



USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project – Country Summaries

This document describes the activities, objectives, and key results achieved by the USAID ASSIST Project in each of the 46 countries in which the project worked. Visit <https://www.unc-chs.com/assist-25> for more information about key resources developed by URC under the USAID ASSIST Project.

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USAID ASSIST Project – Antigua and Barbuda

Start: July 2018 End: March 2020

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

Through the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, URC provided short-term technical assistance (STTA) over a period of approximately 18 months in Antigua, supporting 27 functioning health facilities – five main health centers, 21 sub-centers/satellite clinics, and the national hospital – to carry out quality improvement (QI) activities in the context of the Zika response. Health centers in Barbuda were not fully functional at the start of the project, due to infrastructure damage caused by natural disasters, and therefore were not included as a part of this project.

The Ministry of Health (MOH) of Antigua and Barbuda provided guidance on the scale of the activity and strategic oversight for the scope of work. URC provided training during a series of technical assistance visits combined with learning sessions that started in September 2018 and ended in November 2019.

Key URC activities:

- Setting up and supporting QI teams in each facility;
- Identifying and training coaches and nurse supervisors in QI;
- Training health care workers in improvement methods and care of newborns and children potentially affected by Zika;
- Improving clinical knowledge and skills on essential care of every baby, monitoring childhood development, early childhood stimulation, and psychosocial support;
- Streamlining referral and clinical management pathways for clinical and non-clinical care;
- Revising existing or co-developing new clinical and non-clinical guidelines/job aids; and
- Improving documentation and surveillance.

The Challenge

Before the Zika epidemic, most countries in the Eastern and Southern Caribbean lacked guidelines and referral pathways to ensure that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection in the mother during pregnancy was appropriately referred to a higher level of specialized care, in the right way and at the right time.

Objectives

- Increase the number and proportion of infants affected by Congenital Syndrome associated with Zika virus (CSaZ) receiving timely recommended care
- Increase the proportion of children under five attending well-baby clinics who are screened for neurodevelopmental delays in accordance to national and international guidelines, and for



those identified as suspected of or having a neurodevelopmental delay, further referred to the appropriate level of specialized care

- Improve newborn care, specifically focused on improving standard evaluation at birth to detect suspected CSaZ
- Improve the skills of health care workers to provide quality psychosocial support services for mothers and families affected by Zika

Achievements

- End line data collection showed that the percentage of children under five attending well-baby clinics who were appropriately screened for microcephaly increased from 0% at baseline in 2018 to 100% in November 2019
- The percentage of children under five years with proper assessment and documentation of developmental risk factors increased from 17% to 100%
- Antigua's one hospital demonstrated strong results in terms of measuring and documenting head circumference of newborns, maintaining a near 100% result from baseline to end line. The percentage of newborns with documented hypothermia in the first 24 hours of birth had a median of about 30% throughout the period of implementation.



USAID ASSIST Project – Bangladesh

Start: July 2016

End: February 2017

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST's work in India, supporting over 450 facility-based improvement teams in 27 districts in six USAID priority states, demonstrated that improvements in care quality and outcomes are possible when frontline workers are engaged and empowered to make changes in care processes. ASSIST was asked by USAID to work with the All India Institute of Medical Sciences (AIIMS), the leading academic and teaching hospital in the region, to strengthen its capacity to lead and teach QI activities throughout India and in the region. ASSIST and AIIMS developed a training curriculum, facilitator guide, and Point of Care Quality Improvement (POCQI) implementation guides to support trainees when they returned to their facility. In May 2016, WHO's South East Asia Regional Office convened a two-day QI training workshop for staff from large academic hospitals in India, Pakistan, Nepal, Bangladesh, Sri Lanka, Myanmar, Indonesia, Maldives, and Bhutan. ASSIST and AIIMS provided remote support to country teams and convened a second workshop in India in February 2017 for country teams to share progress and further develop their QI skills. In Bangladesh, ASSIST and AIIMS supported Shaheed Shurhawardy Medical College in Dhaka and five facilities in one district (Kurigram) to use QI methods to improve care for mothers and babies in one district hospital and four subdistrict hospitals covering 3,000 births per year. The work in Kurigram District to improve maternal and child health services was also supported by UNICEF, which planned to spread QI approaches to five other districts.

The Challenge

South Asia accounts for over a third of all neonatal and maternal deaths in the world. While mortality rates are decreasing, they are doing so slowly, and new approaches are required to increase the rate of decline and ensure that health systems are better able to deliver the right care at the right time to prevent further deaths. Quality improvement methods as an approach for problem solving in the delivery of maternal and newborn care are underused in South Asia despite strong evidence that they can lead to major change.

Objectives

The five facilities worked on QI projects related to:

- Increasing temperature monitoring for preterm babies
- Increasing the percentage of newborns whose cord is cleaned with chlorhexidine
- Improving early initiation of breast feeding (two facilities)
- Improving immediate drying of newborns

Achievements



- QI methods helped improve partograph use in 2,000 deliveries per year in Shaheed Suhrawardy Medical College from 30% to 80% within eight weeks.
- Based on this success, the head of the college's obstetrics and gynecology department led efforts to build the capacity of other health providers in the country to use QI methods to improve quality of maternal and newborn health services.



USAID ASSIST Project – Bhutan

Start: October 2016 End: December 2016

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST's work in India, supporting over 450 facility-based improvement teams in 27 districts in six USAID priority states, demonstrated that improvements in care quality and outcomes are possible when frontline workers are engaged and empowered to make changes in care processes. ASSIST was asked by USAID to work with the All India Institute of Medical Sciences (AIIMS), the leading academic and teaching hospital in the region, to strengthen its capacity to lead and teach QI activities throughout India and in the region. ASSIST and AIIMS developed a training curriculum, facilitator guide, and Point of Care Quality Improvement (POCQI) implementation guides to support trainees when they returned to their facility. In May 2016, WHO's South East Asia Regional Office convened a two-day QI training workshop for staff from large academic hospitals in India, Pakistan, Nepal, Bangladesh, Sri Lanka, Myanmar, Indonesia, Maldives, and Bhutan. ASSIST and AIIMS provided remote support to country teams and convened a second workshop in India in February 2017 for country teams to share progress and further develop their QI skills.

The Challenge

South Asia accounts for over a third of all neonatal and maternal deaths in the world. While mortality rates are decreasing, they are doing so slowly, and new approaches are required to increase the rate of decline and ensure that health systems are better able to deliver the right care at the right time to prevent further deaths. Quality improvement methods as an approach for problem solving in the delivery of maternal and newborn care are underused in South Asia despite strong evidence that they can lead to major change.

Objectives

- Develop the capacity of hospital teams to apply QI methods to maternal and newborn care quality problems they identify

Achievements

- Participants from Bhutan developed plans to further scale up the use of QI approaches in the country.



USAID ASSIST Project – Botswana

Start: October 2013 End: August 2015 (maternal mortality reduction)

Start: October 2015 End: September 2017 (community support for HIV care)

- Health Systems Strengthening
- HIV and AIDS
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

In 2012, the Minister of Health of Botswana requested USAID assistance for a new initiative to accelerate the reduction of maternal mortality. The aim of the maternal mortality reduction initiative was to develop a system-level strategy to achieve the Millennium Development Goal (MDG) target of reducing maternal deaths by identifying gaps in the health system and implementing improvements in a timely and efficient way. The initiative used quality improvement (QI) methods implemented by teams in facilities providing obstetric care countrywide. The QI interventions focused on the three most frequent causes of maternal mortality: hemorrhage, hypertensive disorders in pregnancy, and abortion complications. ASSIST supported the initiative in all 26 districts in Botswana, establishing quality improvement teams in 72% of the 122 facilities providing inpatient maternity services. The MOH appointed 11 midwife district coordinators and a health officer to support QI activities. A national coordinator, hired by ASSIST, provided support and direction to the initiative and was supported by a QI specialist consultant who provided QI coaching support to the district coordinators. URC provided QI training and ongoing coaching support for the district coordinators and QI teams, developed job aids for prevention and management of frequent obstetric complications, supported MOH training in emergency obstetric and neonatal care, and organized QI learning/sharing workshops. ASSIST's support to the maternal mortality reduction initiative ended in August 2015, when technical activities and related tools were handed over to the Ministry of Health.

At the request of USAID, ASSIST shifted its focus at the beginning of FY16 to support the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Botswana strategy for epidemic control of HIV. Based on its previous experience with the MOH, ASSIST quickly adapted QI approaches to strengthen the role of community platforms in priority districts particularly affected by HIV, in order to complement the efforts of clinical platforms under an enhanced national HIV response. ASSIST supported existing community structures to generate change ideas to address 90-90-90 gaps by enhancing community collaboration with health facilities and other service providers and spreading successful process innovations in coordination with District Health Management Teams (DHMTs).

The Challenge

Botswana had made tremendous progress in the reduction of maternal mortality since 1990. At that point, the maternal mortality ratio in the country was 360 per 100,000 live births. This rate remained high for the following 10 years, in part due to the concomitant HIV epidemic that hit the country with devastating force. After the effective introduction and widespread provision of antiretrovirals (ARVs) to



pregnant women, maternal mortality was brought down by 50% to a maternal mortality ratio of 196 per 100,000 live births in 2008. After that, progress in the reduction of maternal mortality stagnated, threatening the ability of Botswana to reach or exceed the MDG 5 goal of 80 maternal deaths per 100,000 live births by 2015.

In light of Botswana's high HIV burden and the decision by the Ministry of Health to expand antiretroviral treatment to all citizens infected by HIV, the national Communities Acting Together to Control AIDS strategy of the National AIDS Coordinating Agency emphasized the role of community agency and of traditional leaders in the country's unique system of local governance. As part of the national "Test & Treat" initiative, PEPFAR implementing partners were asked to support active community engagement and align their efforts to accelerate and scale up the identification, testing, linkage, and retention of persons living with HIV (PLHIV).

Objectives

Maternal mortality reduction: URC's technical support through ASSIST sought to yield tangible results in line with the Ministry maternal mortality reduction initiative and to engage senior management in the execution of quality improvement activities. Specific improvement aims for facility-based QI teams included:

- Decrease post-partum hemorrhage (PPH) incidence and case fatality rate through active management of third stage of labor (AMTSL) and detection and case-management of post-partum hemorrhage in targeted hospitals and clinics
- Decrease eclampsia incidence and case fatality through improved intra- and post-partum early detection and case management of severe pre-eclampsia and eclampsia
- Decrease mortality and morbidity due to post-abortion complications through improved prevention, early detection, and management of abortion complications

Community support for the HIV response: ASSIST supported the formation and activities of community improvement teams, drawing from a range of community committees and groups, to develop more effective and community-friendly HIV testing approaches to identify PLHIV and to enhance community/facility collaboration on tracing and returning patients who were deemed lost to follow-up. ASSIST brought together district health managers and facility staff with ASSIST-supported community improvement teams to identify areas for collaboration, with a focus on decongesting infectious disease clinics and other government facilities and the improvement of service quality.

Achievements

Maternal mortality reduction:

- The maternal mortality reduction initiative was successful in piloting the implementation of a QI model to reduce maternal mortality during its almost two years of implementation.
- Maternal mortality was reduced from 90 deaths in 2013 to 69 deaths in 2014—a reduction of 23% in one year.



- Management of anemia during the antenatal period improved from 60% in February 2014 to 70% in July 2015. The initiative was instrumental in conducting weekly advocacy meetings with the MOH to correct anemia drugs stock-outs.
- Monitoring postpartum vitals was a main focus of improvement for 68% of QI teams. As a result, compliance with this indicator increased from a baseline of 46% in February 2014 to 84% in July 2015.
- Compliance with pre-eclampsia management during labor improved from 17% in February 2015 to 80% in July 2016.

Community support for HIV response:

- ASSIST mobilized community members, in particular in hard-to-reach areas, to scale up community-directed testing campaigns in several districts.
- Improved the immediate communication and collaboration of community leaders and community platforms with government health facilities, including by directly involving clinic personnel in the community improvement teams to guide the identification of immediate high-value areas for collaboration, the joint analysis of service data, and generation of concrete local change ideas.
- Provided QI training to help prepare newly assigned DHMT improvement coaches (many of whom had already been active members of the community improvement teams since their inception) to provide mentoring support to community improvement teams.
- In June 2017, ASSIST convened a final, national level learning session at which 11 community improvement teams from across seven districts presented on their efforts to improve local services and community coordination. They were joined by their traditional chiefs and district administration officials, as they presented to a packed hall of district and central government representatives from the Ministry of Health, Ministry of Local Government, and the Office of the President. Central to all statements and discussions was a genuine sense of appreciation of the power and potential of community-led, 'bottom up' problem solving and strong agreement on the strategic importance of emphasizing community-led volunteerism within a context of good community governance to coordinate quality services and system functions at local level.
- During the final quarter of FY17, ASSIST implemented joint institutionalization plans developed with DHMT leadership across all seven districts, each tailored to respective district context. These plans identified facility focal points and improvement coaches to take over ASSIST coaching roles and sustain existing community improvement teams to continue to generate, spread, and scale up locally developed change ideas for better care and health in Botswana.



USAID ASSIST Project – Burundi

Start: January 2013 End: September 2017

- Health Systems Strengthening
- HIV and AIDS
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

With funding support from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), ASSIST began work in Burundi in January 2013, building on a prevention of mother-to-child transmission of HIV (PMTCT) service delivery assessment and human performance technology assessment conducted in 2012 under the USAID Health Care Improvement Project. ASSIST supported the Ministry of Health (MOH), in collaboration with other PEPFAR implementing partners, to improve the uptake and quality of PMTCT services for mothers, their partners, and their infants, and to improve retention of mothers and infants along the PMTCT cascade. Initial efforts focused on 70 sites in all 14 districts of the four target provinces of Kayanza, Kirundo, Muyinga, and Karuzi. Later, ASSIST supported the MOH to spread best-practice interventions to four more USAID-supported provinces. In FY16, as a result of changes in PEPFAR’s strategy to prioritize high-burden geographic areas, ASSIST’s focus shifted to USAID’s five prioritized provinces. In addition to the clinical improvement work in facilities, ASSIST supported community QI teams in two provinces—Bujumbura Rural and Kirundo—to improve the performance of community health workers (CHWs) in supporting PMTCT services at the community level, applying practices developed through pilot community QI work in Giteranyi Health District (Muyinga Province) in prior years. To meet PEPFAR Burundi guidance, in FY17 ASSIST expanded its technical focus to contribute to improving the enrollment of new patients on ART, including children, and to improving adherence to therapy and retention in care for PLHIV (adults and children) in USAID-supported provinces.

The Challenge

An initial assessment conducted in Burundi found weak integration of PMTCT services with antenatal care, inhibiting timely enrollment; inconsistent HIV testing among pregnant women and low testing of partners; limited initiation of ART for pregnant women and exposed infants; and low retention of pregnant women on ART.

Objectives

- Improve uptake of PMTCT services (by mothers, infants, and partners)
- Improve retention of mothers and infants along the PMTCT cascade
- Improve adherence to antiretroviral therapy and retention in care for PLHIV (adult and pediatric) in targeted provinces
- Improve quality of HIV services in targeted PMTCT sites
- Strengthen the community system to improve the performance of CHWs to provide quality PMTCT services at the community level in selected communities



Achievements

- The percentage of pregnant women coming for early first antenatal care (ANC) visits before 14 weeks of pregnancy increased from 8% in July 2012 to 52% in April 2016 in 69 sites in four provinces; in 179 scale-up sites in five provinces where ASSIST applied effective changes tested in the initial sites, the percentage of pregnant women coming for early first ANC visits before 14 weeks of pregnancy increased from 28% in May 2015 to 59% in May 2017.
- The percentage of pregnant women tested for HIV in ANC whose partners were also tested increased from 0% in July 2012 to 67% in April 2016 in 69 sites in four provinces, and increased from 15% in May 2015 to 66% in May 2017 in 180 scale-up sites in five provinces.
- The percentage of pregnant women tested for HIV during ANC visits increased from 47% in July 2012 to 94% in April 2016 in 69 sites in four provinces and from 93% in May 2015 in 179 scale-up sites in five provinces to 99% in May 2017.
- ASSIST developed a change package for improving PMTCT and ART services based on the work of QI teams supported by the project and published it with the MOH. ASSIST developed a community change package that was used by the MOH used to guide community QI work in two new districts.



USAID ASSIST Project – Cambodia

Start: June 2014 End: March 2018

- Health Systems Strengthening
- Human Resources for Health
- Quality Improvement

Overview

In 2014, the USAID Mission in Cambodia asked ASSIST to provide technical assistance to strengthen the regulation of the medical profession in the country. The scope of the requested activity was subsequently broadened in consultation with the USAID Mission and key stakeholders in Cambodia to holistically strengthen the system of regulation for all five health professions. Broadening the scope of this activity allowed ASSIST to contribute to building the capacity of Cambodia’s health care system to improve the effectiveness, efficiency, client-centeredness, safety, accessibility, and equity of the health care services provided. Following a comprehensive baseline assessment, ASSIST fielded a long-term advisor in Health Professions Regulation who worked in partnership with the five health profession Councils (Medicine, Dentistry, Pharmacy, Midwifery, and Nursing) and the MOH to develop a new law that reflected contemporary approaches and practices for effective regulation to ensure each health professional meets the necessary professional standards to provide quality, safe practice to the public of Cambodia. ASSIST supported the five Councils to develop a shared 2015-2020 strategic plan and implement a plan of action to meet the Councils’ strategic goals in Organizational Redesign, Legislative Review and Reform, and Registration.

The new Law on Regulation of Health Practitioners (enacted on November 22, 2016) protects the health and safety of the public in Cambodia by ensuring that all health professionals are suitably qualified and registered and hold a license to practice their profession. It has introduced penalties for those health professionals who do not register with their respective Council and also for those who practice without a license. The MOH and the five Councils worked together to ensure that all health professionals registered with their Council. Once registered as a health professional, those wishing to practice are required to obtain a license to practice. This license to practice can be renewed regularly based on certain requirements being met by the health practitioner. These include maintaining professional competence through evidence of practice and continuing professional development; no criminal history; and no mental or physical health problems.

ASSIST provided technical support to review and redesign the health profession Councils’ governance arrangements and organizational structure with sound financial modelling to support their regulatory systems and processes through a shared Secretariat; review existing laws and draft, with stakeholder input, the new law for regulation of all health professions; and to support the five Councils in the development and field testing of a harmonized registration system and policies, procedures, and standardized forms for registration of all health professionals that are robust, cost-effective, and timely.

The Challenge



Strengthening human resources for health is an integral component of the quality and safety framework for a country's health care system. A competent and flexible health workforce that meets the existing and future health care needs of the Cambodian population is critical to ensure that the population has access to safe, quality health services. To prevent the risk of harm to the community, all health professionals must be easily identified and recognized as competent and safe to practice through a system of health profession regulation. The establishment of an appropriately resourced, cost-effective, and efficient body or bodies for the regulatory governance and operations of all health professionals across all health care sectors supported the Royal Government of Cambodia's health care quality and safety reform agenda.

Objectives

- Support the development and passage of a new law on Regulation of Health Practitioners through the Royal Government of Cambodia's parliamentary process and facilitate the implementation of this law;
- Improve the governance and organizational structure for the five Health Professions Councils and build capacity to establish, deliver, and maintain effective and efficient business and regulatory systems and processes; and
- Increase awareness and compliance with new registration requirements by all health professionals and the public and develop an on-line registration application process and web-based registration management system.

Achievements

- Enabled the enactment of the new law on Regulation of Health Practitioners in 2016
- Developed procedural documents for regulatory function in the new law for the five Councils to implement
- Prepared a communications plan for the Councils to help all health professionals, employers, and the general public understand and comply with the changes to the law and their implications for the individual health professional and for the Councils
- Supported the establishment of the Health Professions Council Joint Secretariat Executive Committee and hiring of the Joint Secretariat staff to ensure good governance and establish financial and business arrangements that result in financial sustainability and independence over time
- Supported the implementation of the health professions Councils' Registration Management System (RMS), including migration of each health profession Council's registration data into the RMS; application forms and standardized reports for each health profession Council; and mobile application for online registration.



USAID ASSIST Project – Côte d'Ivoire

Start: April 2013 End: December 2017

- Health Systems Strengthening
- HIV and AIDS
- Quality Improvement

Overview

ASSIST worked to improve health care service delivery to HIV-infected patients in health facilities and increase the 12-month retention rate for ART patients by providing technical assistance to 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 was to build capacity of the partners to develop a culture of quality improvement in their supported health facilities so that these facilities could implement improvement activities on their own in the long run. ASSIST provided QI training and coaching support to the partners, conducted joint facility visits, and supported the MOH to develop a national quality improvement strategy focused on the HIV program at the district level. Initially working in 60 sites supported by six implementing partners (IPs), the QI work was scaled up in 2016 to 30 more IP-supported sites as well as 10 sites supported directly by the MOH and 11 sites supported by the FANTA Project, reaching 30 of the country's 82 health districts. ASSIST was also asked to support the Directorate of Hospital Medicine to establish a quality management system in the four university medical centers in Abidjan South, East, and North and Bouake. In 2016, ASSIST organized stakeholders and supported the development of a national quality improvement policy and a national quality improvement strategic plan. In 2017, ASSIST supported six PEPFAR implementing partners and six scale-up for saturation districts to develop operational plans for activities to support achievement of the 90-90-90 targets within the districts.

