS.
- **ASSIST organized coaching visits in 10 sites supported by the PNLS (Sud Comoe Region)** (March 21-25, 2016).
- **ASSIST organized the first learning session in Agboville and Yamoussoukro for the improvement collaborative with PEPFAR IPs** (Dec 2015).
In Agboville (Dec 9-11, 2015) with 86 participants from 32 sites supported by EGPAF, ACONDA-VS, and ICAP.

In Yamoussoukro (Dec 16-18, 2015) with 82 participants from 35 sites supported by Ariel Glaser Foundation, HAI, SEV-CI, and PSHP. These sessions were closely coordinated with PEPFAR IPs. Their staff in charge of quality activities attended each of their sites’ sessions.

The staff also participated in capacity building sessions, focused on improvement among coaches (Dec 8 and 15, 2015). During these sessions, ASSIST shared quality concepts, the steps of development and the role of quality improvement teams, and indicators. The participants presented the baseline results on the four priority areas (documentation, patient enrollment, patient retention, and retention of children in care) and developed new change ideas.

- **ASSIST organized coaching visits in 60 sites supported by PEPFAR IPs** (Q2-Q4). After the first learning session, ASSIST organized coaching visits in 55 out of 60 sites supported by PEPFAR IPs. These coaching visits were jointly conducted with PEPFAR IPs and the health district staff in charge of QI. During the visits, improvement teams received technical assistance about the topics taught in the previous learning session: functionality of QI teams, development of flow charts to analyze and diagnose gaps in care processes, and how to develop indicators and measure results. In Q3, ASSIST provided technical assistance to PEPFAR IPs during coaching visits (July 11-29, 2016). Several coaching visits were organized in different localities to provide support for sites in the implementation of collaborative activities. The support focused on the level of implementation of change ideas. Similarly, in Q4 technical assistance was also given to PEPFAR IPs during learning sessions for 60 collaborative sites in Bouake and Yamoussoukro (Aug 9-12 and 16-19, 2016).

- **ASSIST participated in the second learning session in Yamoussoukro for the nutrition assessment, counselling and support (NACS) project with FANTA III** (Dec 15-18, 2015). Eleven (11) sites attended and presented their results after introducing their respective changes. Some of the changes implemented by sites included coaching the providers on nutrition activities and integrating nutrition in community workers’ activities.

- ASSIST met with FANTA III staff to discuss NACS and 10 sites were visited and coached on improvement methods and nutrition methods (Feb – June 2016). In June, 2016 national nutrition trainers were coached on how to use the self-management progress form proposed by ASSIST.

- **Figure 1** shows the increase in the percentage of orphans and vulnerable children (OVC) and people living with HIV (PLHIV) who are receiving nutritional assessments by anthropometric measurements in the OUME General Hospital compared to the 11 IP-supported sites. The change idea implemented consisted of midwives performing nutritional assessments during antenatal care.

- **Figure 2** shows the increase in OVC/PLHIV who are receiving nutritional assessment in the Dabou Methodist Hospital compared to the 11 IP-supported sites after direct engagement at the site level and the introduction of the change idea that consisted of medical doctors organizing coaching for medical providers to perform nutritional counseling.

- **Figure 3** shows the increase in OVC/PLHIV who have a correct nutritional classification in the site of FSU Com Abobote compared to the 11 IP-supported sites. The change idea that was introduced consisted of involving and coaching care providers on nutritional classification of PLHIV.
• **ASSIST organized meetings to launch QI in four university hospitals** (Jan 7, Feb 25, and Mar 25, 2016). ASSIST discussed the launch of the QI activities with the four university hospital partners. The QI activities are being implemented in the pediatric unit and focus on improving documentation and HIV pediatric care. The first learning session for developing the change package took place in May 2016.

• **Organized coordination meetings with PEPFAR IPs** (July 20, 2016). Two meetings were held at the PNLS. Discussions focused on learning session, coaching, and coordination and Sud-Comoe activities.

