



USAID
FROM THE AMERICAN PEOPLE

USAID
ASSIST PROJECT
*Applying Science to Strengthen
and Improve Systems*

USAID ASSIST Project

Namibia Country Report FY17

Cooperative Agreement Number:

AID-OAA-A-12-00101

Performance Period:

October 1, 2016 – September 29, 2017

SEPTEMBER 2017

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.

USAID ASSIST Project

Applying Science to Strengthen and Improve Systems

Namibia Country Report FY17

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

Performance Period: October 1, 2016 – September 29, 2017

SEPTEMBER 2017

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.

Acknowledgements

This annual country report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is funded by the American people through USAID's Bureau for Global Health, Office of Health Systems. The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's global partners for USAID ASSIST include: Encompass LLC; FHI 360; Harvard T. H. Chan School of Public Health; HEALTHQUAL International; Initiatives Inc.; Institute for Healthcare Improvement; Johns Hopkins Center for Communication Programs; and WI-HER, LLC.

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

USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. 2017. Namibia Country Report FY17. Published by the USAID ASSIST Project. Chevy Chase, MD: University Research Co., LLC (URC).

Table of Contents

List of Figures	i
Abbreviations	ii
1 INTRODUCTION	1
2 PROGRAM OVERVIEW	2
3 KEY ACTIVITIES, ACCOMPLISHMENTS, AND RESULTS	3
Activity 1. Provide continuous quality improvement support for VMMC, HTC, PMTCT, ART, and TB-HIV care	3
Activity 2. Provide CQI training for HIV and AIDS programs	8
Activity 3. Support US Government-led VMMC external quality assessment (core-funded)	9
4 SUSTAINABILITY AND INSTITUTIONALIZATION	9
5 GENDER INTEGRATION	9

List of Figures

Figure 1. Namibia: Summary of baseline assessment across 7 VMMC sites, Windhoek (Oct 2016)	3
Figure 2. Summary of baseline assessment across 3 VMMC sites, Khomas District, Windhoek (May 2017)	4
Figure 3. Individual site compliance to the quality standards, baseline assessment of 10 VMMC sites, Khomas District, Windhoek (Oct 2016 and May 2017)	5
Figure 4. Gap in key populations receiving HIV counseling and testing (target vs actual), Khomas, Oshikoto, Zambezi districts (Oct 2015 – Jun 2016)	6
Figure 5. Percent of pregnant women tested for HIV or with known HIV status at entry to care, 8 sites (Odibo sub-district) Jan 16 – Mar 2017	7
Figure 6. Percent of infants who had a virologic HIV test within 12 months of birth, 8 sites, Odibo sub-district (Jan 16 – Mar 17)	7

Abbreviations

ART	Antiretroviral therapy
AIDSFree	USAID Strengthening High Impact Interventions for an AIDS-free Generation Project
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CDC	U.S. Centers for Disease Control and Prevention
CQI	Continuous quality improvement
EQA	External quality assurance
HC3	USAID Health Communication Capacity Collaborative Project
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
HTC	HIV testing and counseling
IPs	Implementing partners
KNCV	Koninklijke Nederlandse Centrale Vereeniging Tuberculose Fonds
KP	Key population
MOHSS	Ministry of Health and Social Services
MTCT	Mother-to-child transmission of HIV
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
QI	Quality improvement
TB	Tuberculosis
URC	University Research Co., LLC
UTAP	USAID Clinical Services Technical Assistance Project
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

1 Introduction

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project started providing quality improvement support for voluntary medical male circumcision (VMMC) in Namibia in October 2015. Initially ASSIST’s aim was to improve VMMC services in the country through public-private partnerships involving the government and private health practitioners in 10 sites in one out of the 13 regions in the country (Khomomas). For VMMC, project activities included:

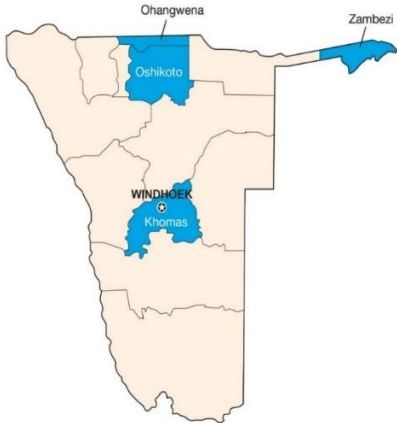
- Supporting sites to conduct continuous quality improvement assessments to identify gaps in care quality
- Supporting the implementing partner (AIDSFree/Abt Associates) and sites to implement improvement strategies aimed at infection prevention and control to reduce the rate of complications following circumcision
- Maintaining accurate and complete data sets for programmatic planning and budgeting
- Facilitating skills transfer to private health practitioners and Ministry of Health staff
- Strengthening linkages and integration of VMMC services within the mainstream health system

After the initial visit, USAID Namibia requested that ASSIST, drawing on staff based in the project’s South Africa office, also provide support in the improvement of HIV care and treatment and antiretroviral therapy (ART) and prevention of mother-to-child transmission (PMTCT), HIV testing and counseling (HTC), and TB/HIV services to the Ministry of Health and Social Services (MOHSS) and PEPFAR implementing partners (IPs) providing HIV/AIDS and TB services in the country. ASSIST provided this support to five public sites located in four regions: two ART/PMTCT sites (one in Oshikoto Region and one in Ohangwena Region), three TB/HIV sites (two in Katima Mulilo District in Zambezi Region and one in Windhoek District in Khomas Region). Technical support included:

- Conducting baseline assessments at PEPFAR IP-supported sites: AIDSfree/Abt; Koninklijke Nederlandse Centrale Vereeniging Tuberculose Fonds (KNCV TB Program); Key Pop Society for Family Health (SFH); USAID Clinical Services Technical Assistance Project (UTAP)/IntraHealth; and MCSP/Jhpiego)
- Involving all the IPs, MOHSS, and regional staff in generating/reviewing the baseline findings
- Categorizing the sites per the type of support needed based on the baseline findings
- Providing monthly, quarterly, and annual CQI support based on the need to ensure that the services are provided to the WHO standards

ASSIST activities in Namibia closed in September 2017. Continued CQI support for VMMC services in Namibia will be provided by the AIDSFree Project in FY18.

Scale of USAID ASSIST’s Work in Namibia



MOHSS, 5 IPs



4 out of 13 regions (Khomomas, Ohangwena, Oshikoto and Zambezi)



10 out of 120 private facilities (VMMC); 2 PMTCT/ART (MOHSS) and 3 TB/HIV (MOHSS)



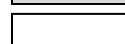
4 IP QI teams and 10 facility QI teams



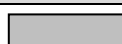
536,879 out of 2.2 million

2 Program Overview

What are we trying to accomplish?	At what scale?
1. Provide continuous quality improvement support for VMMC, HTC, PMTCT, ART, and TB-HIV care	
1.1 Reduce morbidity and mortality through provision of quality and safe VMMC services	
<ul style="list-style-type: none"> Improve the quality and ensure safety and effectiveness of VMMC services through application of CQI methodology Capacitate MOHSS, regional, private practitioners, and PEPFAR partner staff on CQI to ensure provision of CQI in VMMC services and strengthen the health care system Support development, validation, evaluation and assessment of the programs 	Regions: 1 out of 13 (Khomas) Facilities in region: 10 out of 120 private practitioner facilities IP QI teams: 2 (the two teams oversee all 10 facilities)
1.2 Improve and strengthen HIV counseling and testing services	
<ul style="list-style-type: none"> Increase the number of people living with HIV who know their status and are enrolled in the wellness program 	Regions: 4 out of 13 (Khomas, Zambezi, Ohangwena and Oshikoto) QI teams: 2 internal IP and 5 facility-based teams
1.3 Improve the quality of care and treatment services (ART/PMTCT/TB-HIV care)	
<ul style="list-style-type: none"> Improve the quality of life for people living with HIV Reduce transmission of the virus to uninfected people Decrease the rates of TB/HIV co-infection 	Regions: 4 out of 13 (Khomas, Zambezi, Ohangwena and Oshikoto) Facilities in region: 2 PMTCT/ART sites (1 in Oshikoto, 1 in Ohangwena), 3 TB/HIV sites (2 in Katima Mulilo District in Zambezi Region, 1 in Windhoek District in Khomas), and 7 HTC sites (Oshikoto Region) QI teams: 5
2. Provide CQI training for HIV and AIDS programs	
<ul style="list-style-type: none"> Provide support to MOHSS, AIDSFree/Abt Associates to develop standardized VMMC CQI training curricula and standardize HTC, ART/PMTCT and TBHIV curricula in collaboration with IntraHealth, Project Hope, and SFH. 	Regions: 4 out of 13 (Khomas, Zambezi, Ohangwena and Oshikoto) 80 IP, MOHSS, and private practitioners staff
3. Support US Government-led VMMC external quality assessment (core-funded)	
<ul style="list-style-type: none"> Support the VMMC external quality assessment (EQA) organized by USAID in August 2017 with clinical, monitoring & evaluation, and knowledge management personnel Support reporting of findings to the MOHSS and the sites regarding the quality of the VMMC services being delivered. 	Region: 19 private sector sites in the Khomas Region