The Challenge

An evaluation of Cote d'Ivoire's HIV program conducted by the USAID Health Care Improvement (HCI) Project in 2008-09 found that a high percentage of ART patients (about 40%) were lost to follow-up at 12 months and noted weakness in health facility capacity to document the care provided, comply with clinical quality standards, and address key challenges in the delivery of ART services, including adherence to and retention in treatment, linkages and referral to community care services to reduce loss to follow-up, increasing survival rates, and preventing new infections. As a result, the Ministry of Health through the National HIV Program (PNPEC) initiated a process to improve the quality of care and services for PLHIV with support from HCI. In 2013, PEPFAR requested ASSIST support to continue the HIV QI process.

Objectives

- Provide technical expertise to implementing partners (IPs) in the implementation of their HIV and AIDS improvement activities at PEPFAR-supported facilities
- Build the capacity of the newly established MOH QI unit within the General Health Directorate (*Direction Medicines Hospitaliere*) to lead improvement in care at the central level



- Establish a quality improvement (QI) system in four university hospitals

Achievements

- The national quality improvement policy and national quality improvement strategic plan developed with ASSIST support were officially launched by the Minister of Health in May 2017.
- The percentage of clients diagnosed HIV-positive and enrolled in care increased from 68% in 57 sites in May 2015 to 99% in 40 sites in August 2017.
- The percentage of patients alive and on ART six months after treatment initiation improved from 72% in 59 sites in May 2015 to 87% in 40 sites in August 2017.
- The percentage of infants 6-8 weeks old born to HIV-positive mothers who initiated Cotrimoxazole two months prior to dried blot spot collection increased from 74% in 51 sites in May 2015 to 97% in 36 sites in August 2017.
- The percentage of ART client records with all items completed improved from 33% in 57 sites in May 2015 to 94% in 40 sites in August 2017.
- In the four university hospital centers, the percentage ART client records with all items completed improved from 38% in March 2016 to 98% in August 2017; the percentage of pediatric inpatients tested for HIV improved from 42% in March 2016 to 62% in August 2017; and the percentage of pediatric inpatients who tested positive and were put on ART fluctuated but remained above 70% for most of the intervention period.



USAID ASSIST Project – Democratic Republic of the Congo

Start: March 2014

End: December 2016

- Health Systems Strengthening
- HIV and AIDS
- Nutrition
- Quality Improvement
- Tuberculosis

Overview

Beginning in FY14, ASSIST supported the MOH in the Democratic Republic of Congo to improve nutritional services for HIV clients through the integration of nutritional assessment, counseling, and support (NACS) into HIV care and treatment, targeting 16 sites in Kinshasa and Katanga provinces. This intervention, led by ASSIST in close collaboration with other USAID implementing partners (FANTA/FHI, LIFT/FHI, and ProVIC/PATH), followed a successful partnership from 2012-2013 with ProVIC on improving the quality of prevention of mother-to-child transmission of HIV (PMTCT) services in four health facilities in Kinshasa under the USAID Health Care Improvement Project. In FY15, USAID asked ASSIST to support improving nutritional services for HIV clients through strengthening gains in NACS and scaling up best practices to new sites in partnership with FANTA and LIFT in Kinshasa and Katanga provinces (city of Lubumbashi), and improving PMTCT services, retention in care, and assuring good adherence to therapy for persons living with HIV (PLHIV), including children and key populations in target facilities, in collaboration with ProVIC and PROSANI in Kinshasa and Katanga provinces. In FY16, ASSIST was asked to focus only on HIV care and treatment services improvement in 39 sites in selected zones of three provinces (Katanga, Kinshasa, and Lualaba). In the first quarter of FY17, ASSIST worked on improving HIV care and treatment only in the Province of Lualaba. ASSIST also supported building the capacity of national, provincial, and health zone managers and providers to apply improvement skills.

The Challenge

Retention and adherence are among key determinants of an effective HIV program. For example, it is well known that high rates of loss-to-follow up (LTFU) in ART programs among HIV-positive patients waiting to start treatment and those already on treatment are a symptom of health system problems. The ensuing lack of adherence to ART can lead to high morbidity and mortality rates and treatment resistance, which is complex and expensive to manage. It is therefore important to avoid or minimize such situations. The implementation of QI activities can help address factors that lead to LTFU so that targeted interventions can improve retention and adherence.

Objectives

- Improve management and nutritional status of malnourished HIV clients by integrating NACS into facility-based ART, PMTCT, and maternal, newborn, and child health (MNCH) services
- Improve the quality of HIV services and retention in care and assure good adherence to ART in targeted facilities in collaboration with other implementing partners



- Strengthen the capacities of national, provincial, and health zone managers and providers to apply improvement skills

Achievements

- The percentage of PLHIV who received nutritional assessment and appropriate nutritional counseling according to norms improved from 0% at baseline in May 2014 to 100% in September 2014 at nine sites in Kinshasa Province.
- The percentage of clients who tested HIV-positive who were enrolled in ART within one month of testing increased from 11.7% in August 2015 (three provinces) to 82.8% in September 2016 (Lualaba Province).
- The percentage of PLHIV retained on ART increased from 41% in 10 sites in Lualaba Province in August 2015 to 58% in October 2016.
- The percentage of HIV-positive patients on ART who were lost to follow-up decreased from 35.2% in 39 sites in three provinces in August 2015 to 2.5% in 10 sites in Lualaba Province in September 2016.
- The percentage of HIV-positive patients who were screened for tuberculosis (TB) increased from 35.6% in 39 sites in three provinces in August 2015 to 72.4% in 10 sites in Lualaba Province in September 2016.
- ASSIST developed the QI capacity of a national pool of 37 trainers to be able to support implementation of QI strategies and operational plans at the national level.
- In Lualaba Province, MOH managers developed a plan to spread the change package developed by ASSIST to new sites to support HIV care and treatment improvement activities.



USAID ASSIST Project – Dominica

Start: July 2018

End: March 2020

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST provided short-term technical assistance (STTA) over a period of approximately 18 months in Dominica, supporting 50 functioning health facilities – seven Type III clinics, 42 Type I clinics, and the national hospital. The Ministry of Health (MOH) of Dominica provided guidance and strategic oversight for the scope of work. Key URC activities included:

- Setting up and supporting QI teams in each facility;
- Identifying and training coaches and nurse supervisors in QI;
- Training health care workers in improvement methods and care of newborns and children potentially affected by Zika;
- Improving clinical knowledge and skills on Essential Care for Every Baby (ECEB), monitoring childhood development, early childhood stimulation, and psychosocial support;
- Streamlining referral and clinical management pathways;
- Revising existing or co-developing new clinical and non-clinical guidelines/job aids; and
- Improving documentation and surveillance.

URC technical advisors provided training during a series of technical assistance visits combined with learning sessions that started in September 2018 and ended in January 2020.

The Challenge

Before the Zika epidemic, most countries in the Eastern and Southern Caribbean lacked guidelines and referral pathways to ensure that every newborn and child who was identified as having microcephaly or other anomalies associated with maternal Zika infection during pregnancy was appropriately referred to a higher level of specialized care, in the right way and at the right time.

Objectives

URC supported Ministry of Health staff to carry out quality improvement activities aimed at:

- Increasing the number and proportion of infants affected by Congenital Syndrome associated with Zika virus (CSaZ) receiving timely recommended care
- Increasing the proportion of children under five attending well-baby clinics who were screened for neurodevelopmental delays in accordance with national and international guidelines, and for



those identified as suspected of or having a neurodevelopmental delay, further referred to the appropriate level of specialized care

- Improving newborn care, specifically focused on improving standard evaluation at birth to detect suspected CSaZ
- Improving the skills of health care workers to provide quality psychosocial support services for mothers and families affected by Zika

Achievements

- URC worked with MOH leaders and technical experts from the American Academy of Pediatrics to co-develop and standardize referral pathways to ensure that every newborn and child who was identified as having microcephaly or other CSaZ anomalies was appropriately referred to a higher level of specialized care, in the right way and at the right time. In addition, URC worked to develop linkages across various sectors to maximize the capacity to offer standardized, evidence-based care to infants and children with neurodevelopmental disabilities, such as the Roving Caregivers' Programme of the Ministry of Education.
- End line data collection showed that the percentage of children under five attending well-baby clinics with documented assessment of reflexes, skills, and behaviors appropriate to his/her age group increased from 42% at baseline in 2018 to 99% by January 2020.
- The percentage of newborns receiving all essential newborn care interventions before discharge increased from 25% at baseline in 2018 to 93% at end line in November 2019.
- Results at the hospital level also demonstrated consistent improvements for the percentage of newborns who were appropriately evaluated for other symptoms of CSaZ and whose mothers were screened for Zika virus infection during pregnancy.



USAID ASSIST Project – Dominican Republic

Start: September 2016

End: May 2019

- Health Systems Strengthening
- Maternal, Newborn and Child Health
- Quality Improvement

Overview

As part of the USAID Zika response in the Dominican Republic, ASSIST was asked support the Ministry of Health in updating and distributing clinical guidelines and protocols for the detection and case management of pregnant women suspected of Zika infection and management of newborns and children with congenital malformations resulting from Zika and to build the knowledge and skills of health care workers to prevent, detect, and manage Zika cases. ASSIST was asked to directly support the Zika response and quality improvement activities in 17 referral hospitals (three national referral hospitals, 10 regional referral hospitals, and four provincial referral hospitals) in five of the country's nine health regions. In FY19, building on two years of work, ASSIST supported the National Health Service to expand the work to scale up best practices identified in the 17 hospitals to six hospitals in four new health regions as well as in facilities not initially supported in the five supported health regions. ASSIST also worked closely with other USAID implementing partners, including UNICEF, Save the Children, Pastoral Materno Infantil, and the Society for Family Health/PSI, to actively identify and support the full range of services needed by families affected by Zika.

The Challenge

Because Zika was a new disease for health systems in Latin America and the Caribbean when it arrived in the region in 2015, countries lacked guidelines and referral pathways for identifying Zika signs and symptoms in pregnancy and newborns, for counseling pregnant women on ways to prevent Zika infection during pregnancy, and for ensuring that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection was managed appropriately and linked to all required services. This required that country health systems establish new procedures and recording and reporting systems to track Zika-related care and services.

Objectives

- Increase clinical screening for Zika signs and symptoms in pregnant women and improve the knowledge of women in prenatal care and family planning services of Zika transmission routes, personal and household preventive measures, and the importance of the use of condoms during pregnancy
- Increase the screening of all newborns for microcephaly and signs of CSaZ and the delivery of immediate recommended actions for those newborns detected with CSaZ
- Increase the proportion of children affected by CSaZ who receive all the services recommended by national guidelines
- Increase the delivery of psycho-emotional support services to women and families affected by Zika



Achievements

- 67% of affected children in the five health regions (17 hospitals) and three expansion regions (six hospitals) supported by ASSIST received at least 80% of required services, and 71% of affected children participated in early infant stimulation activities
- 100% of women and families affected by Zika seen in prioritized hospitals received psycho-emotional support from trained providers
- 98% of newborns were adequately screened for microcephaly and Congenital Syndrome associated with Zika (CSaZ), up from 13% in June 2017
- 100% of the 119 newborns detected with microcephaly or CSaZ were referred for required services
- 768 health workers were trained in Zika prevention, care, and support
- 94% of pregnant women seen in the 15 prioritized hospitals could identify the risk of sexual transmission of Zika and the use of condoms to prevent Zika infection during pregnancy, and 98% of pregnant women interviewed on leaving prenatal care in the 15 hospitals reported receiving condoms for Zika prevention (up from 13% in June 2017)



USAID ASSIST Project – Ecuador

Start: January 2018 End: October 2019

- Health Systems Strengthening
- Maternal, Newborn and Child Health
- Quality Improvement

Overview

At the national level, ASSIST supported the National Directorate of Quality Health Services of the Ministry of Health (MOH) to develop and implement a virtual course on theory and tools for quality management and supported QI activities in 21 hospitals and health centers prioritized for Zika support by the MOH in the provinces of Manabí, Esmeraldas, and Sucumbíos. ASSIST worked in close collaboration with the central MOH and Zonal and District Health Offices in the supported provinces to update clinical guidelines and develop job aids to support Zika prevention, screening, and care and support activities. Training and support of QI teams in the 21 facilities began in July 2018; over 1880 health workers were reached by in-person and virtual Zika training implemented by ASSIST. Some 920 health professionals in Ecuador participated in 15 Zika care and support tele-mentoring sessions supported by ASSIST using Project ECHO. ASSIST also provided training on gender integration for MOH and CARE staff who then reached some 540 health professionals with replication of the gender training in the supported health facilities.

The Challenge

Because Zika was a new disease for health systems in Latin America and the Caribbean when it arrived in the region in 2015, countries lacked guidelines and referral pathways for identifying Zika signs and symptoms in pregnancy and newborns, for counseling pregnant women on ways to prevent Zika infection during pregnancy, and for ensuring that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection was managed appropriately and linked to all required services. This required that country health systems establish new procedures and recording and reporting systems to track Zika-related care and services.

Objectives

- Increase the number and proportion of children affected by CSaZ who received the care and support defined in MOH guidelines
- Increase the diagnosis of CSaZ in newborns and the implementation of appropriate follow-up actions
- Strengthen health worker capacity for neurodevelopmental surveillance of children under two who have been exposed to the Zika virus
- Strengthen the provision of psycho-emotional support to women and families affected by CSaZ
- Improve prenatal care to ensure that pregnant women are screened for Zika signs and symptoms and counseled on personal protective measures, including the use of condoms in pregnancy



Achievements

- Thanks to training and the provision of job aids by ASSIST, the percentage of newborns appropriately assessed for microcephaly and CSaZ increased rapidly to over 80% and surpassed 90% in December 2018 and was sustained at that level through June 2019.
- 90 cases of microcephaly or CSaZ in newborns were identified between June 2018 and October 2019. 100% of these children were located, and 92% were successfully linked to follow-up care. Ensuring compliance with all of the services and evaluations stipulated in MOH guidelines for CSaZ-affected children steadily increased as QI teams designated case managers who were responsible for follow-up and formed access teams at the health zone level to ensure coordination of services across levels of care. By September 2019, 92% of affected children had received all required services.
- Through the donation of condoms by USAID, the percentage of pregnant women who were given condoms to prevent the sexual transmission of Zika increased from 69% to reach 85% in June 2019. Over 90% of women in prenatal care were counseled on Zika, at a high level of compliance with quality counseling criteria (over 90%).
- The percentage of antenatal care (ANC), family planning, and post-partum care clients who were aware of the risk of sexual transmission of Zika increased from 20% to over 90% by December 2018 and was sustained at that level through June 2019.



USAID ASSIST Project – El Salvador

Start: July 2016 End: September 2019

- Health Systems Strengthening
- Maternal, Newborn and Child Health
- Quality Improvement

Overview

ASSIST provided technical support to the Ministry of Health and the Salvadoran Social Security Institute (ISSS) to strengthen Zika response efforts, initially focused on care for patients with Zika in the preconceptional, prenatal, delivery, and newborn periods and surveillance of congenital anomalies associated with Zika in children under two years of age. ASSIST first supported the MOH and the ISSS to conduct a baseline assessment of Zika response capacity, which served to prioritize 85 facilities in three health regions of the country for ASSIST QI support. Later the number of sites receiving ASSIST QI support was increased to 124 facilities in four of the five health regions in the country, including seven hospitals, four family health specialized units, 34 family health intermediate units, four family health basic units, and 80 community family health units. ASSIST also supported the development of tools and guidance for counseling in the context of Zika and trained 56 regional and basic health system (SIBASI) staff on Zika counseling. These personnel in turn trained 704 MOH staff and 238 ISSS staff in Zika counseling, benefitting a population of 520,345, including 8854 pregnant women and 7416 newborns. In 2018, the MOH requested that ASSIST expand its assistance to the Western Health Region covering the Departments of Santa Ana, Sonsonate, and Ahuachapán and including 41 health facilities (five hospitals and 36 community health units). In 2019, 38 more facilities were added in the same eight departments to focus on improving care and support for Zika-affected infants. By the end of the project, ASSIST was providing Zika QI support in 75 municipalities, covering 108 first level facilities and 16 hospitals, including the national ISSS maternity referral hospital.

ASSIST also supported the development of guidelines, job aids, and patient education materials on rehabilitation, early stimulation, neurodevelopment, visual and auditory screening, and basic psychosocial support in addition to those on Zika counseling and continuous quality improvement methodology. ASSIST staff provided coaching support to QI teams in assisted facilities to test changes and track quality indicators related to family planning, prenatal care, newborn care, and care and support of Zika-affected children and actively shared learning across teams in El Salvador and with country coordinators of the regional ASSIST improvement collaboratives on prenatal care, newborn care, and care and support for Zika-affected children.

The Challenge

Because Zika was a new disease for health systems in Latin America and the Caribbean when it arrived in the region in 2015, countries lacked guidelines and referral pathways for identifying Zika signs and symptoms in pregnancy and newborns, for counseling pregnant women on ways to prevent Zika infection during pregnancy, and for ensuring that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection was managed appropriately and linked



to all required services. This required that country health systems establish new procedures and recording and reporting systems to track Zika-related care and services.

Objectives

- Increase clinical screening for Zika signs and symptoms in pregnant women and improve the knowledge of women in prenatal care and family planning services of Zika transmission routes, personal and household preventive measures, and the importance of the use of condoms during pregnancy
- Increase the screening of all newborns for microcephaly and signs of CSaZ and the delivery of immediate recommended actions for those newborns detected with CSaZ
- Increase the proportion of children affected by CSaZ who received all the services recommended by national guidelines
- Increase the delivery of psycho-emotional support services to women and families affected by Zika

Achievements

- By June 2019, 96% of women attended in prenatal care in supported facilities were screened for Zika signs and symptoms, up from 28% at the start of improvement activities
- By June 2019, 99% of women attended in prenatal care in supported facilities could identify the risk of sexual transmission of Zika and the need to use condoms to prevent it, up from 53% at the start of the project, and 97% of women seen in prenatal care received condoms
- By June 2019, 97% of women attending prenatal care in the 124 facilities supported by ASSIST received psychosocial support from trained providers
- By June 2019, 93% newborns delivered in the 13 maternities supported by the project were correctly screened for microcephaly, up from 2% at the start of improvement activities
- By June 2019, 93% (94 of 101 CSaZ-affected children identified in the eight departments supported by ASSIST) received more than 80% of the services specified in national norms, up from 25% in January 2018



USAID ASSIST Project – Eswatini

Start: October 2012

End: September 2017

- Health Systems Strengthening
- HIV and AIDS
- Human Resources for Health
- Quality Improvement
- Research and Evaluation
- Tuberculosis

Overview

With Mission funding, ASSIST supported the MOH and implementing partners to apply quality improvement approaches to expand the coverage of integrated TB-HIV diagnostic and treatment services, improve TB treatment outcomes, and improve the quality of TB, TB-HIV, and multidrug-resistant (MDR) TB services in Eswatini. ASSIST worked with the MOH through the National Tuberculosis Control Programme (NTCP), the National AIDS Programme, and the National Clinical Laboratory Services (NCLS) to scale up lessons learned from established HIV and TB quality improvement activities and integrated service delivery models.

To strengthen the health system, ASSIST supported the MOH to develop and implement the Essential Health Care Package (EHCP) and supported the orientation, training, and mentoring of Regional Health Management Teams (RHMTs) and facilities on the EHCP. This package included high-impact interventions and fostered an environment conducive to the delivery of equitable, standardized essential services of acceptable quality at all tiers of the health system. Through ASSIST's advocacy, the regions included the scale-up of the EHCP to primary health clinics in their regional work plans and allocated clinic supervisors to oversee the scale-up strategy.

In partnership with hospital administration, ASSIST supported the creation of centers of excellence for TB, TB-HIV, and MDR-TB at two facilities (National TB Hospital and the TB Centre in Manzini Region) to support the scale-up of effective practices for TB-HIV and MDR-TB management. The project's improvement strategy included reviewing TB guidelines with facility staff, building capacity of the NTCP to lead and manage, training health care workers, providing supportive supervision and clinical mentoring, conducting regional collaborative quarterly review meetings, and sharing best practices between the facilities to spread effective changes.

ASSIST supported the National TB Control Program to adapt and implement the community TB directly observed treatment strategy (DOTS). All hospitals and health center TB adherence officers were supported with cell phones and airtime to facilitate patient follow-up. ASSIST also supported mapping of MDR-TB patients using GIS equipment. To improve retention on treatment, ASSIST supported the community MDR-TB units at both Pigg's Peak Hospital and the National TB Hospital with a vehicle to assist with follow-up of patients in the community as well as conduct home assessments.

In FY13, ASSIST supported the validation of the National Infection Prevention and Control (IPC) guidelines, development and printing of a national IPC training curriculum, training of health care



workers on IPC, and health facility IPC assessments. ASSIST also championed the formation and continued activities of the national IPC Technical Working Group and strengthened IPC in model clinics in areas of high risk for TB transmission.

ASSIST supported TB-HIV co-infection management including expanding HIV testing in TB clinical settings, conducting TB screening in HIV clinics, outpatient departments, and inpatient wards, and increasing ART and Cotrimoxazole preventive therapy uptake among TB-HIV co-infected patients. Isoniazid preventive therapy (IPT) was rolled out to the seven largest hospitals in the country as well as to health centers and primary health clinics in 2013. All ASSIST-supported facilities received clinical mentoring and support for their QI plans to ensure all TB-HIV co-infected patients were initiated on antiretroviral therapy (ART). In addition, ASSIST worked to improve decentralization of TB-HIV activities towards “universal access”, especially for children, and earlier initiation of ART-eligible patients on HIV treatment.

ASSIST also addressed TB in vulnerable populations, including mines, prisons, and maternal and child health settings by providing needs-based, on-site trainings on TB screening, case-finding, and provision of IPT for eligible people living with HIV. ASSIST also supported the integration of TB screening in health care workers’ wellness clinics and the integration of pediatric TB screening into school health, maternal and child health, and integrated management of childhood illness services. ASSIST also supported the NTCP to integrate TB and diabetes mellitus services with non-communicable disease management.