• **Scaled up collaborative to 30 new sites** (Sept 2016). The scale-up was supported by the six clinical CDC/PEPFAR implementing partners. Learning sessions were organized from Sept 13-16, 2016 in Yamoussoukro. This brings the number of total sites in the collaborative approach to 90, with 15 sites per implementing partner. The 30 new sites will use the same indicators as the 60 previous sites of the pilot phase and will test the change package.
Figure 2: Percentage of OVC/PLHIV receiving nutritional counseling, 11 FANTA-supported sites (Dec 2014-Sept 2016)

Change idea: medical doctors organize coaching for medical providers to perform nutritional counseling.

Before direct engagement at the site
Figure 3: Percentage of OVC/PLHIV with a correct nutritional classification, 11 FANTA-supported sites (Dec 2014-Sept 2016)

**Figure 4** shows improvement of ART client records with all items filled in since the beginning of quality improvement activities (May 2015 – Aug 2016). In 60 IP-supported sites, the percentage of ART client records with all items filled in increased from 33% (before direct engagement at the site level) to 84% after the implementation of a major change idea: delegating filling out medical records to paramedics and health care providers. In the CSU M’Bengué, the percentage increased from 10% in May 2015 to 100% in August 2016 with the introduction of two change ideas: assign prescription renewals to the nursing staff and delegate nursing registration data.

**Figure 5** shows results of recently diagnosed HIV-positive clients enrolled in care in 59 IP-supported sites from May 2015 – Aug 2016. The percentage of recently diagnosed HIV-positive clients increased from 68% (before direct engagement at the 59 sites) to 92% in August 2015. In the site of the Association Ivoirienne pour le Bien Etre Familial (AIBEF) Daloa, Haut Sassandra Region supported by SEV-CI, the percentage of HIV-positive clients enrolled in care increased from 33% in May 2015 (before direct engagement at the site level) to 100% in August 2016 after the implementation of some of the following changes ideas: enroll the new clients testing HIV-positive on the same day and systematically accompany the clients testing HIV-positive to social workers for enrollment in care.
Figure 4: Percentage of ART client records with all items filled, 60 IP-supported sites (May 2015 – Aug 2016)

- Assigning paramedical providers to refilling prescriptions, and filling the medical record
- Empowering paramedical staff to notify the data in the medical record
- Before direct engagement at the site level

Figure 5: Percentage of recently diagnosed HIV-positive clients enrolled in care, 59 IP-supported sites and site of AIBEF Daloa (May 2015 – Aug 2016)

- Accompany the clients testing HIV positive systematically to social workers for enrollment
- Enroll the new clients testing HIV positive the same day
- Before direct engagement at the site level
• **Figure 6** shows an early improvement among HIV clients alive and on ART after six months of treatment in 60 IP-supported sites from 72% (May 2015) to 88% (Aug 2016) after implementation of the following change idea: changing delegation of ART prescription renewals to paramedical and other health care providers such as those responsible for administering prescriptions renewal for ART. The CHR Daloa now implements the following change ideas: negotiation of the appointment date with patients and reminders to clients 48 hours before their appointment.

**Figure 6: Percentage of HIV clients alive and on ART, 6 months after starting treatment, 60 IP-supported sites (May 2015 – Aug 2016)**

- Negotiate date of appointments with clients
- Remind clients 48 hours before their appointment
- Before direct engagement at the site level

For the demonstration phase (Oct 2015 - Jun 2016), 75 health facilities participated in collaborative improvement activities. During the spread phase (Jul - Sept 2016) 30 sites participated (five per IP). In total, ASSIST staff provided technical assistance to 105 sites supported by PEPFAR IPs.

• **Figure 7** shows the results of HIV-exposed infants (6-8 weeks) who initiated Cotrimoxazole two months prior to collection of dried blood spots in 53 IP-supported sites from May 2015 – Aug 2016. This indicator already showed good performance before the introduction of quality improvement activities. Efforts must be sustained through the implementation of change ideas to reach the 100% target set.