Improvement Activity



Cross-cutting Activity

3 Key Activities, Accomplishments, and Results

Activity 1. Provide continuous quality improvement support for VMMC, HTC, PMTCT, ART, and TB-HIV care

BACKGROUND

The VMMC continuous quality improvement (CQI) assessments were conducted in seven of the private sector sites in October 2016 and in the other three private sector sites in May 2017. All the sites were given feedback on their performance by standard and were provided with an Action Matrix to develop quality improvement plans based on the gaps identified. ASSIST led a CQI training in Namibia in February 2017, where all the districts were represented, as well as the MOHSS and implementing partners. Participants were seated by district to allow them to work together on challenges facing sites.

ACCOMPLISHMENTS AND RESULTS

- **Baseline quality assessment conducted at seven VMMC sites in Windhoek (Oct 2016) and then an additional three sites in Windhoek (May 2017).** The assessment was conducted with the VMMC implementing partner, AIDSFree/Abt Associates. It assessed facility compliance to standards around seven areas of quality based on the WHO VMMC Quality Assessment Toolkit. The assessment included reviewing patient records and observing providers. Three of the 10 sites to be assessed were originally postponed due to the unavailability of physicians; they were assessed during a second round in May 2017. When some physicians were not available for the baseline assessment, registered nurses working with the physicians were available. Some quality standards were not applicable in Namibia and were therefore not included in the assessment.

The main findings of the assessment included:

- All sites implemented the best practice of using an electronic register that shows adverse events, if any, follow-ups, HIV testing results and follow-up, and type of surgical procedure
 - All sites had solid infrastructure, including sufficient space for a waiting area and the infrastructure necessary to maintain infection control
 - All sites had emergency trolleys with drugs although they did not have a daily checklist for stock control
 - Quarterly peer review meetings amongst doctors provided a platform for improved performance
 - Sites were motivated to move from relying on locums to hiring permanent staff nurses
- **Figures 1 and 2** show the results of the VMMC site assessments – the first seven completed in October 2016, and the final three completed in May 2017. The overall performance was 83.9% for the first seven sites and 77.3% for the final three sites. Of the 10 sites, only three were assessed for individual HIV counseling and testing, and performed poorly at 47.7%.

Figure 1. Namibia: Summary of baseline assessment across 7 VMMC sites, Windhoek (Oct 2016)

No.	Quality Standards Areas	Score	No. of sites assessed	Total number of sub-standards	Number of sub-standards assessed
1	Management systems	80.4%	7	10	9
2	Monitoring and Evaluation	84.9%	7	6	6
3	Registration, group education and IEC		0	4	1
4	Individual HIV counseling and testing	47.7%	3	66	6
5	Infrastructure, supplies, equipment, and environment	93.6%	7	44	3
6	Male circumcision surgical procedure	86.4%	3	12	11
7	Infection prevention	80.2%	7	10	9
Overall Performance		83.9%			

Figure 2. Summary of baseline assessment across 3 VMMC sites, Khomas District, Windhoek (May 2017)

