Background

The USAID Applying Science to Strengthen and Improve Systems Project (ASSIST) and its predecessors the USAID Health Care Improvement Project (HCI) and Quality Assurance Project (QAP) have been working in partnership with the Ministry of Health and Social Welfare (MoHSW) and other implementing partners (IPs) in Tanzania to improve the quality of care for HIV and other priority health services since 2003.

ASSIST, led by University Research Co., LLC (URC), is partnering with Regional and Council Health Management Teams (RHMTs/CHMTs) and IPs in 18 of the country’s 25 mainland regions. ASSIST is providing technical assistance to the MoHSW and IPs to strengthen quality of care using improvement methods, which engage frontline providers in identifying gaps and making locally sustainable changes in care processes that will result in better outcomes.

Currently, ASSIST activities are focused on strengthening the capacity of the MoHSW and IPs to deliver quality prevention of mother-to-child transmission of HIV (PMTCT) services, scaling up PMTCT Option B+ and anti-retroviral treatment (ART) services; providing assistance to the Department of Social Welfare (DSW) and to Most Vulnerable Children (MVC) IPs to implement quality standards for vulnerable children; strengthening structures and mechanisms used by communities to maximize linkages and coordination of home-based care and social protection; and improving effectiveness, efficiency and safety of provider-initiated testing and counseling (PICT) services.

ASSIST’s Strategy for Building Capacity to Continuously Improve

A global project working in over 20 countries, ASSIST seeks to develop the capacity of host country health systems to apply modern improvement approaches to improve service quality and outcomes. The science underlying modern improvement draws on psychology, organizational behavior, adult learning, and statistical analysis of variation and is grounded in a systems understanding of work. Improvement requires change in the way health care and other services are delivered, though not every change is an improvement. The work of delivering health care happens in processes and systems. Understanding them and changing them in ways to produce better results is at the heart of improving health care.

Working in teams of different providers involved in delivering care is key to making changes work and fostering ownership. Quality improvement (QI) teams test changes
to determine if they yield the desired results through use of data. ASSIST works to build the capacity of teams of service providers, health managers, and implementing partners to use the Model for Improvement to analyze their own processes of care, identify and test solutions, and use data to measure the results (see Figure 1).

Improvement happens faster if teams working toward the same improvement aims share what they are learning about what changes worked, which did not, how they worked, and why. Such shared learning, through meetings that bring team representatives together to learn from each other and through support from improvement coaches who work with multiple teams, is an essential part of improvement.

ASSIST Focus Areas in Tanzania

Support the MoHSW and IPs to Facilitate Quality PMTCT Services and Scale Up PMTCT Option B+ Roll-out.

ASSIST is supporting the MoHSW to implement Option B+ to support pregnant, post-natal women and HIV-exposed infants to reduce HIV transmission from mothers to their children from the current 15% to the eMTCT goal of 4% by 2015. ASSIST has developed and piloted a PMTCT Option B+ quality improvement framework in all health facilities in Magu District, Mwanza Region. Lessons learned from this pilot will be used for dissemination to other regions. Working with regional IPs, ASSIST continues to support 14 regions in the country to facilitate implementation of PMTCT Option B+ through the application of improvement approaches.

ASSIST has been involved in the Partnership for HIV-Free Survival (PHFS) program to address retention, nutrition support, HIV testing, and care and treatment for pregnant and post-natal women and HIV-exposed infants. ASSIST has worked with IPs and health care providers in three regions implementing PHFS to improve retention by increasing the proportion of all mothers attending all post natal care (PNC) standard visits at 2, 7, 28 and 42 days (see Figure 2); increasing the proportion of HIV+ mother-baby pairs attending HIV services each month; and increasing the proportion of HIV+ mother-baby pairs lost to follow-up who are tracked back to care.

“Before the intervention we were using home-based care volunteers to track HIV clients who are lost to follow-up but it was difficult to track them because the home-based care volunteers are few, and the villages are big; it was not easy for them to reach everyone. But after the intervention, the community group members received training, and they are now helping to track clients lost-to-follow-up. This has helped to reduce workload for home-based care, and more lost-to-follow-up clients are brought back.”

Nurse, Mkuzi Health Centre

Improving Coverage, Retention, and Clinical Outcomes for Patients on ART

The national QI program for ART care supported by USAID and PEPFAR has achieved significant gains in 13 of regions of Tanzania. ASSIST is now supporting and scaling up the ART improvement work in new regions and sites. In Dodoma, Mbeya, Mwanza, and Singida regions, ASSIST is supporting RHMTs, CHMTs, IPs, and facilities to review
processes of HIV care to identify and overcome care process and performance gaps in the following areas: enrolment in services following a positive test, ART uptake, assessment of adherence status, family planning, follow-up CD4 count, active TB screening, and facility-community linkages.

ASSIST will engage technical teams of the National AIDS Control Programme (NACP) in conducting coaching and mentoring visits and will support RHMTs and CHMTs to strengthen the capacity of facility QI teams to develop, implement, and evaluate what changes work to improve ART coverage, patient retention in care, and clinical outcomes. ASSIST continues to advocate for development of improvement policies, plans and standards by the MoHSW that can be institutionalized at national scale.