**SPREAD OF IMPROVEMENT**

For the demonstration phase (Oct 2015 - Jun 2016), 75 health facilities participated in collaborative improvement activities. During the spread phase (Jul - Sept 2016) 30 sites participated (five per IP). In total, ASSIST staff provided technical assistance to 105 sites supported by PEPFAR IPs.
Activity 2. Health systems strengthening

BACKGROUND

ASSIST is supporting the MSHP to build a QI approach within the current health system. During a policy meeting held in February 2014, it became clear that there was little engagement on QI in health care settings in the country. There was no infrastructure to lead the QI process and develop the QI system in order to integrate it to the national health system. In November 2014, the former QI department, Service de la Promotion de l’Assurance Qualité en Santé, dissolved after being operational for five years. In February 2015, a new MSHP department, the Directorate of Hospital Medicine Direction Medicine Hospitalière, was put in charge of QI with new leaders and a new organizational structure.

KEY ACCOMPLISHMENTS AND RESULTS

- ASSIST organized a training session for quality managers of the health care unit overseeing quality in the health district in Agboville and Yamoussoukro (Dec 2015). Sixteen people attended. During the session, ASSIST shared quality concepts, a gap analysis framework, and the role of improvement coaches. The participants developed change packages for their supported activities. The change packages included delegating the filing of non-clinical information in patient records to non-medical persons and the reorganization of appointments based on a patient’s availability.
• Development and finalization of the policy document of health care and services quality improvement (March - September 2016). ASSIST, in collaboration with the MSHP Directorate, organized a workshop to develop the first draft of the policy of health care and services quality improvement in collaboration with national and international experts involved in improving the quality of care and treatment services in Cote d'Ivoire. In June, the Minister of Health and national and international stakeholders involved in quality of care and treatment services participated in the meeting to review the draft strategy. In September, two workshops on the quality improvement strategy plan were held with the technical working group under the lead of the MSHP and the DMHP in Grand Bassam and Yamoussoukro, respectively. This resulted in a national policy document for improving the quality of health care and services adopted by the MSHP in Cote d'Ivoire. The document aims to define the management of QI in the country and includes the QI baseline assessment in Cote d'Ivoire, challenges, vision, and strategies. Disaggregating data by sex, collecting gender-sensitive indicators and considering gender issues in improving quality of care will be taken into account in the QI strategy document (training session) and during the operational plan (collection of gender-sensitive indicators).

Cote d'Ivoire Minister of Health Raymonde Goudou Coffie expressed joy at the adoption of the national policy document to improve the quality of health care and services and stated that while considerable efforts have been made by the Government to improve the health system—including the rehabilitation and construction of health infrastructure, improving the wage index of health staff, and the renewal of technical platform—the remaining challenge is the quality of care in the public health facilities.

• Organized training sessions for six PEPFAR IPs (Agboville - April 12-15, 2016 and Yamoussoukro - April 19-22, 2016). During these sessions, participants developed change packages for their supported activities.

• Organized QI orientation session for the four university teaching hospital (CHU) heads of services and quality managers (May 18-20, 2016). During this session, held in Yamoussoukro, participants received basic training in QI.

• Discussed and incorporated gender integration during learning sessions and QI trainings (May-Aug, 2016) for 90 collaborative sites. ASSIST also adapted data collection tools to include a
space for sex so that data can be collected and analyzed disaggregated by sex. Results for the 60 pilot sites show that 77% (46 out of 60 from May to August 2016) reported sex-disaggregated data at least once.

- **Provided technical assistance to the DMHP during learning session of the four CHUs** (Aug 17-19, 2016). During this session, pediatrics and gynecology QI teams received basic orientation on the collaborative improvement approach.

  ![Learning session of four CHUs, Grand Bassam, (Aug 17-19, 2016). Photo by Ekra koffi Blaise, URC.](image)
  ![Orientation session of university heads of services and quality managers in QI process, Yamoussoukro (May 18-20, 2016). Photo by Dr Ehouman, URC.](image)

- **Figure 8** shows the six-month baseline data (percent of client records with all items filled, percent of inpatient children testing for HIV in CHUs, and percent of children who tested HIV-positive who receive ART from four teaching hospitals (Cocody, Yopougon, Treichville, and Bouaké).