No.	Quality Standard Areas	Score	No. of sites assessed	Total number of sub-standards	Number of sub-standards assessed
1	Management systems	60.3%	3	12	33
2	Monitoring and Evaluation	73.5%	3	6	15
3	Registration, group education and IEC	55.4%	1	4	8
4	Individual counselling and HIV testing		0	7	0
5	Infrastructure, supplies, and environment	89.7%	3	44	11
6	Male circumcision surgical procedure	94.8%	3	12	20
7	Infection prevention	88.5%	3	10	
Overall Performance		77.3%			

LEGEND			
Level of support	Collaborative	Light	Intensive
Score	GOOD	FAIR	POOR
Standards 1 - 5	>80%	80% - 50%	<50%
Standards 6 - 7	>85%	85% - 70%	<70%

Figure 3 shows results of the VMMC site assessments for each of the 10 sites in Windhoek in the Khomas District. Three sites show poor performance in Standard 7: Infection, prevention and control, which, together with Standard 8: Surgical Procedure, forms the core of VMMC; these two standards are measured on a separate assessment scale (see legend above) to reflect this. Overall performance of the 10 VMMC sites was fair at 81.9%. This CQI baseline assessment pointed to the need for these facilities to be supported with CQI to improve the quality of VMMC services offered to clients.

Figure 3. Individual site compliance to the quality standards, baseline assessment of 10 VMMC sites, Khomas District, Windhoek (Oct 2016 and May 2017)

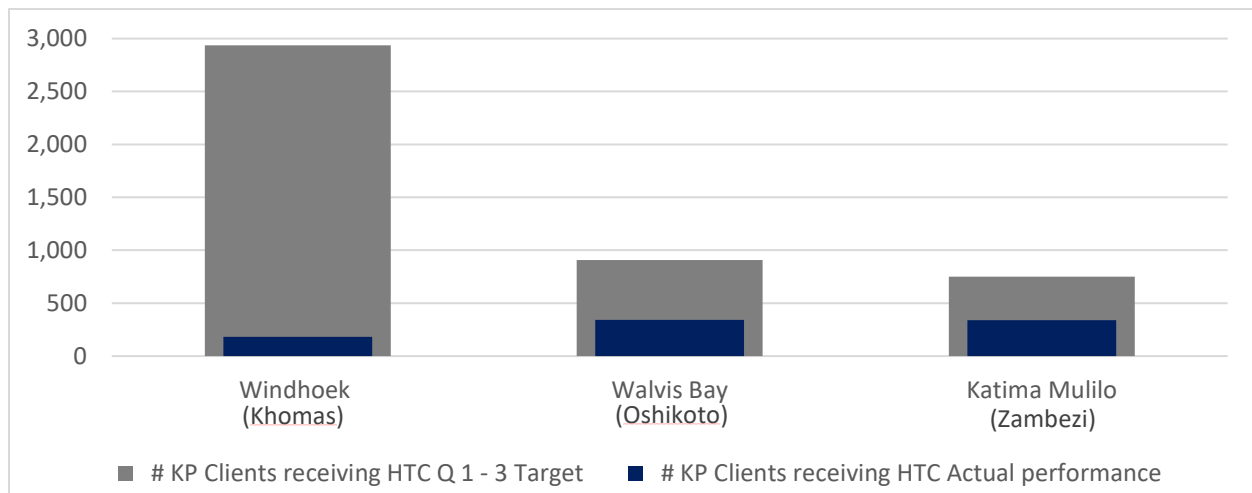
	1	2	3	4	5	6	7	
	Management systems	Monitoring and Evaluation	Registration, Group education and IEC	Individual Counselling for VMMC and HCT	Infrastructure	Surgical procedure	Infection Prevention and Control	Overall performance
Dr Aneni Med. Center	89%	97%			92%	93%	74%	89%
Circle Med. Center	73%	81%			100%		88%	86%
Grace Med. Center	96%	78%		48%	96%	68%	89%	79%
Dr Jona Med. Center	79%	88%			97%	95%	78%	87%
Maerua Med. Center	85%	76%			98%		85%	86%
Wanaheda Med. Center	80%	92%			92%	90%	67%	84%
Wellcare & Aesthetic Center	60%	83%			82%		81%	76%
Dr. CR Gawachab Family Medical Practice	58%	83%			88%		87%	79%
Best Practice	64%	70%	55%		94%	95%	97%	79%
North Lands Medical Practice	59%	68%			87%		81%	74%
Total	74%	81%	55%	48%	92%	88%	83%	82%