Support the MoHSW, Local Government Authorities (LGAs), and community-based IPs to strengthen structures and mechanisms used by communities to maximize linkages and coordination of home-based care and social protection.

In 2014, ASSIST supported the MoHSW and home-based care (HBC) IPs to disseminate and introduce HBC Standard Operating Procedures (SOP) in service delivery across all levels of care. In responding to the MoHSW’s move towards integrating all community-based health services, ASSIST piloted an integration model for HBC and MVC services in Muheza District of Tanga Region to learn and package best practices for wider dissemination. As part of ongoing efforts to strengthen the community-based programs’ monitoring and evaluation system by the MoHSW and partners, ASSIST supported the development and field-testing of an HBC Data Quality Audit (DQA) tool which will be used by R/CHMTs and IPs in intervention sites to check for accuracy, consistency, and appropriateness of collected data whilst prompting service providers and supervisors to come up with improvement plans.

"The most vulnerable children committees used to work alone; there was no community and stakeholders involvement. Only the Government and UNICEF were involved. But now the whole community is involved, and this has increased awareness as the community understands that supporting most vulnerable children is their responsibility. Most vulnerable children are supported with food, school uniforms, and other needs."

COMMUNITY DEVELOPMENT OFFICER, BAGAMOYO DISTRICT.

Improving the Quality of ART Care for Infants and Children

Significant progress has been achieved in improving access to diagnosis for HIV-exposed infants and children under two years since the publication of the Tanzania National HIV Early Infant Diagnosis Guidelines (2008) and the implementation of the National eMTCT Plan (2012-2015). However, the infant and children ART program still faces several challenges, including low enrolment of infected children in HIV care, inadequate monitoring of child nutritional status, poor follow-up and monitoring of children in treatment, and difficulties in formulation and dosing of treatment regimens by weight and age. To strengthen provider capacity to overcome these challenges, ASSIST is working with the MoHSW and ART IPs in Mbeya Region to establish a model district for learning and scale-up. A pediatric ART focal person has been identified at all participating facilities to coordinate activities and logistics to increase pediatric PITC at all sites in contact with children under 15 years and ensure their referral to Care and Treatment Centers (CTC). Improvement teams test changes and collect and plot monthly data to observe and respond to trends.

Support Implementing Partners and Local Structures to Strengthen Quality of Care, Support, and Protection for Most Vulnerable Children

Building on experience applying guidelines and tools to improve MVC services in the Bagamoyo District of Pwani Region, ASSIST
is strengthening local systems to ensure safety, wellbeing, and family stability for most vulnerable children in partnership with the MoHSW, IPs and LGAs. ASSIST is working with LGAs and other stakeholders in Bagamoyo, Muheza and Mkuranga districts to develop and prototype a comprehensive framework for MVC care and protection that takes into account the National Costed Plan of Action for Most Vulnerable Children 2013-2017 and PEPFAR 2012 Guidance for OVC Programming.

In the three districts, ASSIST is supporting the application of improvement approaches to strengthen protection services for most vulnerable children; household economics; integration and linkages between services; community engagement; and child wellbeing services. To ensure institutionalization of the improvement gains, ASSIST will also support the DSW and MVC IPs to review and update relevant policies, guidelines, and job aids to reflect the new child protection framework.

**Community Linkages Demonstration Project**

In 2014, ASSIST implemented a community linkages demonstration project in five villages of the Muheza District of Tanga Region, building on existing work to increase retention in the HIV continuum of care. Communities in low-resource settings possess their own informal indigenous community support and social welfare systems where community members make decisions and work together to improve the health of community members and the general welfare of the community. The community linkages component made use of these systems through use of ASSIST’s Community Health System Strengthening model. The intervention engaged the informal network of village community groups to extend the outreach system for people living with HIV and help health centers reduce loss to follow-up. The Community Health System Strengthening Model brings together formal and informal pre-existing structures and networks to create an integrated care system. These efforts led improvement in the following areas: from March 2014 to September 2014, the number of HIV clients lost to follow-up decreased from 32 to five respectively; voluntary testing increased from 418 to 1489 through the first nine months of the year.

**Addressing Gender Issues**

As part of improvement activities, ASSIST is supporting improvement teams to actively address gender-related issues that impede service delivery and client access and acceptance. For example, in Morogoro, facility teams and the RHMT are testing changes to address gender-related factors to improve clinical outcomes of HIV patients, including strategies to increase male involvement in HIV services and improve men’s retention in care.

Figure 2: Percentage of mothers who attended all four postnatal visits (2, 7, 28, and 42 days) in 10 PHFS sites each in Mbeya urban, Nzega and Mufindi districts (June 2013 – August 2014)

<table>
<thead>
<tr>
<th>Changes tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Trained RCH staff on nutritional assessment and counseling</td>
</tr>
<tr>
<td>• Introduced nutritional assessment tools at RCH</td>
</tr>
<tr>
<td>• Assigned 1 staff at RCH to oversee nutrition assessment and counseling</td>
</tr>
<tr>
<td>• Attach nutritional assessment tool to the CTC2 card</td>
</tr>
</tbody>
</table>