### Figure 8: Baseline indicators, four teaching hospitals (Cocody, Yopougon, Treichville and Bouaké) (March 2016 – Aug 2016)

- % of client records with all items filled
- % of children inpatient and testing for HIV in CHU
- % of children tested HIV positive who receive ART treatment

![Baseline indicators graph](image)
4  Improvement in Key Indicators

Improvement indicators for PEPFAR IPs

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indicators</th>
<th>May 2015 (Baseline)</th>
<th>July 2015 (Baseline)</th>
<th>October 2015 (Baseline)</th>
<th>February 2016</th>
<th>May 2016</th>
<th>August 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve quality of HIV/AIDS care and treatment services in Côte d’Ivoire</td>
<td>% of ART client records with all items filled</td>
<td>33% (57/60 sites)</td>
<td>39% (55/60 sites)</td>
<td>45% (56/60 sites)</td>
<td>67% (54/60 sites)</td>
<td>80% (58/60 sites)</td>
<td>84% (59/60 sites)</td>
</tr>
<tr>
<td></td>
<td>% of clients diagnosed HIV-positive and enrolled in care</td>
<td>68% (57/60 sites)</td>
<td>74% (55/60 sites)</td>
<td>72% (56/60 sites)</td>
<td>86% (55/60 sites)</td>
<td>85% (57/60 sites)</td>
<td>92% (58/60 sites)</td>
</tr>
<tr>
<td></td>
<td>% of patients alive and on ART 6 months after treatment initiation</td>
<td>72% (59/60 sites)</td>
<td>71% (59/60 sites)</td>
<td>71% (58/60 sites)</td>
<td>81% (54/60 sites)</td>
<td>82% (59/60 sites)</td>
<td>88% (58/60 sites)</td>
</tr>
<tr>
<td></td>
<td>% of children aged 6-8 weeks born to HIV-positive mothers who initiated Cotrimoxazole two months prior to collection of dried blood spot</td>
<td>73% (51/60 sites)</td>
<td>72% (49/60 sites)</td>
<td>81% (50/60 sites)</td>
<td>89% (49/60 sites)</td>
<td>89% (52/60 sites)</td>
<td>95% (54/55* sites)</td>
</tr>
</tbody>
</table>

* 05 sites did not implement QI activities (CAT Daloa, CAT San Pedro, CAT Adjame, Espace Confiance, and Centre Plus)

Improvement indicators for 4 CHUs (Baseline)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indicators</th>
<th>March 2016 (Baseline)</th>
<th>April 2016 (Baseline)</th>
<th>May 2016 (Baseline)</th>
<th>June 2016 (Baseline)</th>
<th>July 2016 (Baseline)</th>
<th>August 2016 (Baseline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve quality of HIV/AIDS care and treatment services in Côte d’Ivoire</td>
<td>% of ART client records with all items filled</td>
<td>38% (4 sites)</td>
<td>26% (4 sites)</td>
<td>48% (4 sites)</td>
<td>52% (4 sites)</td>
<td>50% (4 sites)</td>
<td>52% (4 sites)</td>
</tr>
<tr>
<td></td>
<td>% of children inpatient and testing for HIV in CHU</td>
<td>42% (4 sites)</td>
<td>29% (4 sites)</td>
<td>27% (4 sites)</td>
<td>45% (4 sites)</td>
<td>43% (4 sites)</td>
<td>50% (4 sites)</td>
</tr>
<tr>
<td></td>
<td>% of children tested HIV-positive who receive ART treatment</td>
<td>100% (4 sites)</td>
<td>78% (3/4 sites)</td>
<td>90% (4 sites)</td>
<td>100% (3/4 sites)</td>
<td>25% (2/4 sites)</td>
<td>93% (4 sites)</td>
</tr>
</tbody>
</table>