At the facility and community levels, ASSIST provided resources and technical assistance to conduct community dialogues and community sensitization sessions. ASSIST collaborated with other implementing partners to conduct TB advocacy, communication, and social mobilization (ACSM) activities, including visits to schools, prisons, mines, military, and the police where health education and TB screening were conducted and community fairs where TB education and screening were provided. Community leaders were sensitized on TB and agreed to advocate for TB initiatives in their community by encouraging people to screen for TB and seek for treatment in health facilities. ASSIST supported the NTCP to conduct TB education campaigns through health fairs, billboards, and World TB and World AIDS Day commemorations.

In FY14, ASSIST initiated support to the MOH to improve in-service training (IST) by strengthening the Training Unit in the MOH and developing and implementing an in-service training framework for a more effective, efficient, and sustainable training system to meet the needs of the MOH to deliver quality health services. ASSIST supported the MOH’S HMIS, human resources, and training departments to develop and pilot an electronic Training Information Management System (TIMS) to improve the use of training data to inform human resources for health development strategies and decision-making. ASSIST supported the MOH training unit and training providers to improve training needs assessments and the design, delivery, coordination, and evaluation of trainings to increase quality and the return on training investment. Capacity of the training unit staff was strengthened to enable them to monitor, improve, and share training best practices. In 2016, ASSIST supported finalizing, printing, and disseminating the new national IST guidelines to all training providers, programs, partners, MOH senior staff, RHMTs, facility IST coordinators, Ministry of Public Service, and Ministry of Education. ASSIST supported the development of standard operating procedures (SOPs) for conducting annual training needs



assessments; developing a needs-based annual training plan; training data flow process; evaluation of trainings; and post-training follow-up. ASSIST provided technical support through July 2017 to training providers to implement the IST guidelines and SOPs.

In FY16, the USAID Mission asked ASSIST to support two new activities. The first was to work with the National Sample Transportation Services (NSTS) services to develop and pilot an mHealth system to enable facilities and patients to access viral load testing results for pregnant women, improve turn-around time for viral load and dried blood spot results of pregnant women and HIV-exposed infants, and support retention in care by reminding them of all clinic appointments. Mothers and babies were linked to the same unique identifier and scheduled together for clinic visits until the baby was 24 months. The system also provided reminders to the health care workers for retesting of both the mothers and their babies. The second new activity was to provide voluntary medical male circumcision (VMMC) QI support by deploying staff from the ASSIST South Africa and Uganda offices. In the last quarter of FY16, ASSIST supported VMMC QI baseline assessments in five demonstration facilities in Eswatini. In FY17, ASSIST conducted QI training for the national VMMC team, supported the national VMMC team to establish a quality management database to monitor the level of quality of VMMC services over time by facility, and provided technical assistance to the national VMMC team to strengthen quality assessment, coaching, and oversight.

ASSIST also supported the implementation of several operations research studies to support innovation in TB service delivery. One study to improve pediatric TB diagnosis compared two methods of recovery of sputum from children (mucus extractors and gastric lavage). The study also compared three diagnostic technologies (GeneXpert, Blood mycobacteria TB culture, and urine lipoarabinomannan) against the gold standard of TB sputum culture to determine clinical validity and utility of the tests among children. A second study evaluated the sensitivity and specificity of the current TB screening tool for pregnant and lactating women (both HIV-infected and not) as well as the additional benefits of adding screening diagnostics like the interferon-gamma release assay (IGRA) and a chest x-ray. In 2016, ASSIST supported a research study to evaluate the incremental utility of the urine TB LAM test as an added tool for intensified case-finding for TB in PLHIV due to its advantages such as easy handling procedures of less infectious specimen, less sophisticated laboratory instruments required, and quick turnaround time of results (within 25 minutes). It also aimed to evaluate utility and issues surrounding nationwide scale implementation of the urine TB LAM test when used in conjunction with the TB symptom screening tool.

In addition to these Mission-funded activities, ASSIST conducted several core-funded activities in Eswatini related to injection safety and community health workers (CHWs). The injection safety intervention was implemented in 20 sites drawn from all four regions and sought to reduce the percentage of providers with needle-stick injuries, increase the proportion of injections in which safe practices were performed, and increase compliance with waste management protocols. The CHW performance logic model validation study sought to apply the CHW performance logic model to determine how different CHW programs in Eswatini have been effective in improving services and to use the findings to inform CHW planning/strategy and PEPFAR programming. The CHW harmonization study in Southern Africa sought to develop and publish policy recommendations for harmonization of HIV



community cadres and programs into national CHW programs and plans. The CHW logic model and CHW harmonization studies were led by ASSIST partner Harvard T.H. Chan School of Public Health.

The Challenge

Tuberculosis is one of the major public health problems confronting the Kingdom of Eswatini. MOH statistics show that tuberculosis accounts for about 10% of in-patient morbidity in the country and is responsible for 20% of in-patient deaths. To compound this, an estimated 75% of TB-infected patients are co-infected with HIV, and 7.7% of new TB patients and 33.9% of previously treated TB patients have drug-resistant TB.

Because of the high HIV and TB burden, the Ministry of Health made significant investments in building the capacity of its health workforce to deliver quality health services related to HIV and TB through in-service training (IST). Despite these investments, IST in Eswatini continues to be faced with immense challenges including poorly coordinated trainings organized by different training providers targeting the same health care workers, resulting in duplication of trainings and disruption of services.

Given Eswatini's generalized HIV epidemic and high HIV prevalence, VMMC was adopted as an HIV prevention strategy in 2008 at the community level. In addition, VMMC was integrated into most health care facilities across the country. Other fixed site and mobile VMMC services are provided by non-governmental organizations (NGOs) and community-based organizations. The country concentrated its efforts on young men aged 15-24 years, where HIV prevalence was lowest for males. However, less than 50% of the target had been reached at the start of ASSIST VMMC support.

Objectives

- Support MOH and implementing partners (IPs) to implement high quality DOTS expansion for TB and MDR-TB and strengthen implementation of integrated TB-HIV prevention, care, and treatment
- Strengthen the capacity of the MOH and IPs to implement infection control and prevention
- Establish and strengthen the capacity of integrated TB-HIV-NCD model clinics, model primary health care (PHC) and comprehensive TB/HIV care clinics, and Centers of Excellence (COE) in MDR-TB clinics to improve implementation of the EHCP
- Implement advocacy and social mobilization interventions to improve HIV and MDR-TB services uptake and outcomes and increase community engagement in support of TB patient treatment adherence
- Support the development of a National Framework for In-service Training
- Support research to improve TB diagnosis in children, pregnant and lactating women, and PLHIV
- Improve quality in the national VMMC program through strengthening national QI oversight

Achievements

- Clinical mentoring and support of quality improvement projects led to increased TB treatment success from 48% in FY08 to 77% in 83 sites in September 2013 and to 81% in 87 sites in June 2015
- ART uptake improved from 69% in 83 sites in September 2013 to 88% in 87 sites in June 2015



- The mHealth platform for HIV-positive pregnant women, lactating mothers, and their babies enabled real time notification and retrieval of viral load test results from a centralized testing laboratory to peripheral and hard-to-reach clinics, enabling timely patient management and follow-up
- Compliance with safe injection practices in the intervention facilities improved from 68% at baseline in September 2014 to 87% in September 2015, and compliance with health care waste management practices increased from 30% to 88% in the same period
- ASSIST supported the national VMMC program to improve its management of quality assurance and quality improvement within the network of VMMC service providers and provide QI oversight to implementing partners and VMMC sites



USAID ASSIST Project – Ethiopia

Start: August 2018 End: August 2018

- Health Systems Strengthening
- Maternal, Newborn and Child Health
- Quality Improvement

Overview

As one of the key technical resource partners of the WHO-led Global Quality of Care Initiative to Improve the Care of Mothers, Newborns, and Children, ASSIST worked with WHO, governments of 12 countries of Africa and Asia, and other international and donor organizations to halve maternal and neonatal deaths. This included providing catalytic support to three countries participating in the Quality of Care Initiative: Ghana, Uganda, and Ethiopia. In August 2018, ASSIST MNCH lead, Dr. Tamar Chitashvili, participated in the planning and implementation of a WHO-ASSIST joint mission in Ethiopia to carry out a rapid review of the existing health information system at different levels in order to identify key gaps in the system for collecting, reporting and using the initiative's common indicators and field test the Maternal Newborn Health (MNH) Quality of Care Initiative core indicators and reporting tools.

The Challenge

To help network countries to initiate and sustain maternal and newborn health care improvement activities at national, subnational, and facility levels and ensure consistency of the implementation approaches and learning across implementing sites across districts and countries, WHO and ASSIST agreed that in-country catalytic support was needed in priority learning countries.

Objective

- Provide catalytic support to the WHO Quality of Care Initiative (also known as the Quality, Equity, Dignity or QED Network) to improve quality of MNCH care in Ethiopia

Achievements

- Informed the MOH team about ongoing developments in global MNCH monitoring and reporting tools
- Field tested the MNH Quality of Care Initiative Network core indicators and reporting tools in one learning facility
- Oriented newly recruited WHO technical advisors and country office staff on the Quality of Care Initiative monitoring and evaluation framework and built their capacity to use common core indicators to measure quality of maternal and newborn care at facility and district levels to support the learning districts
- Developed detailed recommendations to support implementation of actions targeted to improve the capacity of the health system at national, district, and facility levels to use common core MNH quality of care indicators for continuous improvement





USAID ASSIST Project – Georgia

Start: July 2014 End: April 2015

- Health Systems Strengthening
- Maternal, Newborn and Child Health
- Noncommunicable Diseases
- Quality Improvement

Overview

To support the Government of Georgia’s strategic direction on improving the quality of medical services for priority clinical conditions -- non-communicable diseases (NCDs) and pediatric respiratory tract infections, the most frequent cause of seeking medical care in children -- in August 2011 the USAID Mission in Georgia tasked the USAID Health Care Improvement Project (HCI) to address challenges related to quality, consistency, and continuity of medical care in the country. HCI’s intervention in Georgia was launched in February 2012 and continued until HCI’s closure in September 2014. Beginning in July 2014, technical support for the improvement work continued under ASSIST until the work was completed in April 2015. In this activity, URC worked with the Ministry of Labour, Health and Social Affairs (MoLHSA), and other stakeholders in Georgia to improve the quality, consistency, and continuity of medical care in one demonstration region, improve access and use of evidence-based medical information by physicians, and enhance the availability of modern evidence-based treatments. URC supported referral and primary care facilities to improve the quality of cardiovascular disease, asthma, pneumonia, and chronic obstructive pulmonary disease (COPD) prevention and treatment in 17 ambulatory clinics and village solo practices and three hospitals in Georgia’s Imereti Region, with a population of 700,000. Specifically, the project supported participating medical facilities to identify gaps in prevention and treatment of priority clinical conditions. Through routine coaching and extensive clinical trainings, the project helped the teams to plan, test, and refine changes in their local health care processes to improve care delivery. The approach focused on simultaneously improving both clinical content and processes of medical care to achieve reliable delivery of essential, high-impact, and cost-effective prevention and treatment services for high-burden adult and pediatric illnesses. The project also generated evidence to encourage private providers and insurers to adopt evidence-based clinical protocols.

ASSIST supported capacity-building of central-level QI managers and representatives of training centers of private medical care corporations to plan, implement, and evaluate quality improvement initiatives and scale up QI interventions. Capacity building for the private medical care corporations was particularly important for scale-up and sustainability because they owned not only project-supported facilities in Imereti Region but also several ambulatory care clinics and hospitals in other parts of the country.

The Challenge

A study carried out by the USAID Health Care Improvement Project in 2010 of NCD prevention, screening, and care practices for women of reproductive age found weak delivery of cost-effective, high-impact NCD prevention and treatment services in Georgia. A 2013 World Bank situational analysis of



quality in primary health care in Georgia found that despite great progress in establishing a primary care system in the country (including a primary care workforce, a family medicine curriculum, and a broad set of practice guidelines), there were still major system gaps that needed to be addressed, including lack of clinical decision support or reminders to implement best practices; limited on-going training of physicians; and lack of data to track how well best practices were being implemented.

Objectives

- Improve quality, consistency, and continuity of medical care in Georgia in one demonstration region
- Improve access to and use of evidence-based medical information by Georgian physicians and enhance the availability of modern, evidence-based treatments

Achievements

- Quality improvement interventions supported by ASSIST in selected ambulatories and hospitals in Imereti Region demonstrated sustained improvement of best care practices in all project priority clinical areas:
 - Average compliance with evidence-based best practices for screening, prevention, and management of cardiovascular disease risk factors reached 99%, an increase of 77 percentage points from baseline
 - Average compliance with management of acute coronary syndrome best practices reached 89%, a gain of 62 percentage points from baseline
 - Average compliance with asthma and COPD management best practices in ambulatories and hospitals improved on average by 80 percentage points
 - Average compliance with respiratory tract infection management best practices in ambulatories and hospitals improved by 55 and 57 percentage points, respectively
- Economic evaluation of the QI interventions found that while the total cost of the intervention was 265,066 GEL during 18 months, the intervention saved four times more (1,051,976 GEL) on decreased prescription/administration of non-evidence-based medications and diagnostic tests. The analysis of incremental cost-savings from decreased utilization of non-evidence-based practices demonstrated that except for hospital treatment of asthma and COPD (where number of patients benefitting from improved care was low), from a cost-effectiveness perspective, the QI intervention was far superior to business-as-usual and significantly increased the probability of patients receiving better quality of care.
- To strengthen the capacity of Georgian professional associations and improve access to evidence-based medical information, the project supported twinning of Georgian Medical Associations with representatives of the Georgian medical diaspora in the United States and Europe. The project supported regular revision and translation of evidence-based medical information (including national protocols and guidelines and provider decision support tools, such as care algorithms, pathways, job aids, and summary evidence updates) and disseminated the information through the MoLHSA and the National Center for Disease Control and Public Health (NCDC).





USAID ASSIST Project – Ghana

Start: December 2017

End: October 2019

- Health Systems Strengthening
- Maternal, Newborn and Child Health
- Quality Improvement

Overview

ASSIST was commissioned by USAID's MCH team to conduct a quality assessment of inpatient care of newborns and young infants in Ghana as part of a USAID-led global initiative to understand the status of inpatient care of sick newborns and young infants in low- and middle-income countries. Following negotiations with the Ghana Health Service and USAID Mission, it was agreed that the assessment would be conducted in nine regional and district hospitals across three regions in Ghana during May and June 2018. Key informant interviews were conducted with national and regional MOH personnel as well as with facility-level managers, service providers, and infant caregivers. On average, two to three doctors or nurses and two caregivers were interviewed in each facility. In addition, each facility was assessed for availability of resources, infant care systems, and services.

As one of the key technical resource partners of the WHO-led Global Quality of Care Initiative to Improve the Care of Mothers, Newborns, and Children, ASSIST was asked to provide catalytic technical support to Ghana for the Quality of Care Initiative. In June and July 2019, ASSIST conducted two workshops at the national level and three workshops at the subnational/regional levels in Ghana to orient key stakeholders, including representatives of the MOH, Ghana Health Services, and partner organizations who were supporting implementation of the Quality of Care Initiative in Ghana, to forge a common understanding and approach in monitoring the implementation, harvest learning for scaling up of quality of care within and beyond learning districts, and define actions for sustaining improved MNCH care in learning districts after the end of external assistance. The workshops at the subnational/regional level focused on capacity strengthening of regional, district, facility, and community teams to carry out continuous QI, conduct facility-level assessment of quality of MNH care, and conduct exit interviews to assess knowledge and experiences of postpartum women on childbirth practices and postnatal care; implement a community scorecard to monitor facility inputs and patient experience and hold health facilities accountable; and support routine coaching, data collection, analysis, and use of quality improvement and experience of care indicators.

The Challenge

To further reduce newborn mortality, USAID led a global initiative to understand the status of sick newborn care and inform future programming. For this purpose, a global team of partners (USAID, UNICEF, WHO, and implementing partners, including ASSIST) developed a common protocol and set of tools to assess inpatient newborn care in 10-15 facilities in each of 10 or more countries that were interested in understanding the state of sick newborn care.

Objectives



- Describe the national environment for service implementation and ensuring quality of inpatient care for newborns and young infants (0-59 months) in Ghana
- Describe facility-level readiness to provide evidence-based inpatient care for newborns and young infants
- Describe issues related to quality of care for the newborn and young infant in Ghana
- Elicit program insights from program managers and implementers to improve inpatient care for these infants to inform national planning as well as international strategies for improving newborn and young infant inpatient care
- For the WHO-led Quality of Care Initiative workshops, ASSIST sought to forge a common understanding among Ghanaian implementers of the monitoring and learning strategies for implementation of the Initiative in select learning districts in Ghana

Achievements

- The assessment recommended the introduction of detailed standards for infrastructure, resources, and staffing for different levels of newborn and young infant service units along with a strategy for implementation, monitoring progress in expansion, and monitoring the level to which existing units are in compliance with these standards.
- The assessment found that existing systems for maintenance and repair of equipment and systems for drug resupply at the facility level require strengthening and recommended procurement of physiologic monitors and infusion pumps (items that reduce the risk of error due to human factors) as well as diagnostic and monitoring equipment for more specific and advanced treatment of infants with conditions such as seizures, sepsis, and respiratory distress. The assessment also recommended that providers receive training/refresher training to ensure that these are used effectively for diagnosis and monitoring and that supervisors reinforce standards for diagnosis and patient monitoring.
- The assessment found that guidelines and practices for thermal protection were consistently lacking and that policies and practices to reinforce eligibility and practices for all types of thermal protection, including skin-to-skin position/Kangaroo Mother Care, were needed. It recommended that the Ghana Health Service develop and implement a plan to retrain staff on neonatal resuscitation and other essential skills through on-site training or regionalized skills labs.
- The assessment also recommended introducing a checklist where pre-discharge referrals and counseling provided to the parents/caregivers could be recorded to reinforce the process that should be followed and improve the consistency with which these essential practices were performed and documented.



USAID ASSIST Project – Guatemala

Start: September 2016

End: July 2019

- Health Systems Strengthening
- Maternal, Newborn and Child Health
- Quality Improvement

Overview

ASSIST supported the Ministry of Public Health and Social Assistance in Guatemala and 59 facility-based improvement teams in six prioritized Health Areas to implement quality improvement activities on Zika screening and prevention during prenatal care and family planning, newborn care to identify babies with microcephaly or signs of Congenital Syndrome associated with Zika (CSaZ), and care and support for women and children affected by Zika. The six health areas—Chiquimula, Guatemala City South, Petén South East, Quetzaltenango, Santa Rosa, and Zacapa—were selected because of the high number of Zika cases and prevalence of mosquito vectors. ASSIST supported improvement teams in eight hospitals and 30 health centers, eventually extending support to 356 health posts in the catchment areas of these facilities. Through training and coaching, ASSIST built the capacity of staff in these facilities to apply quality improvement methods to:

- Ensure head circumference screening of newborns and children up to two years of age and screening of pregnant women for Zika signs and symptoms, counseling, and condom distribution
- Engage men in prenatal counseling and family planning to increase the acceptance of condom use
- Identify and train case managers at the facility and health area levels to find cases of CSaZ and ensure they received all required services
- Engage community development councils in Zika prevention and behavior change communication

The Challenge

Because Zika was a new disease for health systems in Latin America and the Caribbean when it arrived in the region in 2015, countries lacked guidelines and referral pathways for identifying Zika signs and symptoms in pregnancy and newborns, for counseling pregnant women on ways to prevent Zika infection during pregnancy, and for ensuring that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection was managed appropriately and linked to all required services. This required that country health systems establish new procedures and recording and reporting systems to track Zika-related care and services.

Objectives

- Increase the knowledge of health care providers and clients on the risks of Zika infection in pregnancy and the use of condoms to prevent sexual transmission of Zika during pregnancy.



- Increase clinical screening for Zika signs and symptoms in pregnant women and improve counseling and case detection, diagnosis, and treatment of suspected cases of Zika infection in prenatal care
- Increase the clinical detection of CSaZ in newborns and increase the number and proportion of newborns and children affected by Zika who received all the services recommended by national guidelines
- Increase the delivery of psycho-emotional support services to women and families affected by Zika

Achievements

- 91% of the 151 children affected by Zika who were identified in the municipalities supported by ASSIST received at least 80% of the services recommended by age in national norms as of May 2019; 81% of affected children participated in early stimulation activities.
- 94% of women and families affected by Zika received psycho-emotional support from trained providers at every visit in the eight hospitals and 30 health centers supported by ASSIST (May 2019)
- 98% of newborns were correctly screened for microcephaly and CSaZ in the facilities supported by ASSIST that attend deliveries, and 91% of the newborns detected with microcephaly or CSaZ received the recommended initial services
- 99% of pregnant women who attended prenatal care in the eight hospitals and 30 health centers supported by ASSIST were counseled on Zika prevention, received condoms, and could identify the risk of sexual transmission of Zika (May 2019), up from under 20% in June 2017



USAID ASSIST Project – Haiti

Start: December 2013

End: June 2015

- Health Systems Strengthening
- HIV and AIDS
- Quality Improvement
- Vulnerable Children and Families

Overview

In 2011, the USAID Health Care Improvement Project (HCI) was invited by USAID Haiti to provide technical assistance to the *Institut du Bien Etre Social and de la Recherche* (IBESR), Ministry of Social Affairs, and United States Government (USG) orphans and vulnerable children (OVC) implementing partners in Haiti to improve the quality of services offered to vulnerable children and families affected by HIV. This assistance was funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). From 2011-2013, HCI provided technical assistance to IBESR to lead a process of identifying champions from the government, local and international organizations, and other stakeholders to form a 15-member National Task Team to pilot and implement a set of minimum OVC service standards and provide support for quality improvement. The guiding principle of the work was to engage stakeholders to reflect on the essential question: “What measurable differences do our programs make in the lives of children and how would we know that our programs are making such a difference?” On November 20, 2013, the National Guidelines were officially launched by IBESR and the Ministry of Social Affairs. Following the close-out of HCI assistance in December 2013, URC through ASSIST continued to support teams that had piloted the guidelines in the North, West, and Artibonite departments and in FY14 initiated implementation of the guidelines in Northeast, Grand Anse, and South departments. In FY15, ASSIST supported the use of the guidelines and quality improvement training on their implementation in North West, Central, South East, and Nippes departments.