LEGEND			
Level of support	Collaborative	Light	Intensive
Score	GOOD	FAIR	POOR
Standards 1 - 5	>80%	80% - 50%	<50%
Standards 6 - 7	>85%	85% - 70%	<70%

- Conducted qualitative and quantitative baseline gap analysis for HTC data (Q1-3).** Implementing partners provided data from three districts, Khomas, Oshikoto, and Zambezi, that ASSIST analyzed. This included an analysis of key populations (KPs) receiving HIV counseling and testing, which found large gaps between targets and actual performance (see Error! Not a valid bookmark self-reference.). This baseline analysis informed plans for site-level mentorship and coaching. Sites were supported to develop an action plan matrix and document changes tested and progress on closing gaps identified by the baseline analysis. The gap analysis also included KP clients who enrolled in care and enrolled in treatment, among those who received HTC. The analysis showed that the proportion of KPs who tested positive and were enrolled on ART varied widely between the three districts, from 8% to 82%, and of those enrolled, all were eventually lost to follow-up. Issues identified included not meeting HTC targets among key populations, high numbers of clients lost to care across the three regions, low enrollment in care, and poor initiation on treatment. Because the data did not identify the types of KPs involved, IPs need to clarify whether KPs include all of the following KP groups (which is USAID's definition of KPs): people who inject drugs, men who have sex with men, transgender persons, sex

workers, and prisoners.

Figure 4. Gap in key populations receiving HIV counseling and testing (target vs actual), Khomas, Oshikoto, Zambezi districts (Oct 2015 – Jun 2016)



- **Conducted qualitative and quantitative baseline gap analysis for PMTCT of data (Q2-3).** This included an analysis of pregnant women who are tested for HIV or with known HIV status at entry to care in eight sites in Odibo sub-district (**Figure 5**). It also included an analysis of early infant diagnosis of HIV in Odibo sub-district, which shows that most health centers are performing under the 80% target (**Figure 6**).
- Issues identified include:
 - Impossible to know how many of the pregnant women came in with a known HIV status and the actual number tested, because data were not disaggregated in this way. Thus, one cannot determine of those tested at the health center, how many tested HIV-positive and how many were admitted with HIV-positive status.
 - Testing rate at referring clinics ranges from 36% to 100%, with only four clinics registering testing rates of 84% to 100%.
 - Stock-outs of rapid kits with health centers subsequently using ELISA – TAT of 5 -7 days. Some women were discharged post-delivery without HIV results and no interventions.
 - Most mothers were not honoring appointments for results and post-natal follow-up, leading to mother-to-child transmission (MTCT) risk.
 - Misplacement of results due to lack of proper filing and documentation in the registers – MTCT risk as eligible infants will not receive interventions.
 - Low early infant diagnosis of HIV through virology HIV test.

SPREAD OF IMPROVEMENT

ASSIST provided direct service delivery support at one site per program to ensure creation and existence of an environment for benchmarking for other public and private sites in the four regions through establishment of Centers of Excellence. Lessons learned from the Centers of Excellence will be scaled up by the four implementing partners to the pilot sites and beyond. ASSIST support helped ensure that all stakeholders were exposed to the CQI process, including site and regional QI teams, and were capacitated in the application of CQI methodologies and tools for scaling them up to other regions and sites.

Figure 5. Percent of pregnant women tested for HIV or with known HIV status at entry to care, 8 sites (Odibo sub-district) Jan 16 – Mar 2017