5  Sustainability and Institutionalization

USAID ASSIST is building QI capacity of the key MSHP QI units: the DMH and the National HIV/AIDS Care and Treatment Program. These units are gaining hands-on experience in co-facilitating and supporting QI work with IPs. In addition, 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.
6 Knowledge Management Products and Activities

- National policy document for improving the quality of health care and services in Côte d’Ivoire
- Two success stories are in development on how QI activities have improved clinical results in the Général Hospital of Abobo Sud and the Azaguié Urban Health Center.
- Blog in development on institutionalizing QI improvement health care and services in Côte d’Ivoire.
- Two case studies are in development:
  - Contribution of the Health Action Service Heads in the sustainability of quality improvement activities in Haut Sassandra Region
  - Implementation of collaborative improvement activities through implementing partners

7 Gender Integration

Discussed and incorporated gender integration during learning sessions and QI trainings for 90 collaborative sites. ASSIST has asked implementing partners to report data by sex, but very little has been reported. In FY17, ASSIST will analyze sex-disaggregated data to identify gender-related gaps and work with QI teams to develop change ideas to close them. We expect PEPFAR IPs to report all four indicators by sex.

8 Directions for FY17

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

- Organize coordination meetings for IPs responsible for QI
- Provide technical support to the IPs during learning sessions
- Provide technical support to the IPs during coaching visits
- Provide technical support to FANTA/National Nutrition Program (PNN) during learning sessions
- Provide technical support to FANTA/PNN during the coaching visits
- Organize a dissemination conference with FANTA
- Provide technical support to PSHP during learning sessions and coaching visits
- Organize a dissemination conference with PSHP
- Organize a monthly meeting with the 4 teaching hospitals’ internal coaches
- Organize drafting workshop on best practices and scale-up strategies
- Organize validation workshop on best practices and scale-up strategies
- Organize a dissemination conference on best practices
- Organize coordination meetings of IPs’ quality focal points
- Provide technical support to the IPs during learning sessions (60 sites)
- Provide technical support to the IPs during learning sessions (30 new sites)
- Provide technical support to the IPs during coaching visits (90 sites)
- Provide technical support to the PNLS during coaching visits (10 sites)
- Provide technical support to the PNLS during learning sessions (10 sites)
- Organize a dissemination conference on best practices with all PEPFAR IPs
- Organize information sessions with directors, chiefs of service, and doctors
- Organize a training session for facilitators to conduct learning sessions
- Provide technical support to the IPs during learning sessions (300 sites)
- Organize a training session for facilitators to conduct coaching visits
- Provide technical support to the IPs to conduct coaching visits (300 sites)
- Organize validation workshop on extension phase with PNLS
Activity 2. Health systems strengthening

- Support development of national standard documents
- Organize a discussion workshop on the national strategic plan for quality improvement health care and services
- Organize a drafting workshop on the national strategic plan for QI health care and services
- Organize a validation workshop on the national strategic plan for QI health care and services
- Organize training session for 15 regional facilitators on operational planning
- Organize 15 drafting workshops on the regional operational plan for QI health care and services
- Dissemination of the consolidated regional operational plan for QI health care and services
- Organize coordination meetings with the leaders of 4 CHUs to provide technical support to DMH during learning sessions
- Provide technical support to DMH during coaching visit
- Organize a dissemination conference in CHUs
- Monthly meeting with internal coaches of 4 CHUs
- Organize writing workshops package of good practices and extension strategies
- Organize a validation workshop of good practice and extension strategies
- Disseminate the QI operational plan
- Provide technical assistance to Chef de Service de l’Action Sanitaire (CSAS) in charge of quality at district level for managing collaborative improvement activities at regional and district level.
- Organize four training sessions of the CSAS on collaborative quality improvement tools and methods
- Organize coaching visits by the CSAS
- Develop a set of specifications for CSAS for quality management at regional and district levels
- Disseminate the set specifications document for CSAS
- Participate in activities to promote QI (participation in scientific workshops, meetings, forum on QI in Cote d’Ivoire)
USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

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