ASSIST provided training on the standards and the use of QI methods to apply them for representatives of IBESR and NGOs, local authorities, and community-based organizations (CBOs) and provided technical support to department-level stakeholders to develop work plans for implementation of the guidelines using an improvement approach. A key focus of the QI activities supported by ASSIST was to increase HIV testing of vulnerable children and households.

The Challenge

While PEPFAR has served as a major funder of services for vulnerable children and families affected by HIV, early in the program, services in many countries lacked minimum quality standards to ensure that services provided were making measurable differences in the lives of children and families. Once such minimum standards were defined, support was needed to ensure that services provided by government, local and international organizations, and other stakeholders were actually meeting these standards and to support implementers in applying a quality improvement approach to ensure that services were both of good quality and meeting the specific needs of individual children.

Objectives



- Build capacity of government and NGO partners to implement national service standards to improve quality of care for vulnerable children and their families
- Improve the quality of OVC services through distribution of national service standards and supporting stakeholders to develop strategies for overcoming critical barriers in providing high-impact interventions to vulnerable children and their families

Achievements

- Conducted training on the National Guidelines, promoting a paradigm shift towards quality in OVC programs, and built the capacity of IBESR and partner field agents to apply principles of quality improvement. In all, ASSIST supported training of 49 IBESR staff, 195 OVC service providers, 89 health workers, 67 social workers, and 239 community health agents in 10 geographic departments.
- Individual health facilities in the supported departments achieved measurable improvements. Rates of children under five years with severe acute malnutrition decreased from 37% to 14% between June and September 2014 at the Hospital Durmasais Estime, Verrettes in Artibonite Department, and in Clinic Dugue (North Department), the percentage of adolescents of HIV-positive parents tested for HIV increased from 8% in June 2014 to 75% in September 2014.
- ASSIST worked closely with the government agency mandated with planning and coordination of care and protection of Haiti's children – IBESR – to build capacity in evidence-based interventions and in the use of improvement methodologies. Through ASSIST's cultivation of a collaborative relationship with IBESR staff, IBESR leaders became QI "champions" and adopted an improvement culture in their work in other service areas, including child protection.
- To promote holding the gains made in improving quality of programming for vulnerable children, ASSIST coordinated with staff of the Caris Foundation to carry on the role of providing technical assistance on dissemination of the National Guidelines and improvement. Caris staff were included in the last two trainings in North-West and South-East departments as co-facilitators to develop their capacity for improvement. With support from ASSIST, the Caris Foundation established mechanisms for continuing to support IBESR in implementing the National Guidelines.
- ASSIST supported the translation of the National OVC Guidelines from French to Creole and delivered 300 copies to the Caris Foundation. ASSIST also developed a community booklet in Creole to help community members understand quality services for children and delivered copies to IBESR and the Caris Foundation for distribution.



USAID ASSIST Project – Honduras

Start: June 2016

End: July 2019

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement
- Reproductive Health/Family Planning

Overview

ASSIST was asked by USAID to support the Zika response in Honduras beginning in June 2016, to work with the newly created Zika Strategic Command led by the Secretariat of Health (SESAL) and with the Honduras Social Security Institute (IHSS) to strengthen the capacity of Zika-related health services to deliver consistent, evidence-based, respectful, person-centered quality care with a focus on pregnant women, newborns, and women of reproductive age. An initial activity was to conduct in October 2016, a rapid assessment of availability and quality of family planning services, including availability of methods and other supplies, and of the quality of antenatal care, including Zika-specific care, staff knowledge and skills, and counseling. ASSIST supported the SESAL to develop a Zika Guidelines manual, which ASSIST distributed to all supported SESAL and IHSS facilities. The manual included childbirth and newborn care algorithm flowcharts for management of suspected cases of Zika infection, as well as newborn screening and referral flowcharts for congenital syndrome. ASSIST also developed guidelines to supervise and evaluate how well health care practitioners put what they learned during trainings on Zika counseling into practice and to provide supportive supervision for counseling in accordance with the guidelines.

By June 2017, SESAL, IHSS and ASSIST organized quality improvement teams in 42 health facilities in eight health regions (30 SESAL facilities and 12 IHSS facilities) to participate in three national improvement collaboratives on family planning, prenatal care, and newborn care in the context of Zika. ASSIST also supported national and regional authorities to convene learning sessions of collaborative teams to share their results and scale up successful changes. In 2018, a fourth improvement collaborative on care and support for children affected by Zika was launched with the participation of 88 health facilities. In each assisted region and hospital, ASSIST supported the creation of a multi-disciplinary referral and response team to ensure that appropriate screening, referral, and follow-up processes were in place to assure that Zika-affected children received all needed services, including the active search for Zika-affected children, the creation of databases in each health region and facility to track Zika-related indicators, and the creation of WhatsApp networks to facilitate referral and follow-up. ASSIST worked with the National Health Information System to add a module for Zika indicators to the online reporting platform. ASSIST also helped to establish and equip early infant stimulation rooms in some hospitals and health centers and supported training of health workers in providing psycho-emotional support to families affected by Zika.

The Challenge

Because Zika was a new disease for health systems in Latin America and the Caribbean when it arrived in the region in 2015, countries lacked guidelines and referral pathways for identifying Zika signs and



symptoms in pregnancy and newborns, for counseling pregnant women on ways to prevent Zika infection during pregnancy, and for ensuring that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection was managed appropriately and linked to all required services. This required that country health systems establish new procedures and recording and reporting systems to track Zika-related care and services.

Objectives

- Increase the knowledge of health care providers and clients on the risks of Zika infection in pregnancy and the use of condoms and insect repellants to prevent transmission of Zika during pregnancy.
- Increase clinical screening for Zika signs and symptoms in pregnant women and improve counseling and case detection, diagnosis, and treatment of suspected cases of Zika infection in prenatal care
- Increase the clinical detection of CSaZ in newborns and increase the number and proportion of newborns and children affected by Zika who received all the services recommended by national guidelines
- Increase the delivery of psycho-emotional support services to women and families affected by Zika

Achievements

- 97% of newborns were correctly evaluated for microcephaly and CSaZ (May 2019)
- 95% of pregnant women attending prenatal care in ASSIST-supported facilities could identify the risk of sexual transmission of Zika during pregnancy and the need to use condoms to prevent it (May 2019)
- 98% of clients leaving prenatal care sessions in ASSIST-supported facilities received condoms (May 2019)
- 98% of women seen in prenatal care in ASSIST-supported facilities received counseling on Zika prevention (May 2019)
- 99% of women seen in prenatal care in ASSIST-supported facilities were clinically assessed for signs of Zika infection (May 2019)
- 2449 health professionals were trained on the SESAL Zika guidelines during 2016-2019
- 272 Zika-affected children were located, and of these, 204 (75%) were successfully linked to specialized services, and 86% of these received all required clinical services and evaluations as defined in the SESAL guidelines (May 2019)
- Jointly implemented all activities with the General Directorate of Health Services Networks of SESAL and worked closely with the Quality Management Unit of SESAL to organize and train improvement teams
- Mobilized civil society organizations in each health region to support specialized clinical care for Zika-affected children



USAID ASSIST Project – India

Start: August 2013

End: December 2017

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement
- Reproductive Health/Family Planning

Overview

ASSIST started working in India in August 2013 with the scope of work to build improvement capability in leaders and health care workers in at least one block in each of the 27 USAID-supported districts in the six USAID-supported states in India, to enable them to implement health care improvement along the continuum of reproductive, maternal, neonatal, child, and adolescent health (RMNCH+A) services. By the end of 2014, ASSIST had developed the capacity of 263 QI teams to address quality gaps in antenatal care, use of the partograph, active management of the third stage of labor, essential newborn care, postnatal care, post-partum family planning, neonatal resuscitation, management of post-partum hemorrhage, pregnancy-induced hypertension, and management of anemia in pregnancy. By the end of December 2015, the project was working with 415 facilities and 437 QI teams in the six states. At that point, ASSIST ended facility-level support and shifted focus toward building relationships with domestic institutions in India to support them to become leaders in implementing and spreading QI approaches, including academic institutions such as the All India Institute of Medical Sciences (AIIMS), Lady Hardinge Medical College, and other medical colleges, the Indian Academy of Pediatrics, and state governments in Himachal Pradesh and Meghalaya, to develop their ability to spread QI approaches through their networks and serve as QI resource centers for the country and the region. ASSIST also focused on developing virtual methods for training and ongoing mentoring to make QI support more cost-efficient and scalable. Through these domestic partners, ASSIST supported 159 facilities providing care to over 445,000 deliveries per year. This delivery load was greater than that of 65% of countries in the world and larger than the delivery load of facilities supported by ASSIST during 2013-2015 when the project's funding level was four times higher. In addition, ASSIST partnered with WHO and UNICEF to spread the QI approach developed by AIIMS and ASSIST to other countries in the region, supporting facilities delivering approximately 100,000 babies per year.

The Challenge

Despite having a large and well-trained health workforce, India's health care workers had limited experience with quality improvement, were not used to analyzing process of care gaps, or did not feel empowered to develop and test changes to processes of care delivery to enable the reliable implementation of evidence-based, high-impact interventions. At the health system level, there was a need to develop commitment, set priorities for improving health outcomes, and instill a culture conducive to continual improvement. At the state and district levels, there was a need for improvement expertise and capacity to form, coach, and facilitate the work of improvement teams in the facilities so that facility-level teams could conduct improvement on an ongoing basis. These competencies are best developed by undertaking real improvement work and learning from it.



Objectives

- Enhance commitment and capability of leaders at the national, state, and district levels to lead health care improvement.
- Develop the capacity to conduct improvement amongst health care workers at the national, state, district, facility, and community levels.
- Work through state and district Government of India counterparts to form improvement teams to undertake QI projects across the RMNCH+A continuum in a number of facilities.
- Build the capacity of health care workers in both the public and private sectors to improve the effectiveness, patient centeredness, safety, accessibility, and equity of their services.
- Improve care along the R-MNCH+A continuum in priority USAID districts.

Achievements

- During ASSIST's intensive support to the six states in India, perinatal mortality in 120 supported facilities decreased 5.1% in the intervention period compared to the six-month baseline period before the project started. This encompassed a 13.7% reduction in neonatal mortality and a 2.7% reduction in stillbirths. In addition to fewer deaths in ASSIST-supported facilities compared to baseline, these facilities also referred out fewer neonates due to staff in these facilities being better able to manage newborn complications.
- In approximately 150 ASSIST-supported sites, from baseline in December 2013 to August 2015, the proportion of antenatal visits during which hemoglobin of pregnant woman was checked and documented rose from 59% to 88%; the proportion of vaginal deliveries for which oxytocin was administered within one minute of birth of baby improved from 16% to 99%; and the proportion of newborns made dry and provided warmth immediately after birth out of total newborns observed improved from 47% to 100%.
- The success of the initial work allowed ASSIST to share the results in various forums, which attracted the attention of local leaders in the health care space – such as AIIMS and Kalawati Saran Children's Hospital (KSCH). With these local partners, ASSIST created a formal network of QI practitioners across India focused on increasing the improvement capabilities of participants and sharing learning from improvement efforts to improve maternal and newborn care. ASSIST provided intensive QI coaching to AIIMS and KSCH for their initial projects so that they could experience success early on and be more likely to champion the approach.
- The states of Himachal Pradesh, Meghalaya, and West Bengal spread the use of QI with their own funding.
- ASSIST encouraged adaptation of the methodology and taught it to beginners based on collaboration with local academic leaders as a simple four-step approach and used practical, interactive training approaches. Because the development of the four-step approach was done jointly with AIIMS and WHO-SEARO, these organizations had a sense of ownership over the work and, of their own initiative, developed supporting videos and started spreading the approach to other countries in the region.



USAID ASSIST Project – Indonesia

Start: July 2016 End: March 2017 (QI capacity building)

Start: January 2014 End: May 2018 (accreditation study)

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement
- Research and Evaluation

Overview

ASSIST provided support for two activities in Indonesia. The first was work with the Center for Family Welfare (CFW) of the University of Indonesia to evaluate the quality of care provided in hospitals accredited by the Joint Commission International (JCI) with that in hospitals accredited by Indonesia's national accreditation body, KARS. The Hospital Accreditation Process Impact Evaluation (HAPIE) was initiated in 2013 with a baseline assessment conducted under the USAID Health Care Improvement Project. The midline assessment (carried out in 2014) and the end line assessment (carried out in 2016) were conducted under ASSIST. The final report of the HAPIE study was submitted to USAID in May 2018.

Although not part of the initial scope of the research when initiated in 2012, this study afforded the opportunity to observe the effects of accreditation as well as the effects of changes in the health financing system as it transitioned to a single-payer model. Given that the study had collected data collected before and after the start of the national health coverage plan (known by its Bahasa Indonesia acronym JKN or *Jaminan Kesehatan Nasional*) in January 2015, a component to examine changes in quality indicators over this time was added to the study. ASSIST worked with local partners at the CFW to conduct the end line evaluation to determine the changes in indicators of quality of care provided in the nine hospitals participating in the study. The study provided the opportunity to consider the effects of accreditation versus those of the financing system as drivers of improved health system performance in terms of quality of care.

The second activity was developed out of ASSIST's work in India with the All India Institute of Medical Sciences (AIIMS), the leading academic and teaching hospital in the region, to strengthen its capacity to lead and teach QI activities throughout India and in the region. ASSIST and AIIMS developed a training curriculum and facilitator guide and Point of Care Quality Improvement (POCQI) implementation guides to support trainees when they returned to their facility. In May 2016, WHO's South East Asia Regional Office convened a two-day QI training workshop using the POCQI materials for staff from 39 large academic hospitals in India, Pakistan, Nepal, Bangladesh, Sri Lanka, Myanmar, Indonesia, Maldives, and Bhutan. Teams from these facilities then received remote support from AIIMS and ASSIST in using QI approaches. Each participating facility had one QI team. UNICEF funded a workshop in January 2016 in Indonesia to and funded one ASSIST staff person and a professor from India who was a close collaborator with the QI network in AIIMS to attend. In the first day of the workshop, the external staff worked with staff from the Indonesian hospital to develop the skills for them to train their colleagues from five new hospitals. The six teams participated in a second workshop convened by ASSIST and AIIMS in India in February 2017 for country teams to share progress and further develop their QI skills.



The Challenge

In 2011, USAID agreed to support the Government of Indonesia to improve public hospital care by support the upgrading of the Indonesian Hospital Accreditation Commission or *Komisi Akreditasi Rumah Sakit* (KARS) through the technical assistance of the World Health Organization in order to make it a more effective body. USAID commissioned the HAPIE study to determine how successful KARS was in facilitating improvements in quality and safety in the hospitals. It was anticipated that the study would also provide information to feed back to KARS to help it improve its performance as an accreditation agency.

The second activity in Indonesia, similar to the challenge in other Asian countries being supported in the development of QI capacity by ASSIST and AIIMS, sought to provide training and tools to enable hospital teams in Indonesia to conduct maternal and newborn care improvement work on an ongoing basis.

Objectives

HAPIE study

- Analyze the differences and trends in the quality and safety of services among the hospitals over the three-years study period
- Estimate the costs of the accreditation programs based on fees paid to consultants, facilitators, and assessment organizations
- Determine how successfully the implementation of the accreditation programs progressed from the perspectives of senior officials at the Ministry of Health, KARS, and the participating hospitals

QI capacity building

- Build the QI skills of participating hospital staff and support them to use the POCQI materials.

Achievements

HAPIE study

- From the hospital review, generally there were improvements in indicators of hospital system quality from baseline to end line data collection periods. Improvements were also seen in documentation, as expected because it is required for JKN. Scores across the ten domains of the organizational audit improved both in JCI-KARS and KARS-only hospitals. It appeared that improvements were associated with requirements of the accreditation process more than by JKN implementation. Hospitals undergoing JCI-KARS accreditation generally had higher levels of compliance in organizational audit domains compared to KARS-only hospitals by the end line.
- Clinical records of patients receiving services from hospitals undergoing JCI-KARS accreditation appeared to improve more than those treated in KARS-only hospitals, especially provision of discharge medications for patients with acute myocardial infarction (AMI). Substantive deficits remained in some chart review indicators across all hospitals, especially for patients diagnosed with AMI.



- The pattern noted from discussions with key informants was that JCI accreditation was more thorough and undertaken with greater seriousness than KARS accreditation but that the latter was improving in terms of its consistency and rigor over the last year. The 2012 reforms in KARS appeared to improve KARS' effectiveness as an accreditation program, but deficits in quality and safety were still observed in the nine study hospitals, indicating room for further improvement in the system. Improving the quality of training of inspectors and deploying them in higher numbers may help.
- ASSIST's findings generally showed that hospitals undergoing additional JCI accreditation started at higher levels and showed greater improvements in quality measures compared to KARS-only hospitals. However, deficits also remained in their quality performance scores. JCI accreditation costs a substantial amount more than KARS accreditation, and it is unclear from results of this study that these expenditures were commensurate with the increase in performance above KARS accreditation alone.
- Implementation of JKN during the study period changed hospital behavior in predictable ways. Financial concerns were clearly a powerful driver of changes in the hospitals. It is hoped there will be organizational scope for BPJS to begin considering how JKN can incentivize high quality care and base payments at least partially on health outcomes rather than solely on service volume. As a positive step in this direction, JKN established a Quality and Cost Control Team for this purpose in 2017.

QI capacity building

- ASSIST supported six hospitals in Indonesia to initiate QI projects to improve maternal and newborn health in January 2017. An ASSIST staff member (whose travel was funded by UNICEF) visited one of these hospitals again in March 2017 with staff from the Ministry of Health. This hospital significantly improved waiting time for pregnant women to see an obstetrician. Previously, 100% of women had to wait over an hour. This had decreased to 14% by the end of February 2017.



USAID ASSIST Project – Jamaica

Started: January 2018

Ended: December 2019

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

As part of the USAID response to Zika, ASSIST provided technical assistance to the Ministry of Health and Wellness (MOHW) of Jamaica from January 2018 through December 2019. ASSIST provided support to 60 facilities (48 primary health care centers and 12 hospitals) to carry out quality improvement activities aimed at improving well-child care and neurodevelopmental surveillance of young children to identify developmental deficiencies and address them in a timely way. ASSIST provided recommendations to the MOHW on updating guidelines and protocols on clinical management, care and support for infants and families affected by Zika, neurodevelopmental surveillance (NDS) of infants and young children in well-baby clinics, and psychosocial support (PSS). ASSIST also provided support in training and mentorship to increase Zika-related knowledge and skills of health care providers in a number of areas. Another strategy focused on the development and dissemination of job aids and training curricula for health care providers related to NDS, PSS, and the clinical management protocol for pediatric patients. Finally, ASSIST worked closely with the MOHW to develop frameworks and protocols to improve access to and quality of care and support for infants affected by CSaZ.

The Challenge

Before the Zika epidemic, most countries in the Eastern and Southern Caribbean lacked guidelines and referral pathways to ensure that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection in the mother during pregnancy was appropriately referred to a higher level of specialized care, in the right way and at the right time.

Objectives

- Increased the proportion of infants attending well-child clinics who were appropriately screened for microcephaly and neurodevelopmental milestones during their first two years of life
- Increase the proportion of infants identified with potential development deficiencies who were referred for care and support services as per Ministry of Health and Wellness guidelines
- Increase the proportion of pregnant women in antenatal care who presented with a potential Zika infection and mothers or caregivers of infants affected by Zika who received appropriate psychosocial support
- Increase the proportion of infants who were born with Congenital syndrome associated with Zika virus infection (CSaZ) who receive health care and support services in accordance with the MOHW guidelines

Achievements



- Updated the MOHW Pediatric Clinical Management Protocol for Zika Virus Infection and developed guidelines for health providers on psychosocial support for women and families affected by Zika.
- Developed a case management framework and defined the functions of case managers to support ongoing coordination of care of children affected by CSaZ and other developmental delays.
- Developed the Well-Child Visit Milestone Table (NDS tool) to support Neurodevelopmental Surveillance and incorporated the table into the MOHW Child Health Record form; the proportion of NDS forms that were filled out correctly by health care providers increased from 8% in May 2019 to 71% in November 2019.
- The proportion of children attending well-child clinics whose head circumference was correctly documented and interpreted increased from 37% in May 2019 to 80% in November 2019.
- Trained master trainers and health care providers in NDS and quality improvement and improved neurodevelopmental surveillance in well-child clinics by ensuring widespread use of the updated NDS tool.
- Developed guidance and training materials on psychosocial support, developed a cadre of master trainers, and trained health care providers in PSS.
- Supported capacity building and furnished equipment to enable the MOHW to serve as a hub for Project ECHO in Jamaica, enabling a sustainable platform for educating health workers in Jamaica on a variety of health topics.
- Jointly with the MOHW developed a Scale-Up and Sustainability Plan to sustain achievements and activities throughout the country after the end of ASSIST activities in December 2019.
- In September 2019, ASSIST's team in Jamaica received the U.S. Embassy's Partnership Impact Award for demonstrated and sustained exceptional partnership with counterparts and stakeholders.