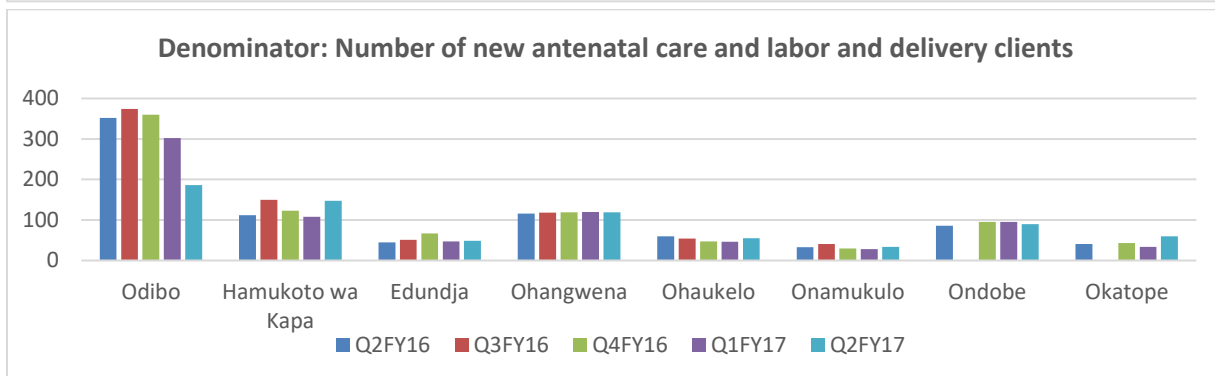
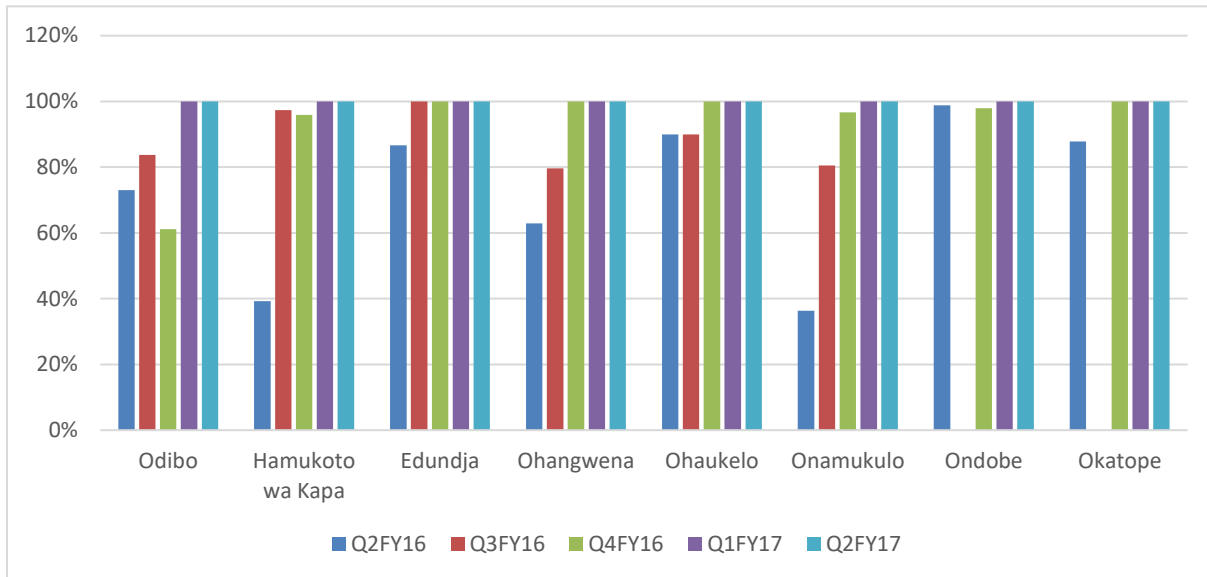
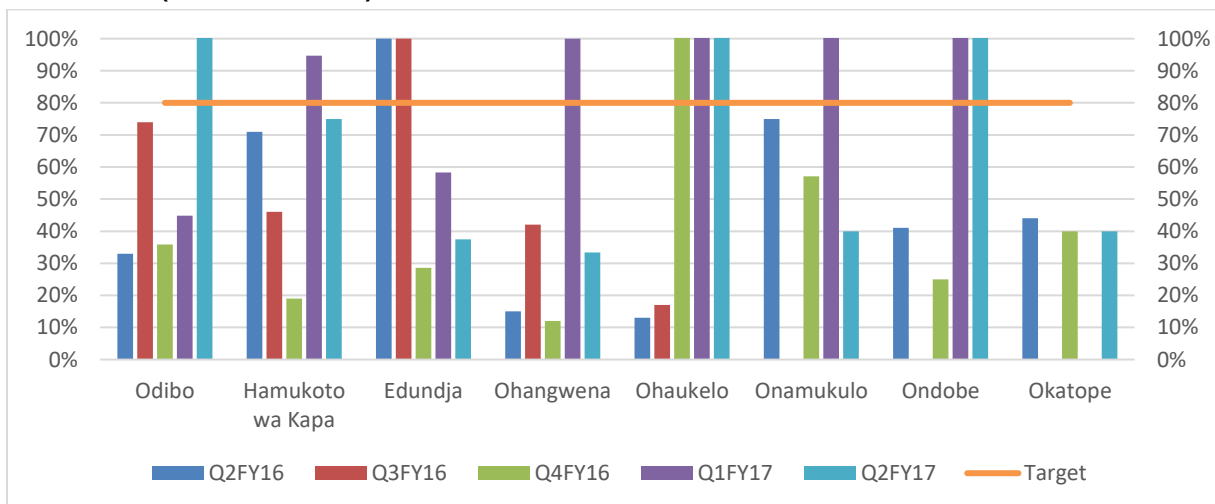