USAID ASSIST Project – Kenya

Started: October 2012

Ended: September 2017

- Health Systems Strengthening
- HIV and AIDS
- Human Resources for Health
- Malaria
- Maternal, Newborn, and Child Health
- Quality Improvement
- Reproductive Health and Family Planning
- Vulnerable Children and Families

Overview

Through ASSIST, URC supported the Ministry of Health, the Ministry of East African Community, Labor, and Social Protection (MEACL&SP), and other USAID implementing partners to build leadership and skills for applying quality improvement methods at both the national and county levels in Kenya, to improve the delivery of health and social services. ASSIST supported the development of various QI national level guidelines, standards, and frameworks as well as supported their operationalization through pre-service and in-service training, work improvement teams, and QI support structures at the county and sub-county levels. In the area of HIV and AIDS, ASSIST supported the MOH through the National AIDS & STI Control Program (NASCOP) and county governments to apply QI techniques to strengthen and improve the PMTCT continuum of care and to identify, enroll, and retain in care more HIV-infected pregnant and breastfeeding women and their HIV-exposed infants. In MNCH and RH/FP, ASSIST strengthened county and sub-county facilities' capacity to apply QI techniques to improve the quality and coverage of antenatal care (ANC), delivery care, and postnatal care, strengthen community-to-facility linkages, and increase utilization of skilled childbirth services. Some teams also addressed prevention of newborn sepsis, labor monitoring with the partograph, and active management of the third stage of labor. For malaria, ASSIST provided technical support to the national malaria monitoring and evaluation and case management technical working groups and subcommittees (diagnostics, commodities, and training) and supported selected malaria endemic counties to improve malaria case management with a focus on malaria in pregnancy. For orphans and vulnerable children (OVC) programs, ASSIST enhanced the capacity of the MEACL&SP, the National Council for Children's Services, and the Department of Children Services to identify and address priority improvement issues in child protection and enhanced the capacity of implementing partners and improvement teams to promote the welfare of vulnerable children and households through mainstreaming improvement science methodologies at the point of service delivery.

The Challenge

The project concentrated on pooling national and county level resources to enhance coordination, through a comprehensive plan that was explicit about what needed to be improved, how improvements would occur, and what targets would be achieved. In the final year of project support (FY17), ASSIST focused on establishing support platforms for spread of QI activities at both national and sub-national



levels. ASSIST provided direct support to selected facilities since facility-level implementation is key in providing learning and lessons on modalities for application of QI methodologies, but at the same time ASSIST focused was on getting other USAID service delivery mechanisms to align their implementation work to the national QI frameworks. However, during FY17, most of the health service delivery activities in the counties that ASSIST provided support to were affected by a national strike of health workers that crippled health services beginning in November 2016. Some of the activities affected by this impasse were QI learning sessions, trainings, and on-site mentorships. As of September 2017, only some health care workers had resumed duties. The protracted labor negotiations upset the gains made in QI momentum at the service delivery level, since the morale of the health care workers was severely hit by numerous issues plaguing the management of health care in the country.

Objectives

- Develop institutional structures for quality at national and county levels through harmonization and institutionalization of key quality of care approaches and support selected counties to ensure improvement is sustained and institutionalized at the county and facility levels
- Improve the quality of HIV care and treatment and elimination of mother-to-child transmission of HIV (eMTCT) services to identify, enroll, and retain more HIV-infected pregnant and breastfeeding women and their HIV-exposed infants in care
- Reduce malaria mortality and morbidity through improved case detection and case management
- Strengthen systems within the national and county governments to support the institutionalization of QI in child protection and OVC services to improve the welfare of children and enhance the capacity of the MEACL&SP, the National Council for Children's Services, Department of Children Services, implementing partners, and community improvement teams to promote the welfare of vulnerable children and households through the mainstreaming of improvement science methodologies at the point of service delivery

Achievements

- Supported the Ministry of Health to operationalize Kenya's Quality Model for Health, including developing/revising standards of care, supporting a national quality management program, and disseminating the national quality improvement framework, the Kenya Quality Model for Health (KQMH), in 44 of the 47 counties in the country
- Convened the first National Quality Policy Seminar in February 2013 to bring together international and national experts to share experiences and best practices on quality improvement policy, infrastructure, and accreditation
- Supported the Directorate of Health Standards, Quality Assurance, and Regulation to develop and pilot quality improvement survey tools in three counties and 48 facilities and develop the following products: Kenya HIV QI framework and training package for NASCOP; a clinical practice guidelines web portal (<http://guidelines.health.go.ke/>); and the Kenya Health Quality Improvement Policy
- Supported the Partnership for HIV-Free Survival (PHFS) in Kwale County in 28 facilities; documented PHFS best practices in the form of a guidance package that could be used to inform



improvement across the PMTCT cascade; in FY17, PHFS best practices were replicated in the other four ASSIST focus counties (Kakamega, Busia, Turkana, and Uasin Gishu).

- Supported four medical training institutions (Kenya Medical Training College, Moi University, University of Nairobi and Kenya Methodist University) to integrate improvement science in the core curriculum for various cadres.
- Developed standards of care for orphans and vulnerable children services with the MEACL&SP and facilitated their roll-out to service delivery points nationwide; developed numerous job aids for community volunteers and county governments; established a technical working group chaired by the government to guide implementation and to integrate QI work into the national OVC work plans; developed a national training manual, directory of service providers, and referral tool; and established, through partnership with the MEACL&SP, APHIA Plus and AMPATH+ a total of 300 community improvement teams linked to community- and faith-based organizations to apply the OVC QI standards



USAID ASSIST Project – Lesotho

Start: November 2013

End: March 2018

- Health Systems Strengthening
- HIV and AIDS
- Nutrition
- Quality Improvement
- Vulnerable Children and Families

Overview

ASSIST's first activity in Lesotho was to support the Ministry of Health to launch in November 2013 Lesotho's participation in the Partnership for HIV-Free Survival (PHFS), to apply quality improvement methods to support the implementation of existing PMTCT protocols and Nutrition Assessment, Counselling, and Support (NACS) activities to improve nutritional and HIV care for mothers and both HIV-exposed and non-exposed infants over the first 24 months of life. PHFS aimed to accelerate the progress of existing national programming using QI methodologies and a multi-country learning platform to share successful ideas, models, and interventions. PHFS was implemented in 12 facilities in three of the country's 10 districts (Butha-Buthe, Thaba-Tseka, and Mphahlele) from 2013-2015.

In October 2015, ASSIST was asked to introduce adult HIV care improvement activities in the three PHFS districts. ASSIST worked closely with District Health Management Teams (DHMTs) to establish and build capacity of HIV QI teams at facility and district levels. In FY16, PEPFAR classified the districts into two categories: five of 10 districts were selected as high (80%) HIV burden districts and were named scale-up districts (SUDs), while the remaining five districts which constituted 20% of the country's HIV burden were called sustained response districts. Support of QI initiatives by ASSIST was increased to 103 sites in five scale-up districts: Mafeteng, Maseru, Berea, Leribe, and Mphahlele. ASSIST was also asked to support the implementation of QI activities to accelerate scale-up of ART for children and adolescents, improve the identification of HIV-positive children at priority service points and assessment for ART eligibility and timely initiation of children and adolescents identified as HIV-positive, and improve retention and adherence of children and adolescents living with HIV on treatment and ensure that they received the essential service package. The project also added in FY16 a new activity to apply QI methods to improve the quality of interventions for most vulnerable children and adolescent girls, with an emphasis on family-centred social protection interventions, improving processes of care such as case management, referrals, and linkages, and strengthening the coordination of care between government and service delivery partners. To apply QI at the community level, ASSIST established community improvement teams to help address the limitations in care and support of OVC and their families in 47 Community Councils. These were multi-sectoral bodies that include village health workers, savings and credit groups, local government, life skills clubs, agriculture extension workers, women groups, community ART groups, child grant committees, religious leaders, schools, and village policing committees. ASSIST issued fixed obligation grants (FOGs) to eight local NGOs to ensure delivery of essential quality services to vulnerable children and their families and enhance linkages to HIV services in order to improve their wellbeing. ASSIST also supported the Ministry of Social Development (MOSD) to strengthen its capacity to sustain community QI initiatives for social services.



The Challenge

Lesotho has one of the highest HIV prevalence rates in the world, with an estimated 25% of adults (15-49 years) living with HIV (Lesotho Demographic Health Survey [LDHS], 2014; UNAIDS, 2015). The HIV epidemic in the country disproportionately affects women: 19% of adult men are infected, compared to 30% of adult women. Prevalence rates also vary greatly among the country's ten districts, ranging from 17% in Butha-Buthe to 28% in the capital, Maseru. HIV and AIDS impact the lives of children in Lesotho as well: as an estimated 13,000 children (0-14 years) are living with HIV, and 73,000 children (0-18 years) are orphaned due to AIDS-related deaths (UNAIDS, 2015). With PEPFAR support, ASSIST supported Lesotho's national fight against HIV and AIDS and contributed to the achievement of the 90-90-90 global goals.

Objectives

- Reduce HIV transmission to exposed infants and reduce infant mortality by ensuring care was provided in line with 2010 WHO PMTCT guidelines
- Improve retention of mother-baby pairs and the delivery of standard services during routine visit for mother-baby pairs
- Improve identification of HIV-positive children at the five priority service points (MNCH, TB, malnutrition, and sexually transmitted infection clinics and pediatric wards), assessment for ART eligibility and timely initiation of children and adolescents identified as HIV-positive; improve retention and adherence of children and adolescents living with HIV on treatment and ensure that they received the essential service package
- Build capacity of DHMTs in scale-up districts to oversee and monitor quality of services for PLHIV enrolled in PMTCT, prevention, and care and treatment
- Strengthen the capacity of DHMTs in five sustained response districts to oversee and monitor the quality of services for PLHIV currently enrolled in PMTCT and care and treatment
- Improve the well-being of vulnerable children through increasing access to quality essential services in five priority districts
- Strengthen the capacity of 49 Community Councils to manage and sustain OVC programming

Achievements

- In the PHFS sites, retention of mother-baby pairs rose from 12% at baseline in November 2013 to 76% in November 2015 and to 85% by January 2017; the percentage of mother-baby pairs receiving the standard service package increased from 1% in November 2013 to 100% in March 2017.
- URC issued a FOG to Sentebale, a local NGO, to identify, link, and retain 258 HIV-positive children on ART in 46 health facilities; within three months, 181 HIV-positive children (70% of the target) were identified, linked, and retained in care and pediatric HIV linkage and retention QI projects were supported in 46 health facilities.
- With support from ASSIST's team in South Africa, ASSIST provided voluntary medical male circumcision QI support to six demonstration sites in five districts during December 2016-March



2017. The supported facilities improved in overall performance to VMMC standards from 79.6% to 92.6%.

- ASSIST supported the MOH QA unit to conduct QA standards compliance assessments and trainings for the DHMTs in all 10 districts. ASSIST also supported the MOH QA unit to develop QI training manuals and the National Quality Assurance/QI strategic plan. A QI Technical Working Group was also established to oversee and monitor QI activities in country.
- By September 2017, ASSIST had assessed and served 54,855 vulnerable children and family beneficiaries with case management processes and needs-based services. In the 47 supported Community Councils, the percentage of children tested for HIV increased from 34% in week 1 to 68% in week 8. The percentage of under five children fully immunized increased from 46% in week 1 to 83% in week 13.



USAID ASSIST Project – Malawi

Start: February 2013

End: September 2017

- Health Systems Strengthening
- HIV and AIDS
- Malaria
- Nutrition
- Quality Improvement
- Vulnerable Children and Families

Overview

From December 2013 through September 2017, ASSIST supported the Ministry of Gender, Children, Disability, and Social Welfare (MOGCDSW) in Malawi to improve services for orphans and vulnerable children (OVC) and families. ASSIST supported the MOGCDSW to finalize the review of the national OVC minimum standards for the provision of services for vulnerable children and then organized community-based QI teams in two districts to pilot the standards. In FY14, ASSIST supported five community QI teams in Balaka and Mangochi districts to identify and address barriers to access to various services for vulnerable children, in line with the standards. The community teams identified education and household economic strengthening as critical areas where quality of services needed to be improved to increase students' attendance and performance and to improve household resilience. In FY16 ASSIST partnered with the One Community Project led by Jhpiego in five new districts to support vulnerable communities being targeted by that project to apply QI methods to improve OVC outcomes. In FY17, ASSIST worked with the One Community Project to scale up these OVC QI activities to five additional districts, supporting a total of 286 vulnerable communities. ASSIST also provided technical assistance to the MOGCDSW and 24 Malawian community-based organizations (CBOs) to improve the welfare of vulnerable children and their families using modern QI techniques.

From February 2013 through September 2014, ASSIST supported the national nutrition program within the Ministry of Health (MOH) and sites in Karonga and Balaka districts to integrate nutrition assessment, care, and support into general HIV care; generate data on the real number of malnourished clients to inform district and national decision-making and support for the national nutrition program; and use the lessons from these districts to provide guidance to strengthen the nutrition program nationally.

From October 2014 through September 2017, ASSIST was asked to help improve the quality of voluntary medical male circumcision (VMMC) services in Malawi. ASSIST provided technical assistance to the MOH and to three USAID implementing partners providing VMMC services in selected sites in seven districts in the southern region of Malawi. With support from ASSIST, the MOH trained VMMC service providers and supported them to initiate improvement work in their sites. ASSIST also supported District Health Officers to conduct quality improvement coaching sessions. In FY16, ASSIST expanded its technical support for VMMC QI to 10 MOH sites supported by the World Bank, bringing the total number of supported sites to 27 VMMC teams (17 PEPFAR and 10 World Bank-supported sites) in the country. ASSIST built the capacity of the MOH and PEPFAR partners to continuously improve the quality of the



VMMC services and facilitated peer-to-peer quarterly learning across these sites to accelerate improvement.

In FY17, with cross-bureau funding from the USAID Office of Health Systems, ASSIST introduced an improvement activity in two districts aimed at strengthening malaria case management. The activity was designed to support the Malawi MOH to improve the care of patients (specifically, children under the age of five and pregnant women) presenting at facilities with fever. In close collaboration with the National Malaria Control Program, ASSIST developed data collection tools to track process, coverage, and outcome indicators and trained facility-based improvement teams in QI principles and techniques to help them identify problems and develop and implement improvement interventions.

The Challenge

While the introduction of OVC service minimum standards and needs-based assessments improved the effectiveness of OVC programming in Malawi, many vulnerable families face persistent food insecurity and poor economic wellbeing at the household level, and community QI teams have identified education and household economic strengthening as critical areas where quality of services needed to be improved to increase students' attendance and performance and to improve household resilience.

Recognizing the negative effect that malnutrition has on HIV infection, in 2005 the Malawi MOH established the Nutrition Care, Support, and Treatment (NCST) program, operating in a quarter of the HIV clinics in Malawi to provide nutritional support for people living with HIV. However, the effectiveness of the NCST program has been challenged in recent years. Lack of data at the national level limited the ability of the Nutrition Department to forecast and budget for ready-to-use therapeutic food, and as a result, most facilities rarely had therapeutic food in stock and health workers stopped assessing the nutritional status of the HIV clients.

Despite the existence of VMMC standard operating procedures, quality assessments revealed significant gaps in management, monitoring and evaluation, and surgical procedure in the majority of VMMC sites. In October 2014, USAID Malawi requested ASSIST to work with the MOH and implementing partners to improve the quality of VMMC services being provided across the country.

Malaria is endemic throughout Malawi and remains one of the leading causes of morbidity and the unacceptably high mortality rates in children under the age of five and pregnant women. The President's Malaria Initiative has estimated that Malawi experiences about 6.2 million episodes of malaria annually, and up to 40% of women pregnant for the first or second time have placental malaria at the time of delivery, resulting in increased incidence of low birth weight and higher neonatal and infant mortality.

Objectives

- Improve care for orphans and vulnerable children and their families through distribution of national service standards and support for community improvement teams to identify and address barriers to providing effective services to vulnerable children and their families
- Build the capacity of District Social Welfare Officers and community-based organizations to facilitate OVC program improvements



- Integrate nutrition services into HIV and TB clinics to improve nutritional status of HIV and TB clients
- Build the capacity of VMMC facilities and PEPFAR implementing partners to improve the quality and safety of VMMC services at the site level
- Assess the quality of malaria case management through a baseline survey of services and support facility-based QI teams in two districts to address gaps in quality of care of febrile patients

Achievements

- Supported the MOGCDWS to develop a quality management program for OVC services at the national level, supported the OVC Technical Working Group to finalize the OVC standards, and built the capacity of implementing partners to apply a quality management approach to enhance OVC service delivery.
- In the three pilot districts of Blantyre, Lilongwe, and Mangochi that were working on early childhood development (ECD), QI teams facilitated community mobilization activities to build ECD centers. As a result, the number of ECD centers in the three piloting districts increased from 64 to 129.
- By 2017, 12 CBOs were managing a total of 23 children’s corner centers to provide psychosocial support services to vulnerable children, including: playing; creating safe spaces for children to learn life skills and resilience; guidance and counseling in doing well in school; awareness of children’s rights; and enhancing the children’s knowledge of HIV and AIDS transmission and protection.
- As of August 2017, 3,618 out of 6,265 families were supported by the 15 community QI teams that had an improvement aim on food security and household economic strengthening. Of the households registered with the QI teams, 28% were linked to voluntary savings and loan schemes to access small loans to start small-scale businesses in the communities, up from a baseline of 0%. In total, 18,361 vulnerable beneficiaries in five districts were reached with household economic strengthening interventions, benefitting 7,533 children in the targeted households.
- In January 2013, only 2% of clients coming to HIV clinics were being assessed for malnutrition in the seven sites that worked on this aim. After incorporating the changes to improve nutrition service delivery, those seven facilities improved nutrition assessment to 99% by December 2013 and maintained the results over time. In November 2013, the eight sites found that 38% of malnourished patients who had been enrolled in nutrition care had defaulted. After the teams tested various changes to address reasons patients themselves gave for dropping out of care, the default rate was reduced to 2% by September 2014.
- The proportion of VMMC clients who returned for their 48-hour post-operation review improved from 75% in November 2015 in the 27 USAID-supported VMMC sites to 100% by June 2017 and improved in the 10 MOH sites from 86% in December 2016 to 100% by June 2017. The follow-on assessments of the MOH/World Bank-supported VMMC sites showed that the 10 teams had a mean score of 64% across all the service areas—a substantial improvement over the 37% mean score observed during the baseline assessment. Teams performed very well in registration, group education, information, education, and counseling (IEC), and individual counseling and HIV testing, which had mean scores of 80% each.



- Mchinji District Hospital improved the percentage of children under age five with suspected severe malaria for whom definitive diagnosis using microscopy was done, from 33% at the baseline in June 2016 to 85% by June 2017. In Balaka District Hospital, the suspected severe malaria cases confirmed with microscopy before initiation of treatment increased from a baseline of 15% in March 2016 to 78% in June 2017. Also at Mchinji District Hospital, the percentage of malaria rapid diagnostic tests performed according to standards improved from 71% in August 2016 to 91% in March 2017. The percentage of under-five children with confirmed severe malaria who were administered parenteral antimalarial improved from 27% in March 2016 to 100% in June 2017.



USAID ASSIST Project – Maldives

Start: July 2016 End: February 2017

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST's brief technical assistance in Maldives grew out of ASSIST's work in India with the All India Institute of Medical Sciences (AIIMS), the leading academic and teaching hospital in the region, to strengthen its capacity to lead and teach QI activities throughout India and in the region. ASSIST and AIIMS developed a training curriculum and facilitator guide and Point of Care Quality Improvement (POCQI) implementation guides to support trainees when they returned to their facility. In May 2016, WHO's South East Asia Regional Office convened a two-day QI training workshop for staff from large academic hospitals in India, Pakistan, Nepal, Bangladesh, Sri Lanka, Myanmar, Indonesia, Maldives, and Bhutan. After the initial WHO-SEARO Quality of Care workshop, WHO organized a workshop in Maldives for 34 staff from 17 facilities. ASSIST and AIIMS provided remote support to the Maldives facility teams and convened a second workshop in India in February 2017 for country teams to share progress and further develop their QI skills. Participants from Maldives shared posters on their progress. Staff from ASSIST and AIIMS also worked with them to further build their skills in QI and in using the POCQI materials.

The Challenge

South Asia accounts for over a third of all neonatal and maternal deaths in the world. While mortality rates are decreasing, they are doing so slowly, and new approaches are required to increase the rate of decline and ensure that health systems are better able to deliver the right care at the right time to prevent further deaths. Quality improvement methods as an approach for problem solving in the delivery of maternal and newborn care are underused in South Asia despite strong evidence that they can lead to major change.

Objectives

- Strengthen systems and capacity for ending preventable child and maternal deaths in South Asia

Achievements

- Participants from 17 facilities in Maldives learned how to apply the POCQI materials to design and implement their own maternal and newborn care improvement projects



USAID ASSIST Project – Mali

Started: May 2013 Ended: December 2017

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Nutrition
- Quality Improvement
- Reproductive Health/Family Planning

Overview

From 2013 to 2016, ASSIST worked in 338 community and referral health centers in 14 districts in the Kayes and Sikasso regions to improve the quality of emergency obstetric and neonatal services as well as maternal and infant anemia. In FY17, the USAID Mission asked ASSIST, based on the project's achievements, to scale up maternal, newborn, and child health (MNCH), family planning (FP), and nutrition improvement interventions to an additional 24 districts in three new regions and one old region (Bamako, Koulikoro, Mopti, Sikasso), with a total coverage of 38 districts in the five regions. The integrated MNCH/FP improvement package focused on antenatal care (ANC) linked to maternal anemia prevention and management and implementation of the World Health Organization (WHO) Safe Childbirth Checklist (SCC). The use of the checklist focused on improving the active management of the third stage of labor (AMTSL), essential newborn care (ENC), pre-eclampsia and eclampsia (PE/E) care, newborn resuscitation, post-partum FP (PPFP), and people-centered integrated health services. The nutrition package focused on improving maternal and infant anemia prevention and management. In addition, the project introduced in FY17 new technical content linked to the quality of immunization in two districts of the Mopti Region. In all, ASSIST supported a total of 752 community health centers (CSCOMs), 38 referral health centers, and one regional hospital to implement changes to improve MNCH/FP and nutrition services.

The Challenge

The Ministry of Health in Mali and its partners have made great progress in sustaining investment in the health sector. Through the integration of services at facility and community levels, morbidity and mortality for women of reproductive age and for children under age five have significantly decreased. However, maternal, infant, and child mortality remain high. In 2013, the maternal mortality ratio (MMR) was 368 per 100,000 live births; the neonatal mortality rate was 34 per 1,000 live births; and the child mortality rate was 95 per 1,000 live births. Neonatal mortality in the country was mainly due to preterm births, as well as asphyxia and sepsis, and child mortality due to pneumonia, diarrhea, and malaria. The unmet need for family planning (FP) was 26% among all women of reproductive age, with only 10% of women using modern methods (DHS 2012-2013).

Objectives

- Improve delivery of high-impact, evidence-based maternal and newborn care and post-partum family planning services at facility and community levels in target districts in five regions (Kayes, Koulikoro, Sikasso, Mopti, and Bamako)



- Improve delivery of evidence-based interventions to reduce anemia among pregnant women and infants at facility and community levels in five regions (Kayes, Koulikoro, Sikasso, Mopti, and Bamako)
- Implement the WHO strategy on integrated people-centered health services in two districts of Kayes Region

Achievements

- The use of the WHO Safe Childbirth Checklist in Mali increased from 14% of deliveries in December 2016 to 88% in August 2017 in 306 maternities in four regions.
- ASSIST was able to reduce the postpartum hemorrhage rate by increasing compliance with oxytocin administration for each delivery at the facility level. Quality improvement teams were trained to check for compliance with oxytocin administration and use data at the facility level to inform improvement. From December 2016 to August 2017, the PPH rate in 306 sites decreased from 17.2 to 2.1 cases per 1,000 deliveries for 195,782 facility-level deliveries.
- In 306 sites, health care providers were trained on standards and skills for infection prevention, use of the safe childbirth checklist, and use of partograph for deliveries. Key standards such as systematic identification of risk factors for infection, verification of equipment and commodities required for delivery, and infection prevention were promoted. The improvement activities led to the reduction of the case fatality rate from maternal sepsis in the postpartum period from 5.5% in December 2016 to 1% in August 2017. At the same time, compliance with standards for the detection and management of maternal sepsis during the post-partum period increased from 9% in December 2016 to 85% in August 2017.
- With the dramatic reduction in deaths from PPH and sepsis – two major direct causes of maternal – ASSIST made an impact on the institutional maternal mortality rate in the 306 facilities. Institutional maternal mortality was reduced from 892 per 100,000 births in December 2016 to 352 per 100,000 births in August 2017.
- Newborn mortality due to asphyxia was reduced from 85% in 2013 to 6% in August 2017 within the five targeted sites due to capacity building of providers which increased their compliance with starting resuscitation within the “golden minute” from 47% to 91%.
- ASSIST supported improvements activities to increase access to immunizations for both male and female infants in the two districts beginning in late 2016 by increasing outreach activities with immunization agents and matrons and improving health education and communication through group discussions at health center and at the village level to promote girls’ vaccination and dispelling misinformation about vaccination. From October 2016 to August 2017, the percentage of infants with complete vaccination increased from 18% to 74% for girl infants and from 41% to 83% for boy infants, reducing the gender gap from 23% to 9%.
- ASSIST also supported the development of a National Quality Improvement Strategy 2018-2020 and led a process through six workshops organized with all partners involved in quality work in Mali in order to harmonize and validate the document.
- Through the introduction of the WHO integrated person-centered health services (IPCHS) approach in five sites, ASSIST demonstrated that the IPCHS added value to improvement support, comparing the performance of five sites with IPCHS versus 17 sites without IPCHS in



the same district. While the percentage of women and newborn observed for 24 hours after delivery improved significantly in all sites, the sites where IPCHS was applied saw a much higher level of improvement, 95% (83/89), versus 49% (86/129) in the sites where IPCHS was not implemented. The coaching visits allowed the project team to interview 23 women after receiving services at the five IPCHS sites. More than 94% of women declared that they were satisfied with the services provided and with providers' attitudes.



USAID ASSIST Project – Mozambique

Started: June 2013 Ended: August 2017

- Health Systems Strengthening
- HIV and AIDS
- Quality Improvement
- Vulnerable Children and Families

Overview

Beginning in June 2013, URC through ASSIST supported the Ministry of Women and Social Action (MMAS) of Mozambique to roll out service standards for orphans and vulnerable children (OVC) to implementers and communities in all 11 provinces. ASSIST's work built on previous OVC work implemented in Mozambique through the USAID Health Care Improvement Project beginning in 2010. ASSIST first supported the MMAS to conduct a national mapping exercise that sought to identify implementing partners (IPs) targeting vulnerable children in all 11 provinces to establish a comprehensive picture of all the partners that would be reached through the roll-out of the service standards. During the first and second quarters of FY14, ASSIST supported the MMAS to conduct regional workshops to disseminate the OVC standards and supported provincial teams and IPs to develop implementation plans for putting in place the OVC standards within each province. One hundred forty-seven (147) implementing partners participated in the workshops and began implementing the roll-out of OVC standards. ASSIST's OVC assistance in Mozambique concluded in late 2014 with the publication of the approved OVC standards.

The USAID Mission in Mozambique asked ASSIST to support two other activities in the country: 1) work with the Ministry of Health and other partners to draft and pilot test quality standards for home-based care for persons living with HIV, and 2) as part of the Partnership for HIV-Free Survival (PHFS), to support community-level improvement activities in the catchment area of facilities participating in facility-based QI efforts led by another PHFS partner, by mobilizing existing community groups to support the efforts of government-supported facilities and community health workers. The home-based care standards were piloted and presented to the Ministry of Health in May 2014. ASSIST received additional funds from USAID Mozambique in 2015 to support community-level improvement activities in the catchment areas of facilities participating in the PHFS initiative and to provide technical support for community-level improvement to the Ministry of Health. ASSIST provided limited training to PHFS partners in Sofala and Zambezia provinces in the community health systems strengthening model, quality improvement, and coaching. In Gaza Province, ASSIST provided direct technical support to Bilene District and Chissano, Incaia and Licilo health centers and their respective catchment areas, totaling 39 communities.

In 2016, the USAID Office of HIV/AIDS asked ASSIST to support a USAID-led External Quality Assessment (EQA) of voluntary medical male circumcision (VMMC) services in four USAID-supported sites in Manica and Tete provinces. Four ASSIST staff and partner Moyatech conducted the EQA in August 2016, producing a master slide deck for presentation of the findings, a full draft of the country report in one week, and four site-level reports. The EQA team recommended that ASSIST provide QI support to the Ministry of Health of Mozambique and implementing partners AIDSFree and HC3 to support the eight



USAID-funded sites with QI training and coaching support. In April 2017, ASSIST staff supported another U.S. Government-led EQA in six sites in Mozambique. The VMMC EQA was carried out by an inter-agency team of MOH, USAID, CDC, and DoD, supported by implementing partners AIDSFree, HC3, ASSIST, and I-TECH. The team assessed six sites in two provinces (Manica and Tete), including five sites supported by USAID and one site supported by DoD. ASSIST also supported the completion of the overall Mozambique country EQA report and the six site-level reports. In January 2017, ASSIST staff from the South Africa office led a stakeholders' workshop with the MOH, USAID, CDC, and implementing partners in Maputo to reach consensus regarding the scope of work for partners supporting the MOH with QA/QI. ASSIST South Africa staff returned to Mozambique in July-August 2017 to provide QI support visits (jointly with I-TECH and Jhpiego) to four sites in Manica, four sites in Tete, and two sites in Gaza.

The Challenge

The high HIV prevalence rate in Mozambique (11.5% among 15 to 49 year-olds) has resulted in severe levels of vulnerability, particularly among children and the elderly, who assume the role of parents when the life of the parents is prematurely interrupted due to AIDS. Mozambique has an estimated 1.8 million orphans (of father, mother, or both), of which 510,000 are orphaned due to HIV and AIDS. Pilot testing of the OVC standards in the provinces of Gaza, Zambezia, and Cabo Delgado found that out of seven services, household economic strengthening and psychosocial support (PSS) were the weakest services in terms of implementation. The government recommended that these two services be addressed during the roll-out process and that capacity building was needed for key actors in the process in order to better respond to the needs of children.

With the greater accessibility of better antiretroviral therapy regimens in Mozambique, more and more persons living with HIV (PLHIV) experienced the disease as a chronic medical condition. This in and of itself led to new opportunities and challenges associated with retention, livelihoods, and nutrition for the 1.6 million PLHIV who live in Mozambique. The development of home-based care standards was intended to strengthen the community response and care for PLHIV.

Since 2002, Mozambique has implemented programs that promote prevention of mother-to-child transmission (PMTCT) of HIV. Despite having registered significant advances in quality of care and number of facilities offering pre- and post-natal care, delivery of services to children in the period from 0-24 months continued to be problematic, and the indices of mother-to-baby transmission of HIV remained high.

Mozambique has been supported by PEPFAR-funded implementing partners who provide VMMC including quality assurance and quality improvement activities to ensure safety of the program. A need was identified for ASSIST to collaborate with the MOH and partners in Mozambique to strengthen the quality assurance and quality improvement approaches to address existing quality gaps and improve the service provision for better client outcomes.

Objectives



- Improve the quality of OVC services and care through distribution of national service standards in 11 provinces
- Draft, pilot test, and finalize home-based care standards
- Increase the retention of HIV-positive pregnant women and their exposed infants receiving PMTCT services by linking them to facilities for care and reduce mother-to-child transmission through increased community awareness, improved community-facility linkages, and increased access to services for pregnant women.
- Support facilities and implementing partners to address existing VMMC service quality gaps and improve service provision for better client outcomes.

Achievements

- Under PHFS, ASSIST trained over 110 coaches and supervisors in three provinces in quality improvement methodology, which they applied to improve access and retention of HIV-positive mothers in care at the community level in collaboration with the health centers.
- The work of the Licilo Health Committee and the bairro committees resulted in an increase from 36% to 97% (March 2014 – February 2015) of community-identified pregnant women who had their first ANC visit in the same month. The Licilo Health Center increased the proportion of pregnant women attending first ANC by 20 weeks of gestation from 54% in August 2013 to 74% in August 2014. All pregnant women who tested HIV-positive were initiated on treatment in the three health centers.
- ASSIST support for VMMC QI led to increased MOH ownership of the QI activities, evidenced by allocation of working space for the VMMC program in the public institutions, periodic refresher trainings for implementing staff to improve skills, and establishment of QI teams where there were previously none.



USAID ASSIST Project – Myanmar

Start: May 2016 End: February 2017

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST’s brief technical assistance in Myanmar grew out of ASSIST’s work in India with the All India Institute of Medical Sciences (AIIMS), the leading academic and teaching hospital in the region, to strengthen its capacity to lead and teach QI activities throughout India and in the region. ASSIST and AIIMS developed a training curriculum and facilitator guide and Point of Care Quality Improvement (POCQI) implementation guides to support trainees when they returned to their facility. In May 2016, WHO’s South East Asia Regional Office convened a two-day QI training workshop for staff from large academic hospitals in India, Pakistan, Nepal, Bangladesh, Sri Lanka, Myanmar, Indonesia, Maldives, and Bhutan. ASSIST and AIIMS provided virtual support to the country teams following the workshop and convened a second workshop in India in February 2017 for country teams to share progress and further develop their QI skills.

The Challenge

South Asia accounts for over a third of all neonatal and maternal deaths in the world. While mortality rates are decreasing, they are doing so slowly, and new approaches are required to increase the rate of decline and ensure that health systems are better able to deliver the right care at the right time to prevent further deaths. Quality improvement methods as an approach for problem solving in the delivery of maternal and newborn care are underused in South Asia despite strong evidence that they that can lead to major change.

Objectives

- Strengthen systems and capacity for ending preventable child and maternal deaths in South Asia

Achievements

- Participants from Myanmar learned how to apply the POCQI materials to design and implement their own maternal and newborn care improvement projects



USAID ASSIST Project – Namibia

Started: January 2016

Ended: October 2017

- Health Systems Strengthening
- HIV and AIDS
- Quality Improvement

Overview

ASSIST started providing support to Namibia in January 2016 with Mission funding. ASSIST was asked to improve the performance of voluntary medical male circumcision (VMMC) services in Namibia through the application of modern scientific methods within a public-private partnership involving the government and private health practitioners in one of 13 regions in the country (Khomas). The USAID Mission requested that staff from ASSIST's South Africa team with experience in VMMC QI be deployed on short-term assignments to Namibia. ASSIST adapted VMMC QI tools to the Namibian context, incorporating the Namibian Ministry of Health and Social Services (MOHSS) infrastructure checklist and infection prevention and control standards. The Mission and MOHSS selected 10 private practitioner sites to receive QI support, beginning with baseline assessments. ASSIST South Africa staff traveled to Namibia to conduct VMMC QI baseline assessments 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 VMMC standard and were provided with an Action Matrix to develop quality improvement plans based on the gaps identified.

Though originally ASSIST was requested to provide QI support only to VMMC sites, in May 2017 USAID Namibia requested that ASSIST 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 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).

The VMMC team at the Office of HIV/AIDS (OHA) also requested ASSIST support for an external quality assessment (EQA) of the private sector VMMC sites in the Khomas Region of Namibia. Funding for ASSIST's EQA support was provided through OHA VMMC core funds. ASSIST staff supported the EQA in 19 private sector sites in the Khomas Region in August 2017 and the completion of the overall Namibia country report and the 19 site-level reports. Following the EQA, in September 2017, ASSIST staff from South Africa provided QI support to the MOHSS, per the request of USAID Namibia. In October 2017, ASSIST closed out its assistance in Namibia, delivering all data and tools to AIDSFree and the Ministry of Health.

The Challenge

Strengthening the implementation and maintaining quality of VMMC, HCT, ART, PMTCT, and TB-HIV services will enable the MOHSS to move towards the achievement of PEPFAR's 90-90-90 goals. To facilitate this, USAID identified the need for QI support in HIV and AIDS service delivery provided



through a public-private partnership. One of the important areas still requiring specific attention was the need to develop and provide comprehensive and consistent QI capacity building/training for MOHSS and implementing partner staff involved in VMMC, HCT, ART, PMTCT, and TB-HIV service provision. The activities contributed towards the achievement of the PEPFAR 3.0 key agenda of impact in controlling the epidemic, efficiency in saving lives, partnership towards an AIDS-free generation as well as securing, protecting, and promoting human rights.

Objectives

- Reduce morbidity and mortality by providing technical support to enable local providers to deliver high quality and safe VMMC services
- Improve and strengthen HIV counseling and testing services
- Improve the quality of care and treatment services (ART/PMTCT/TB-HIV care)
- Through the EQA, ensure that PEPFAR-supported sites were providing VMMC services according to national and PEPFAR policy directives and provide information to the MOHSS and the sites regarding the quality of the VMMC services delivered

Achievements

- The baseline VMMC QI assessments found that 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 but performed poorly at 47.7%. Three sites show poor performance in infection prevention and control. Overall performance of the 10 VMMC sites was fair at 81.9%. The VMMC QI baseline assessment pointed to the need for these facilities to be supported to improve the quality of infection prevention and control, individual client counseling, and HIV counseling and testing. In February 2017, ASSIST led a QI training in Namibia with all districts and VMMC teams represented, as well as the MOHSS and implementing partners, in which participants developed action plans by district to address quality issues.
- Implementing partners provided data from three districts, Khomas, Oshikoto, and Zambezi, that ASSIST analyzed. The analysis found large gaps between targets and actual performance and that the proportion of key populations 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 HIV counseling and testing targets among key populations, high numbers of clients lost to follow-up across the three regions, low enrollment in care, and poor initiation on treatment. The findings informed plans for site-level mentorship and coaching. ASSIST supported sites to develop an action plan and document changes tested and progress on closing gaps identified by the baseline analysis.
- ASSIST also conducted qualitative and quantitative baseline gap analysis for PMTCT data provided by implementing partners. This included an analysis of pregnant women who were tested for HIV or with known HIV status at entry to care and an analysis of early infant diagnosis of HIV in eight sites in Odibo sub-district, which showed that most health centers were performing under the 80% target. Issues identified included wide variation in testing rates, from 36% to 100%, with only four clinics registering testing rates of 84% to 100%; stock-outs of rapid kits in health centers, causing some women to be discharged post-delivery without HIV results



and no interventions; and most mothers were not honoring appointments for results and post-natal follow-up, leading to mother-to-child transmission risk.

- ASSIST provided direct service delivery support at one site supported by each of the four implementing partners to create centers of excellence whose lessons could be scaled up by the IPs to the other sites and trained MOHSS and IP staff and regional and site teams in the application of QI methodologies and tools.



USAID ASSIST Project – Nepal

Start: May 2016 End: February 2017

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality improvement

Overview

ASSIST's brief technical assistance to Nepal grew out of the project's work in India with the All India Institute of Medical Sciences (AIIMS), the leading academic and teaching hospital in the region, to strengthen its capacity to lead and teach QI activities throughout India and in the region. ASSIST and AIIMS developed a training curriculum and facilitator guide and Point of Care Quality Improvement (POCQI) implementation guides to support trainees when they returned to their facility. In May 2016, WHO's South East Asia Regional Office convened a two-day QI training workshop for staff from large academic hospitals in India, Pakistan, Nepal, Bangladesh, Sri Lanka, Myanmar, Indonesia, Maldives, and Bhutan. ASSIST and AIIMS provided remote support to country teams and convened a second workshop in India in February 2017 for country teams to share progress and further develop their QI skills.

The Challenge

South Asia accounts for over a third of all neonatal and maternal deaths in the world. While mortality rates are decreasing, they are doing so slowly, and new approaches are required to increase the rate of decline and ensure that health systems are better able to deliver the right care at the right time to prevent further deaths. Quality improvement methods as an approach for problem solving in the delivery of maternal and newborn care are underused in South Asia despite strong evidence that they that can lead to major change.

Objectives

- Strengthen systems and capacity for ending preventable child and maternal deaths in South Asia

Achievements

- Participants from Nepal learned how to apply the POCQI materials to design and implement their own maternal and newborn care improvement projects



USAID ASSIST Project – Nicaragua

Started: October 2014

Ended: June 2019

- Health Systems Strengthening
- HIV and AIDS
- Human Resources for Health
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST began activities in Nicaragua in 2014, building on work under the USAID Health Care Improvement Project with the country's health care pre-service training institutions. Supported by PEPFAR, ASSIST worked to institutionalize improvement methods and pre-service training related to HIV services in the medical and nursing schools of nine public and private universities in Nicaragua (UNAN Managua, UNAN Leon, UCAN, UAM, UNICA, URACCAN, BICU, UPOLI, and POLISAL), constituting 69% of the universities in the country. ASSIST worked with faculty in each university to modify teaching and student assessment methodologies for HIV topics included in nursing and medicine study programs. In addition, ASSIST provided technical assistance to six sexual diversity non-governmental organizations (NGOs) (ADESENI, ODETRANS, GAO, OVI, CEPRESI, and ANICP+VIDA) to help them adopt quality management strategies and support continuous quality improvement of their services. In FY16, ASSIST developed three virtual diploma courses on Research Methodology, Quality Management, and HIV Combination Prevention and Care with the nine universities and with 10 NGOs.

In 2017, ASSIST was directed to support USAID's Zika response in Nicaragua, working with the Ministry of Health and 65 health facilities in five departments of the country (Managua, Carazo, Masaya, Granada, and Nueva Segovia) to improve the identification of and support to children affected by Zika. ASSIST supported the development of a national guide on care for pregnant women with Zika and surveillance and care for children with microcephaly or Congenital Syndrome associated with Zika (CSaZ) and provided training for over 1100 physicians and nurses on care for pregnant women in the context of Zika, CSaZ surveillance, Zika counseling, early childhood development in the context of Zika, and continuous quality improvement. At the regional level, ASSIST's support focused on promoting linkage and coordination of primary and secondary care, organizing the active search for cases of children exposed to Zika or affected with CSaZ, locating CSaZ cases to link them to health services, organizing services to provide care for children with CSaZ; and monitoring and following up on compliance with the care protocol for children affected by CSaZ.

As part of the Zika response, ASSIST also provided technical support to medical and nursing faculty and students at the seven largest public and private universities in Nicaragua—UNAN Managua, UNAN León, UPOLI, POLISAL, UCAN, BICU, and URACCAN, located in six departments (Managua, León, Masaya, Matagalpa, North Caribbean Zone-Bilwi, and South Caribbean Zone-Bluefields). ASSIST support for medical and nursing student competency development addressed four Zika subject areas: care for pregnant women and CSaZ surveillance; preconception, prenatal, and postpartum counseling in the



context of Zika; early childhood development monitoring and promotion from 0 to 2 years in the context of Zika; and psychological support to families affected by Zika.

The Challenge

ASSIST's technical assistance focused on the important links between the training received in nursing and medicine study programs and health services provision by seeking to incorporate Ministry of Health standards and protocols in medical and nursing education. In addition, ASSIST worked to reduce stigma and discrimination towards people with HIV and of sexual diversity at universities and through the work of sexual diversity NGOs, promote gender equity.