Figure 6. Percent of infants who had a virologic HIV test within 12 months of birth, 8 sites, Odibo sub-district (Jan 16 – Mar 17)



Activity 2. Provide CQI training for HIV and AIDS programs

BACKGROUND

ASSIST worked towards strengthening the implementation and quality of VMMC, HTS, ART, PMTCT, and TB-HIV services in an integrated and patient-centred manner in Namibia to enable the MOHSS to move towards the achievement of the 90-90-90 goals. To facilitate this, USAID identified the need for CQI support in HIV and AIDS services provided through public-private partnership – in particular, the need to develop and provide comprehensive and consistent CQI capacity building / training for MOHSS and private sector providers involved in VMMC, HTS, ART, PMTCT, and TB-HIV service provision.

ACCOMPLISHMENTS AND RESULTS

- **Conducted four-day** (Feb 2017) **and two-day** (May 2017) **CQI trainings** for doctors, nurses, USAID/Namibia's Health Systems Strengthening and Quality Team, and staff from implementing partners, the Namibia HIV Society, and the MOHSS.

The training was designed to help trainees apply the principles of the science of improvement to health care improvement. The course was designed around a real-life VMMC case study in South Africa. It took the participants through a simulation exercise of a VMMC improvement journey. The fundamentals of improving health care, as well as the methods, were illustrated through a series of improvement modules.

The training aimed to develop knowledge and skills to enable participants to:

- Define an improvement aim
 - Form improvement teams
 - Analyze processes of care
 - Test and implement changes to enable the implementation of interventions in everyday work
 - Monitor and evaluate results of tested change
 - Implement programs quality standards and & use records
- During the CQI training, each district developed quality improvement plans based on their real challenges using the CQI methodologies. These quality improvement plans integrated gender. Each group focused on their actual program's challenges and were supported in developing changes to test to improve the quality of care. CQI tools were reviewed and aligned to address the national country context. A schedule of CQI support was shared with partners.

The UTAP and KNCV partners from Ohangwena District in the North requested to be supported on the quality improvement plans they developed. The CQI support was based on the way forward from the meeting of implementing partners which was held following the training, in March 2017. ASSIST was requested to support the ART/PMTCT and TB/HIV program in the North, through its South Africa-based staff.

- Participants in the February training were from seven districts and included partners for VMMC, PMTCT, ART, and TB/HIV. Partners from UTAP, KNCV, and HTC attended. Unfortunately, Project Hope and SFH could not attend. The participants were taken through the process of CQI, including the Plan-Do-Study-Act cycle, use of Fishbone diagrams for root cause analysis, use of documentation journals to track improvement work, and plotting results using time series charts. During the training, the qualitative and quantitative gap analysis report (baseline) on HTC, ART/PMTCT, and TB/HIV was shared with participants, who then developed site-specific quality improvement plans based on their respective challenges in their content areas.
- Participants in the May 2017 training on CQI were from Omuthiya and Engela hospitals and included KNCV and UTAP partners. It was observed that completion of viral load assessments was a challenge, but the facilities have taken on some of the best practices shared with them, including using stickers to serve as a reminder on client's records. The sites were taken through CQI processes: identifying, analyzing, testing changes, and making decisions to adapt, adopt, or abandon and are being encouraged to develop QI teams. It was agreed after the training that IP staff would use the CQI support and mentoring and guidance tool as a guide to mentoring during CQI visits. In addition, use of the QI team documentation journal was encouraged to track each site's progress.
- Pre- and post-training knowledge tests show an average score increase of 11%.