Because Zika was a new disease for health systems in Latin America and the Caribbean when it arrived in the region in 2015, countries lacked guidelines and referral pathways for identifying Zika signs and symptoms in pregnancy and newborns, for counseling pregnant women on ways to prevent Zika infection during pregnancy, and for ensuring that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection was managed appropriately and linked to all required services. This required that country health systems establish new procedures and recording and reporting systems to track Zika-related care and services.

Objectives

- Apply continuous quality improvement in medical and nursing pre-service training institutions, support medical and nursing faculty to incorporate MOH HIV standards and protocols in their teaching, and provide tools and knowledge to nursing and medical faculty on gender, gender-based violence, human trafficking, and respect for human rights of people living with HIV and of sexual diversity.
- Increase Zika knowledge among medical and nursing students in seven universities and transfer evidence-based Zika knowledge to professional medical and nursing associations
- Increase awareness of Zika risks and preventive measures among health care providers and women of reproductive age, such as condom use to prevent Zika sexual transmission during pregnancy and insect repellent use
- Increase the availability and quality of prenatal care in relation to counseling, detection, diagnosis, and monitoring of suspected, probable or confirmed Zika infection in pregnant women and recommended care implementation
- Improve clinical detection of CSaZ in newborns and increase the number and proportion of babies and children affected by Zika who receive recommended and high-quality care and support
- Increase the provision of quality psycho-emotional support services for women and families affected by Zika

Achievements

- In supported MOH facilities, from June 2017 to April 2018, facility QI teams achieved an increase of 84 percentage points in condom acceptance by pregnant women (from 0% to 84%), a 90 percentage-point increase in compliance with quality counseling criteria by health staff (from 1%



to 91%), 79 percentage-point increase in knowledge among pregnant women about Zika prevention measures (from 8% to 87%), and 87 percentage-point increase in correct screening of newborns for microcephaly (from 4% to 91%).

- These teams identified 68 children with CSaZ in the five departments, of whom 61 (90%) were successfully linked to health services: 43 in care in MOH facilities; 13 in care at facilities of the Nicaraguan Institute of Social Security; and 5 in care at private hospitals.
- During the technical assistance period, 271 teachers (242 medicine and nursing teachers and 29 from other degrees such as Psychology, Nutrition, and Social Work), and 1725 students (863 nursing students, 835 medical students, and 27 students for other degrees) were trained.
- The supported universities incorporated Zika in their study plans and evaluation systems for both medical and nursing care processes and in research options for the diploma in both degrees, which are key elements for sustainability.



USAID ASSIST Project – Niger

Start: June 2013 End: March 2015

- Health Systems Strengthening
- Maternal and Child Health
- Quality Improvement
- Reproductive Health/Family Planning

Overview

From June 2013 to March 2015, ASSIST worked with the Ministry of Public Health in Niger to promote healthy timing and spacing of pregnancy via improved integration of post-partum family planning (PPFP) counseling and services into routine public and private sector maternal and child health services in 16 facilities in two urban districts and one rural district. By working with 16 quality improvement teams (including teams in two hospitals and 14 health centers), ASSIST promoted client-centered family planning services to improve client choice and adherence with standards for delivery of selected family planning methods. The intervention also contributed to the reduction of unmet need for family planning and achieving healthy timing and spacing of pregnancies.

The Challenge

Prevention of unwanted pregnancy through timely access to high-quality family planning services is an important determinant of future maternal mortality and morbidity. Healthy timing and spacing of pregnancies is a highly cost-effective intervention for reducing maternal mortality and morbidity. The postpartum period, just after a woman delivers a baby, is a time when many women and their families want access to effective, affordable methods to prevent or delay a subsequent pregnancy. However, routine integration of modern family planning services into postpartum maternal care remains very limited in many settings.

Objectives

- Increase the percentage of women who received immediate PPFP counseling before discharge
- Increase the percentage of postpartum women who left the facility with a modern family planning method before discharge
- Increase the percentage of couples in the immediate postpartum period who received family planning counseling before discharge
- Increase the percentage of postpartum follow-up visits (0-12 months) during which couples were counseled on modern family planning methods
- Increase the percentage of new clients registered in PPFP for whom the medical eligibility criteria were met

Achievements

- Sites supported by ASSIST increased the proportion of women who received family planning counseling as part of routine postpartum care from 9% in December 2013 to 86% in August 2014.



- The 16 facilities also made gains in increasing the percentage of postpartum women discharged with a modern family planning method of choice (from 0% in December 2013 to 31% in August 2014) and in increasing the percentage of couples counseled for family planning (from 0% in December 2013 to 9.4% in August 2014).



USAID ASSIST Project – Nigeria

Start: October 2012

End: September 2014

- Health Systems Strengthening
- Quality Improvement
- Vulnerable Children and Families

Overview

Building on the work funded under the USAID Health Care Improvement Project, beginning in October 2012, ASSIST supported the Federal Ministry of Women Affairs and Social Development (FMWASD) in Nigeria and 11 State Ministries of Women Affairs and Social Development and nine implementing partners to pilot the final draft vulnerable children service standards in 31 communities, reaching 4,572 vulnerable children. The results of the pilot led to the adoption of the national service standards and improvement methodologies as the nationally accepted approach for vulnerable children programming in Nigeria.

In April 2013, USAID Nigeria made two Umbrella Grants Mechanism (UGM) awards to two lead implementing partners (IPs)—Catholic Relief Service and Save the Children International—to ensure high-quality delivery of the standards in 10 states of Nigeria in close cooperation with the FMWASD. The USAID Mission asked ASSIST to support the two lead IPs in FY14 to apply improvement methods in the implementation of the UGM awards.

In May 2013, ASSIST organized harvest meetings in the six geo-political zones of Nigeria (North Central, North East, North West, South - South, South East and South West) to identify the strategies and solutions which had been tested and proven to improve care of orphans and vulnerable children in the 31 pilot communities. After the harvest meetings, the ASSIST team in Nigeria organized and categorized the change ideas to address barriers to implementing the essential actions related to each of the seven service areas: health, food and nutrition, psychosocial support, education, social protection, shelter and care, and household economic strengthening. ASSIST also produced a series of job aids and tools to communicate how to apply standards-based approaches to improve services for vulnerable children, including the National Standards for Improving the Quality of Vulnerable Children Services, a community improvement team journal for vulnerable children programs in Nigeria, and cartoon comic stories to communicate essential actions to improve care for vulnerable children.

The Challenge

The introduction of minimum service standards for programs serving vulnerable children and families sought to ensure that services provided met minimal requirements and were based on the actual needs of children and families rather than one-size-fits-all services focused on the delivery of commodities like shoes or school supplies. In Nigeria, the large number of local implementing partners engaged in vulnerable children services created disparities between programs and States; the adoption of national service standards and QI methods to achieve them were intended to ensure that services provided in each State and community met minimum quality standards.

Objectives



- Support the Federal and State Ministries of Women Affairs and Social Development to pilot the draft service standards for vulnerable children in Nigeria by establishing QI teams in the offices of the Federal and State MWASD and incorporating QI activities into the official duties of OVC desk officers
- Gather evidence from the piloting of service standards to ascertain whether the proposed standards are doable, relevant, effective, and appropriate and whether using the standards makes a difference in the well-being of children.
- Support the Federal and State MWASD to communicate the final standards to partners and other vulnerable children stakeholders

Achievements

- Implementing the standards improved the quality of programs for vulnerable children in Nigeria by increasing community ownership and participation, leveraging additional resources from the community for vulnerable children, increasing monitoring of vulnerable children activities by the state, local government, and community, and orienting community QI teams to take independent actions that led to improvements across the vulnerable children service areas.
- The FMWASD established a six-member improvement team to ensure that all community-based organizations in Nigeria used the National Standards for Improving the Quality of Vulnerable Children Services in the provision of services to vulnerable children in Nigeria.
- The FMWASD also formed a National Quality Improvement Task Force for Vulnerable Children made up of all the implementing partners that participated in the pilot. The role of the task force was to lead, coordinate, and guide policymakers and implementing partners in improving quality of programs tailored to mitigate the impact of HIV/AIDS on children and families by developing a strategic implementation plan that clearly delineated the major milestones of the QI process.
- At the state level, ASSIST facilitated the establishment of vulnerable children quality improvement teams in five states: Ekiti, Akwa Ibom, Ebonyi, Bauchi, and Taraba. The establishment of QI teams and convening of state-level monthly QI meetings by the MWASD with participation of all other ministries and civil society stakeholders within each state facilitated knowledge sharing among these entities and reduced overlap and duplication of efforts by organizations funded by different donors.



USAID ASSIST Project – Pakistan

Start: April 2016 End: September 2017

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement
- Reproductive Health/Family Planning
- Research and Evaluation

Overview

ASSIST's work in India, supporting over 450 facility-based improvement teams in 27 districts in six USAID priority states, demonstrated that improvements in care quality and outcomes are possible when frontline workers are engaged and empowered to make changes in care processes. ASSIST was asked by USAID to work with the All India Institute of Medical Sciences (AIIMS), the leading academic and teaching hospital in the region, to strengthen its capacity to lead and teach QI activities throughout India and in the region. ASSIST and AIIMS developed a training curriculum and facilitator guide and Point of Care Quality Improvement (POCQI) implementation guides to support trainees when they return to their facility. In May 2016, WHO's South East Asia Regional Office convened a two-day QI training workshop for staff from large academic hospitals in India, Pakistan, Nepal, Bangladesh, Sri Lanka, Myanmar, Indonesia, Maldives, and Bhutan. In December 2016, ASSIST and AIIMS led a training workshop for staff from three medical colleges and two district hospitals in Punjab Province of Pakistan to initiate QI projects to improve pediatric triage, reduce neonatal hypothermia, reduce post caesarian C-section infection rates, and reduce neonatal sepsis. These hospitals deliver approximately 60,000 babies per year. This workshop was funded by UNICEF, which planned to support the scale-up of the use of quality improvement based on the results they see in this pilot.

In April 2016, the USAID Mission in Pakistan requested that ASSIST conduct two cost-effectiveness analyses (CEA) on activities they had supported in Pakistan in previous years. One was a maternal and child vaccination program, and the other was a family planning program. The vaccination program was implemented by John Snow International from March 2014 to July 2016 and consisted of community-based advocacy, registration of children and women eligible for vaccination, and capacity development of the district health management teams to improve their monitoring and supervision systems to increase the demand for vaccination services. The family planning intervention was a voucher program in 32 districts implemented between October 2013 and June 2016 by Marie Stopes International whereby women of reproductive age were given vouchers for family planning consultations and contraception services delivered by facilities in the Suraj Social Franchise (SSF) program. The SSF program also strengthened capacity of designated family planning clinics to provide high quality services. ASSIST's research and evaluation director traveled to Pakistan in the last quarter of FY16 to collect data and conduct the CEAs.

The Challenge

South Asia accounts for over a third of all neonatal and maternal deaths in the world. While mortality rates are decreasing, they are doing so slowly, and new approaches are required to increase the rate of



decline and ensure that health systems are better able to deliver the right care at the right time to prevent further deaths. Quality improvement methods as an approach for problem solving in the delivery of maternal and newborn care are underused in South Asia despite strong evidence that they that can lead to major change.

The purpose of the cost-effectiveness analyses was to provide information on program efficiency to USAID and local and national public health officials as the basis for evidence-based decision-making for continuation of these programs when USAID support for them ceases.

Objectives

- QI projects developed with hospitals in Punjab Province sought to improve pediatric triage, reduce neonatal hypothermia, reduce post cesarean-section infection rates, and reduce neonatal sepsis
- Determine the cost-effectiveness of the vaccination program to evaluate whether it should be scaled up in its current form or modified
- Determine the level of efficiency of the FP social franchise and voucher program to guide recommendations for scale-up or modification

Achievements

- In December 2016, ASSIST and AIIMS led a workshop funded by UNICEF for staff from three medical colleges and two district hospitals in Punjab Province to initiate QI projects to improve pediatric triage, reduce neonatal hypothermia, reduce post-cesarean-section infection rates, and reduce neonatal sepsis. These hospitals deliver approximately 60,000 babies per year. The workshop was funded by UNICEF, which planned to scale up the use of quality improvement based on the pilot results.
- In the written report submitted to USAID Pakistan in November 2016, ASSIST found that the total cost to USAID of the immunization promotion program implemented in the four districts was US\$1.56 million. About 440,000 children and 120,000 women were immunized through the program at an overall cost of \$2.80 per vaccination completed. The overall incremental cost-effectiveness ratio comparing it to business-as-usual, from the USAID perspective, was \$1.30 per disability-adjusted life year (DALY) averted. From the Government of Sindh Department of Health perspective, the program decreased costs while improving health because of the reduced expenditure overall by not treating the number of vaccine-preventable disease cases averted. The study concluded that the program was cost-saving while improving population health.
- The CEA of the family planning program found that the average program effect/voucher recipient was an additional 1.66 couple-years of protection (CYPs). The incremental cost-effectiveness was \$4.28 per CYP compared to not having the program (95% CI: \$3.62 – 5.31). The result compares favorably to other interventions with similar objectives and appears affordable for the Pakistan national health care system. Further scale-up of the program was recommended to help address the unmet need for contraception among women of reproductive age in these areas of Pakistan.





USAID ASSIST Project – Paraguay

Start: August 2017

End: June 2019

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

As part of USAID’s Zika response, ASSIST focused on three strategic areas in its program of assistance to the Ministry of Health of Paraguay: the development and/or updating of standards and protocols for Zika screening, care, and support, including a five-year strategic plan for addressing the threat of arboviruses; training of health personnel and production of jobs to support quality performance; and support for facility-level quality improvement teams in 14 hospitals in three health regions to improve prenatal care, newborn screening, and care and support to families affected by Zika. The project supported QI teams in the Capital Region (four hospitals), Central Region (six hospitals), and Alto Paraná (four hospitals). The QI teams were organized in three improvement collaboratives which met in both regional and national learning sessions to share effective changes related to each collaborative’s improvement aims.

Together with UNICEF, ASSIST participated in the Integrated Vector Management Team led by the Vice Minister of Health and coordinated activities with the Pan American Health Organization and other UN agencies supporting the Ministry of Health. ASSIST also developed partnerships with private organizations in Paraguay including TELETON and the Association of Parents and Friends of Handicapped Persons in Alto Paraná; professional associations in Obstetrics and Gynecology, Pediatrics, and Family Medicine; and some medical and nursing schools, to ensure needed care and support services were available to all children affected by Zika.

The Challenge

Because Zika was a new disease for health systems in Latin America and the Caribbean when it arrived in the region in 2015, countries lacked guidelines and referral pathways for identifying Zika signs and symptoms in pregnancy and newborns, for counseling pregnant women on ways to prevent Zika infection during pregnancy, and for ensuring that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection was managed appropriately and linked to all required services. This required that country health systems establish new procedures and recording and reporting systems to track Zika-related care and services.

Objectives

- Increase awareness of Zika risks and preventive measures among health care providers and women of reproductive age, such as condom use to prevent Zika sexual transmission during pregnancy and insect repellent use
- Increase the availability and quality of prenatal care in relation to counseling, detection, diagnosis, and monitoring of suspected, probable, or confirmed Zika infection in pregnant women and recommended care implementation



- Improve clinical detection of Congenital Syndrome associated with Zika (CSaZ) in newborns and increase the number and proportion of babies and children affected by Zika who received recommended and high-quality care and support
- Increase the provision of quality psycho-emotional support services for women and families affected by Zika

Achievements

- ASSIST trained more than 2,000 health professionals in the 14 supported hospitals as well as staff of Family Medicine Units and medical students and residents to develop their competency to deliver Zika-related services. Training workshops addressed Zika counseling; QI; neonatal screening; Zika diagnosis, prevention, and case management; psychosocial support; monitoring and evaluation; neurodevelopmental surveillance; and early infant stimulation.
- As a result of the efforts of the 14 facility QI teams, by June 2019:
 - 96% of women who attended prenatal care were counseled on Zika prevention, and 97% were clinically examined for Zika signs and symptoms;
 - 94% of women who attended prenatal care could identify the risk of sexual transmission of Zika and its prevention through condom use during pregnancy;
 - 96% of women seen in prenatal care received condoms;
 - 93% of newborns attended in the 14 hospitals were correctly screened for microcephaly and CSaZ;
 - 100% of newborns detected with CSaZ received the stipulated immediate care actions;
 - 89% of children identified as affected by CSaZ received at least 80% of the required services outlined in the national standards;
 - 92% of children identified with CSaZ participate in early infant stimulation activities; and
 - 100% of affected patients received psycho-emotional support from a trained provider.
- ASSIST supported the establishment and furnishing of 14 early stimulation rooms and 14 clinics for evaluation of at-risk children which benefitted not only children affected by Zika but also those affected by other congenital abnormalities and developmental delays; by the project's closure in Paraguay, more than 560 children had benefitted from early infant stimulation services, and some 2,294 at-risk children were evaluated for developmental delays.



USAID ASSIST Project – Peru

Start: September 2018

End: November 2019

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST began to provide support for the USAID Zika response in Peru in September 2018 and was directed by the Ministry of Health to work directly with the Regional Health Directorates (DIRESA) in the northern regions of Piura and Tumbes. The Piura DIRESA directed ASSIST to work in 21 health facilities in six of the eight geographic provinces of Piura, encompassing nine hospitals (five of the Ministry of Health and four Social Security hospitals) and 12 health centers. In Tumbes, ASSIST worked in all three geographic provinces of Tumbes in two hospitals (one of the Ministry of Health and one Social Security hospital) and nine health centers. ASSIST also coordinated its activities with the two public universities and professional societies in the regions.

ASSIST supported the formation of 64 QI teams: 30 addressing prenatal care, 31 addressing newborn care, and three teams addressing care and support for Zika-affected infants and children. ASSIST supported the Piura DIRESA to develop a regional plan for response to Zika and adapt the project's Zika counseling guide. ASSIST supported the Tumbes DIRESA to develop a protocol for follow-up for pregnant women and children affected by Zika and adapt the Zika counseling guide.

ASSIST developed and distributed job aids for all supported health facilities on measurement and interpretation of head circumference, prenatal counseling on Zika, and Zika screening in prenatal care and patient education materials on Zika and other arboviruses. ASSIST provided supplies for early infant stimulation rooms in the supported facilities and early stimulation kits for home use by parents of Zika-affected infants. The project equipped infant physical therapy and rehabilitation rooms in four hospitals (two Ministry of Health and two Social Security). ASSIST also developed three virtual courses on Zika: a basic course on Zika (completed by 604 health workers), a course on psycho-emotional support (completed by 197 health workers), and a course on neurodevelopmental surveillance (completed by 205 health workers).

The Challenge

Because Zika was a new disease for health systems in Latin America and the Caribbean when it arrived in the region in 2015, countries lacked guidelines and referral pathways for identifying Zika signs and symptoms in pregnancy and newborns, for counseling pregnant women on ways to prevent Zika infection during pregnancy, and for ensuring that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection was managed appropriately and linked to all required services. This required that country health systems establish new procedures and recording and reporting systems to track Zika-related care and services.

Objectives



- Increase awareness of Zika risks and preventive measures among health care providers and women of reproductive age, such as condom use to prevent Zika sexual transmission during pregnancy and insect repellent use
- Increase the availability and quality of prenatal care in relation to counseling, detection, diagnosis, and monitoring of suspected, probable, or confirmed Zika infection in pregnant women and recommended care implementation
- Improve clinical detection of Congenital Syndrome associated with Zika (CSaZ) in newborns and increase the number and proportion of babies and children affected by Zika who receive recommended, high-quality care and support according to age
- Increase the provision of quality psycho-emotional support services for women and families affected by Zika

Achievements

- As a result of the efforts of the 64 facility QI teams, by August 2019:
 - 100% of women who attended prenatal care were counseled on Zika prevention, up from 30% in September 2018
 - 100% of women who attended prenatal care were clinically examined for Zika signs and symptoms, up from 0% in September 2018
 - 100% of women who attended prenatal care could identify the risk of sexual transmission of Zika and its prevention through condom use during pregnancy, up from 35% in September 2018
 - 100% of women seen in prenatal care received condoms, up from 27% in September 2018;
 - 100% of newborns were correctly screened for microcephaly and CSaZ, up from 0% in September 2018
 - 100% of newborns detected with CSaZ received the stipulated immediate care actions in accordance with regional norms
 - 93% of affected patients received psycho-emotional support from a trained provider
- ASSIST supported the two DIREsAs to provide comprehensive care, including neurology, pediatrics, ophthalmology, otolaryngology (including hearing tests), psychology, and physical therapy and rehabilitation, to 63 children affected by Zika (29 in Piura and 34 in Tumbes). Of the 63 children, 55 (87%) were successfully linked to care and support services, 42 (67%) received psycho-emotional support, and 41 (65%) received early infant stimulation. Mothers of these infants were also trained in home stimulation, and 47 home kits for infant stimulation were distributed.



USAID ASSIST Project – Saint Kitts and Nevis

Start: July 2018

End: January 2020

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST provided short-term technical assistance (STTA) over a period of approximately 18 months in St. Kitts and Nevis, supporting 19 functioning health facilities – 17 primary health care centers and two hospitals – to carry out quality improvement activities. The Ministry of Health of St. Kitts and Nevis provided guidance and direction on the scale of the activity and provided strategic oversight for the scope of work. Key ASSIST activities included:

- Setting up and supporting QI teams in each facility;
- Identifying and training coaches and nurse supervisors in QI;
- Training health care workers in improvement methods and care of newborns and children potentially affected by Zika;
- Improving clinical knowledge and skills on essential care of every baby, monitoring childhood development, early childhood stimulation, and psychosocial support;
- Streamlining referral and clinical management pathways for clinical and non-clinical care;
- Revising existing or co-developing new clinical and non-clinical guidelines and job aids;
- Improving documentation and surveillance; and
- Providing technical training and facilitating learning sessions which brought together representatives from each facility gave QI teams the opportunity to share their experiences and promising practices across teams.