- **Held partners meeting** (Mar 2017). After the CQI training, ASSIST held a meeting for all partners to share their different programs, challenges, and how their tools can be aligned based on the baseline report, and strengthen what is already happening with the MOHSS. We also planned our CQI support. The following areas were discussed:
 - Areas of support needed per partner
 - Introduction to the process of CQI
 - Piloting a few sites then scaling up
 - The need to align tools and to strengthen what is already happening at MOHSS
 - The gaps that were identified during Site Improvement through Monitoring System (SIMS) assessment and the need to incorporate CQI.

Activity 3. Support US Government-led VMMC external quality assessment (core-funded)

BACKGROUND

In late June 2017, the VMMC team at the Office of HIV/AIDS (OHA) requested ASSIST support for an external quality assessment of the private sector VMMC sites in the Khomas Region of Namibia. The goals of the EQA were to: 1) ensure that the PEPFAR-supported sites were providing VMMC services according to recommended national and World Health Organization (WHO) guidelines and PEPFAR policy directives contained in the 2017 Technical Considerations; and 2) provide information to the MOHSS and the sites regarding the quality of the VMMC services being delivered. Funding for ASSIST's EQA support was provided through the VMMC core funds from USAID OHA.

ACCOMPLISHMENTS AND RESULTS

- **The USAID-led Namibia VMMC external quality assessment (EQA) was carried out at 19 private sector sites in the Khomas Region (Aug 2017), by three teams (A, B, and C) composed of MOHSS, USAID, CDC, USAID ASSIST, AIDSFree, and HC3.** ASSIST provided the following staff from South Africa and Uganda to support the EQA implementation: Ms. Violet Manthata, Dr. John Byabagambi, Dr. Raymond Mabuse, Mr. Hulisani Matakanye, and Mr. Manasa Allan Ayami.
- **Supported EQA reporting** (Aug-Sept 2017). Following the EQA implementation, ASSIST headquarters and South Africa office provided support for completion of the overall Namibia EQA report and the 19 site-level reports.
- **Following the EQA, USAID Namibia requested two weeks technical support from Dr. John Byabagambi of ASSIST Uganda, to work with AIDSFree to provide CQI support to a number of the assessed private sector sites** (Sept 2017). This CQI support was funded by the Office of HIV/AIDS under ASSIST's VMMC transition plan.

4 Sustainability and Institutionalization

ASSIST worked to build the capacity of private sector health practitioners, implementing partners, and MOHSS staff in Namibia to incorporate CQI in VMMC, HTC, ART/PMTCT, and TB/HIV services through providing quality improvement training sessions, mentorship, and technical assistance. In addition, the project worked with other PEPFAR partners involved with HIV/AIDS and TB services that support the MOHSS in Namibia, private sector health practitioners, and the MOHSS to ensure utilization of CQI methodologies and programmatic data to identify priority areas, gauge performance, and plan for scale-up of services. ASSIST also supported the standardization of tools and development of QI indicators according to the needs of specific programs supported with CQI. By ensuring buy-in and capacitation of key stakeholders at all levels, we believe that conditions for ensuring sustainability for CQI work are being created.

5 Gender Integration

Gender integration was included as part of the QI training sessions in February and May 2017, including a discussion of the role of gender integration in all different HIV programs (including VMMC). Site-specific quality improvement plans integrated gender concerns.

**USAID APPLYING SCIENCE TO STRENGTHEN
AND IMPROVE SYSTEMS PROJECT**

University Research Co., LLC
5404 Wisconsin Avenue, Suite 800
Chevy Chase, MD 20815

Tel: (301) 654-8338

Fax: (301) 941-8427

www.usaidassist.org