ASSIST provided training during a series of technical assistance visits combined with learning sessions that started in September 2018 and ended in November 2019. The topics of training were identified based on the findings from the scoping assessment tool and discussions with the MOH that revealed the topic areas – both clinical and non-clinical – where there was either a gap or needed strengthening. Learning sessions which brought representatives from each facility together provided an opportunity for QI teams to share their experiences and promising practices.

The Challenge

Before the Zika epidemic, most countries in the Eastern and Southern Caribbean lacked guidelines and referral pathways to ensure that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection in the mother during pregnancy was appropriately referred to a higher level of specialized care, in the right way and at the right time.

Objectives

ASSIST supported the 19 functioning health facilities to carry out quality improvement activities aimed at:



- Increasing awareness of Zika risks and preventive measures among health care providers and women of reproductive age, such as condom use to prevent Zika sexual transmission during pregnancy
- Increasing availability and quality of prenatal care in relation to counseling, detection, diagnosis, and monitoring of suspected, probable, or confirmed Zika infection in pregnant women and recommended care implementation
- Improving clinical detection of CSaZ in newborns and increasing the number and proportion of babies and children affected by Zika who received recommended, high-quality care and support
- Strengthening the provision of quality psycho-emotional support services for women and families affected by Zika

Achievements

- ASSIST provided training to approximately 128 health care workers, educators, social workers, gender specialists, and others in both St. Kitts and Nevis on essential care for every baby, neurodevelopmental surveillance, early stimulation, psychosocial support, and quality improvement.
- End line data collection showed that the percentage of children under five attending well-baby clinics who were appropriately screened for microcephaly increased from 23% at baseline in 2018 to 100% in November 2019, and the percentage of children under five years identified with suspected developmental delay referred to care and/or support services, including babies who exhibited negative outcomes suggestive for CSaZ, increased from 19% to 95%.
- The percentage of newborns receiving all essential newborn care interventions before discharge increased from 25% at baseline in 2018 to 93% at end line in November 2019. The percentage of newborns who were appropriately screened for microcephaly and who were appropriately evaluated for other symptoms of CSaZ increased from 0% in 2018 to 100% in November 2019.
- ASSIST's gender partner, WI-HER, LLC, provided gender sensitization training to approximately 65 health providers in December 2018 to increase awareness of gender issues in the context of Zika programming and build gender-sensitive skills so that health providers can best meet the individual needs of their clients and contribute to better overall health outcomes. The training helped highlight key gender gaps and barriers that influence quality care and health outcomes.
- On January 24, 2020, ASSIST convened a one-day Sustainability and Transition policy discussion meeting with 18 local partners and stakeholders to actively plan the transition from USAID co-implemented activities to full country responsibility. Participants established priority areas for sustainability, identified specific interventions and activities to continue after the end of the STTA, and identified the individual skills, systems, and resources needed to sustain those activities, what entities would be responsible for maintaining the various project activities, and the challenges and opportunities. A Sustainability Plan was drafted and finalized based on the main findings, decisions, and other key insights from the discussions.



USAID ASSIST Project – Saint Vincent and the Grenadines

Start: July 2018 End: January 2020

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

Through ASSIST, URC provided short-term technical assistance (STTA) over a period of approximately 18 months in St. Vincent and the Grenadines, supporting 46 functioning health facilities – 40 primary health care centers and polyclinics, five district hospitals, and one national hospital. The Ministry of Health of St. Vincent and the Grenadines provided guidance and direction on the scale of the activity and provided strategic oversight for the scope of work. Key ASSIST activities included:

- Setting up and supporting QI teams in each facility;
- Identifying and training coaches and nurse supervisors in QI;
- Training health care workers in improvement methods and care of newborns and children potentially affected by Zika;
- Improving clinical knowledge and skills on essential care of every baby, monitoring childhood development, early childhood stimulation, and psychosocial support;
- Streamlining referral and clinical management pathways for clinical and non-clinical care;
- Revising existing or co-developing new clinical and non-clinical guidelines/job aids;
- Improving documentation and surveillance; and
- Providing technical training and facilitating learning sessions which brought together representatives from each facility gave QI teams the opportunity to share their experiences and promising practices.

The Challenge

Before the Zika epidemic, most countries in the Eastern and Southern Caribbean lacked guidelines and referral pathways to ensure that every newborn and child who was identified as having microcephaly or other anomalies associated with Zika infection in the mother during pregnancy was appropriately referred to a higher level of specialized care, in the right way and at the right time.

Objectives

ASSIST supported the 46 facilities to carry out quality improvement activities aimed at:

- Increasing the number and proportion of infants affected by Congenital Syndrome associated with Zika virus receiving timely recommended care
- Increasing the proportion of children under five attending well-baby clinics who were screened for neurodevelopmental delays in accordance to national and international guidelines, and for those identified as suspected of or having a neurodevelopmental delay, further referred to the appropriate level of specialized care



- Improving newborn care, specifically focused on improving standard evaluation at birth to detect suspected CSaZ
- Improving the skills of health care workers to provide quality psychosocial support services for mothers and families affected by Zika

Achievements

- ASSIST provided training to approximately 137 health care workers throughout St. Vincent and the Grenadines on essential care for every baby, neurodevelopmental surveillance, early stimulation, psychosocial support, and quality improvement.
- End line data collection of QI indicators showed that the percentage of children under five attending well-baby clinics who were appropriately monitored or screened for development according to age increased from 42% at baseline in 2018 to 97% in November 2019.
- At the hospital level, the percentage of newborns receiving all essential newborn care interventions, including skin-to-skin contact, increased from 21% at baseline in 2018 to 64% at end line in November 2019. The percentage of newborns who experienced hypothermia within the first 24 hours of birth also decreased from 65% in 2018 to 43% in November 2019.
- ASSIST's gender partner, WI-HER, LLC, provided gender sensitization training to approximately 47 participants in November 2018 to increase the awareness of health providers of gender issues in the context of Zika programming and build gender-sensitive skills so that health providers can best meet the individual needs of their clients and contribute to better overall health outcomes. The training helped highlight key gender gaps and barriers that influence quality care and health outcomes.
- On January 30, 2020 at the Ministry of Health, ASSIST convened a one-day Sustainability and Transition policy discussion meeting with 19 local partners and stakeholders to actively plan the transition from USAID co-implemented activities to full country responsibility.



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USAID ASSIST Project – South Africa

Start: October 2013

End: August 2017

- Health Systems Strengthening
- HIV and AIDS
- Quality Improvement

Overview

Building on URC’s assistance to the National and Provincial Departments of Health since 2000, ASSIST began work in South Africa in October 2013. The project provided technical assistance in health systems strengthening at national and provincial levels as a “Specialized Provincial Partner for Quality” in the five priority provinces: Eastern Cape (EC), KwaZulu-Natal (KZN), Limpopo, Mpumalanga (MP), and North West. In this capacity, ASSIST worked with the Provincial Departments of Health in the five provinces and provided support to United States Government (USG) implementing partners in the area of quality improvement. ASSIST was also asked by the National Department of Health (DOH) to support it with development of a National Supervisory Policy and a capacity development framework for primary health care (PHC) supervisors and facility managers and to provide technical assistance, training, and mentorship to National and Provincial DOH staff. As an above-site technical support partner for ART, ASSIST focused on mentoring provincial and district level DOH staff in the five USAID priority provinces in quality improvement support as part of primary care supervision.

ASSIST initially supported provinces and districts to spread improvement in ART services through providing mentorship during assessment of facilities for readiness to provide nurse-initiated management of ART (NIMART), implementation of NIMART and pharmacological vigilance at the facility level, roll-out of fixed-dose combination therapy, and training on new ART policies and guidelines as well as training in quality improvement within the ART service. In Mpumalanga Province, ASSIST supported supervision for ART services by establishing supervision teams consisting of program managers who conducted in-depth reviews of ART services followed by QI implementation. The in-depth reviews and QI process were scaled up to all PHC facilities within the province. In the Eastern Cape, ASSIST supported the development of a Provincial Quality Strategy for HIV, STI, and TB programs, with specific emphasis on the ART program.

In May 2014, USAID requested that ASSIST focus its assistance on a new activity: conduct a baseline quality assessment of voluntary medical male circumcision (VMMC) services supported throughout the country by USAID and CDC and support approximately 122 PEPFAR-funded sites in all nine provinces to improve the quality and safety of medical male circumcision services. In the space of one year, ASSIST succeeded in scaling up QI in VMMC programming across all nine provinces. While ASSIST’s QI support emphasized certain facilities for intensive (monthly) support and others for quarterly or annual support, all PEPFAR implementing partners were engaged in VMMC QI activities and supporting site-level improvement in all PEPFAR-funded sites. In FY16, ASSIST focused its technical support to District Management Teams in high-burden districts to support medical male circumcision supervision as part of overall primary health care supervision.



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With cross-bureau funding, ASSIST also supported the pilot testing of WHO's Integrated Person-centered Health Services (IPCHS) strategy in one district in Eastern Cape Province to evaluate the promotion of patient-centered approaches in clinical consultations by health providers during provision of care to HIV-infected clients on ART at 10 public health facilities.

The Challenge

HIV prevalence in South Africa is one of the highest in the world. In 2013, the HIV prevalence was 17.3% in the general population and 29% in the antenatal population. To address this epidemic, since 2004, South Africa and the international donor community have worked to roll out large-scale, country-wide HIV prevention, care, and treatment services. While South Africa was an early adopter of VMMC as an HIV prevention strategy, challenges identified in meeting VMMC targets included lack of capacity and taking longer to perform the circumcision procedure than was expected. The National DOH developed guidelines and protocols for VMMC in 2010 encompassing minimum standards for the procedure, to guide the health facilities in conducting safe VMMC as part of a comprehensive HIV prevention strategy. Strengthening VMMC implementation and maintaining a high level of quality of the VMMC program will enable the National Department of Health to reach 80% of HIV-negative men aged between 15 – 49 years (4.3 million men) to avert new infections.

Objectives

- Build capacity of key Department of Health staff, including primary health care supervisors and facility managers, in all provinces in strategic planning, supervision, program review, training, and mentorship
- Increase quality of HIV prevention, care, and treatment services in 30 districts in the five USAID-supported provinces in South Africa
- Determine the current quality of VMMC services being provided in US Government (USG)-supported sites and support selected sites to apply QI methods to improve the quality and safety of VMMC services
- Pilot integrated person-centered health services in one district in Eastern Cape Province and assess patient, provider, and decision maker perceptions regarding integration and patient centeredness of care

Achievements

- Provided assistance for the development of Provincial Annual Performance Plans and for the preparation of operational and costed plans for HIV, the prevention of mother-to-child transmission of HIV, and antiretroviral treatment programs in all supported districts.
- In FY16, conducted QI trainings in eight provinces with a total of 442 participants, including VMMC QA managers, coordinators, health providers, and IPs, and conducted VMMC QI learning sessions that brought together staff from VMMC sites, national/provincial government, implementing partners, and USAID to discuss program challenges, innovations, and lessons learned.
- Results of the repeated QI assessments revealed significant improvements in compliance with VMMC quality standards in the 45 sites supported by ASSIST in FY17: most sites (38 of 45 sites)



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achieved >80% in all standards in the 5th and 6th assessments, with the exception of the Leadership & Planning standards, where performance remained below 80% for all sites assessed. This was mainly due to the lack of dedicated staff from the DOH to support the implementing partner during the provision of VMMC services.

- Aggregated compliance with VMMC quality standards improved from an average of 74% in 2014 (123 sites) to 87.4% in March 2017 in the 39 sites that received a 5th QI assessment; QI-supported sites demonstrated an overall improvement of about 15 percentage points in 48-hour client follow-up since the start of support in 2015.
- VMMC sites receiving QI technical assistance experienced fewer moderate and severe adverse events than sites not receiving QI support. A comparison performed between 25 QI-supported sites and 312 non-QI sites in KwaZulu-Natal Province showed that adverse event rates at non-QI sites were on average more than five times higher than at sites implementing QI (1.39% and 0.26%, respectively).
- End line data collection found that IPCHS pilot sites demonstrated a marked improvement in patient satisfaction in the majority of indicators measured. Control sites demonstrated little improvement and a decline in patient satisfaction in most indicators measured.



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USAID ASSIST Project – Sri Lanka

Start: May 2016

End: February 2017

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Quality Improvement

Overview

ASSIST's brief technical assistance in Sri Lanka grew out of ASSIST's work in India with the All India Institute of Medical Sciences (AIIMS), the leading academic and teaching hospital in the region, to strengthen its capacity to lead and teach QI activities throughout India and in the region. ASSIST and AIIMS developed a training curriculum and facilitator guide and Point of Care Quality Improvement (POCQI) implementation guides to support trainees when they returned to their facility. In May 2016, WHO's South East Asia Regional Office convened a two-day QI training workshop for staff from large academic hospitals in India, Pakistan, Nepal, Bangladesh, Sri Lanka, Myanmar, Indonesia, Maldives, and Bhutan. ASSIST and AIIMS provided remote support to country teams and convened a second workshop in India in February 2017 for country teams to share progress and further develop their QI skills.

The Challenge

South Asia accounts for over a third of all neonatal and maternal deaths in the world. While mortality rates are decreasing, they are doing so slowly, and new approaches are required to increase the rate of decline and ensure that health systems are better able to deliver the right care at the right time to prevent further deaths. Quality improvement methods as an approach for problem solving in the delivery of maternal and newborn care are underused in South Asia despite strong evidence that they that can lead to major change.

Objectives

- Strengthen systems and capacity for ending preventable child and maternal deaths in South Asia

Achievements

- Participants from Sri Lanka learned how to apply the POCQI materials to design and implement their own maternal and newborn care improvement projects



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USAID ASSIST Project – Tanzania

Start: September 2012

End: September 2019

- Health Systems Strengthening
- HIV and AIDS
- Maternal, Newborn, and Child Health
- Nutrition
- Quality Improvement
- Reproductive Health and Family Planning
- Vulnerable Children and Families

Overview

Building on the work of the USAID Health Care Improvement Project in Tanzania, ASSIST worked with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and implementing partners to scale up evidence-based strategies and best practices to improve the delivery of services to prevent the mother-to-child transmission of HIV (PMTCT) and antiretroviral treatment (ART) services to additional councils and regions. For PMTCT, ASSIST supported national efforts to reduce mother-to-child transmission of HIV from the estimated 26% in 2011 to the WHO target of less than 5%. The project also sought to strengthen the integration of PMTCT and pediatric HIV care, treatment, and support services at all levels. For ART, ASSIST's focus was to build the capacity of Regional Health Management Teams (RHMTs) and Council Health Management Team (CHMTs) to coach and mentor facility-based improvement teams to reduce loss to follow-up, increase TB screening, and improve adherence to antiretroviral drugs. ASSIST also supported the MOHCDGEC and implementing partners to apply national standard operating procedures for home-based care (HBC) of persons living with HIV, strengthen the collection of data on HBC, and use the HBC recording and reporting system.

As also occurred under the USAID Health Care Improvement Project, URC through ASSIST provided technical support to the Department of Social Welfare (DSW) and implementing partners serving most vulnerable children (MVC) to improve the quality of services by implementing the MVC guidelines at the point of service delivery to improve the lives of children and their households. ASSIST supported the DSW and MVC implementing partners to build on the existing systems and structures for the care, support, and protection of most vulnerable children by addressing implementation barriers.

As the lead implementing partner for the Partnership for HIV-Free Survival (PHFS) in Tanzania, in FY14 ASSIST supported activities aimed at eliminating HIV infection in children and reducing deaths among HIV-infected mothers in 30 PHFS demonstration sites in Tabora, Mbeya, and Iringa regions. In FY15, based on learning in the PHFS demonstration sites, ASSIST supported the scale-up of best practices to 60 additional PHFS sites in the same three regions as well as national scale-up of PMTCT Option B+ and supported efforts to improve the quality of ART care to infants and children exposed or infected with HIV through provider-initiated HIV testing and counseling (PITC). Additionally, innovations created by ASSIST during the PHFS implementation were integrated into maternal, neonatal, and child health (MNCH) programs countrywide. ASSIST supported the MOHCDGEC and IPs to design and implement QI



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interventions to accelerate PITC in high-yield sites in priority districts in Njombe, Tabora, and Morogoro regions.

Beginning in FY15, ASSIST was also asked to support the MOHCDGEC and IPs to improve the quality of voluntary medical male circumcision (VMMC) services. Drawing on best practices from ASSIST's VMMC QI work in South Africa and Uganda, in July and August 2015, ASSIST supported RHMTs, CHMTs, and IPs to conduct baseline assessments of VMMC quality at 55 sites in 32 districts and develop improvement plans to address the gaps identified. In FY16 and FY17, ASSIST supported the MOHCDGEC and IPs to improve access, safety, and quality of VMMC for adults over 10 years and early infant male circumcision in infants under 60 days.

In FY15, the Tanzania USAID Mission invited ASSIST to support the MOHCDGEC and IPs to improve the continuum of care and retention of PLHIV through strengthening of linkages between care sites, community actors, and referrals and feedback systems in one district each in Njombe, Iringa, Shinyanga, and Tanga regions. In each intervention site, ASSIST applied improvement methods to strengthen coordination, communication, and collaboration between facility and community actors to proactively link clients from HIV testing and counseling (HTC) to initiation of ART for all HIV-positive clients as well as retention in care. In addition, ASSIST supported RHMTs and CHMTs in the respective regions to strengthen information systems to inform program progress and benchmark performance.

During FY16, ASSIST supported councils to improve quality of HIV services by introducing the PHFS change package and other effective changes based off the experience in the initial demonstration sites in other regions. Changes that facilitated improvement in spread sites included: continued counseling of clients on infant feeding practices; timing for early infant diagnosis services; and the importance of keeping appointments. Mothers were given postnatal appointments to facilitate their enrollment in PMTCT follow-up at four and six weeks. Retaining mother-baby pairs in care was facilitated through: giving same-day appointments to the mother and her baby, stapling the baby's card with the mother's ART card, and giving a list of clients who missed their appointment to HBC providers for identifying and bringing clients back to care. Increasing male partner access to care and focusing on male partner HIV testing was improved through advocacy by local government, religious, and opinion leaders during public meetings and in prayer houses. Spreading of best practices was also catalyzed through learning sessions, coaching, and mentoring that involved IPs, RHMTs, CHMTs, and QI improvement champions.

In FY17, ASSIST supported the MOHCDGEC to build on the gains of the previous years as the country adopted the Test and Treat ART delivery model as a strategy to achieve the 90-90-90 targets. As directed by PEPFAR, ASSIST supported improvement interventions in 40 scale-up saturation, 44 scale-up aggressive, and 98 sustained councils in collaboration with the respective regional IPs. In the same councils, the project supported the spread of PHFS best practices to optimize access to ART as well as support IPs to test various differentiated service delivery models to optimize ART delivery at the community level. In the same context, the project continued supporting stepwise improvement of the quality of HIV rapid testing at points of care as well as laboratories to reduce errors, inconsistencies, and improve safety and accuracy in all priority districts. The project supported QI teams to roll out working innovations to improve ART adherence (e.g., patient self-management, testing changes to improve access to viral load testing as well as viral load suppression rate follow-up in scale-up councils).



At the end of FY17, ASSIST was supporting roughly 781 QI teams across 25 regions in Tanzania. Through these teams, several sites achieved high levels of performance in access to HIV testing, linkage to care and treatment, as well as high levels of viral suppression. After initially closing down ASSIST activities at the end of FY17, an additional buy-in from the USAID Mission brought ASSIST back to Tanzania in FY18 to support the President's Office - Regional Administration and Local Government, MOHCDGEC, and Walter Reed Army Institute of Research team to enhance the capacity of RHMT/CHMTs in all 19 priority scale-up councils in the three Southern Highlands regions of Tanzania to be able to manage and lead QI efforts. ASSIST support in the Southern Highlands commenced in May 2018 with rapid mapping of RHMT/CHMTs' competencies and skills for QI management in Ruvuma, Mbeya, and Songwe regions followed by technical support to address the performance gaps identified. ASSIST support was directed at closing identified competence gaps coupled with practical field work on how to conduct, manage, and lead QI, working with a representative slice of facilities in each district. ASSIST built capacity of the RHMTs/CHMTs on QI coaching through joint field sessions, provision of coaching tools (Coaching Checklist and Coaching Guide), joint analysis of the improvement data, and provision of communication dashboards to reach the executive level as well as the frontline QI teams. The Coaching Guide was completed in September 2019 and served as the final activity of ASSIST in Tanzania.

The Challenge

While Council Health Management Teams, by their positions, are well placed to lead QI activities at council levels, they are often pulled in several different directions and fail to exercise the central role in coordinating improvement efforts, leading to inadequate QI programmatic coordination, low level of accountability, and weak institutionalization of innovations in many assisted regions. On the other hand, Regional Health Management Teams (RHMTs) and CHMTs are expected to leverage resources and authority for QI implementation as well as broker attention to QI by frontline workers and regional/council executives. The inadequate attention to these tasks had led to poor or no use of quality improvement products by regional and council executives and poor attention to quality programming by the executives during budgetary allocations. However, the MOHCDGEC embarked on a process of strengthening accountability and responsibility for quality, appointing a council focal person for QI who will be part of the council health technical team tasked to coordinate management of QI activities at the council level.

Objectives

- Strengthen the capacity of the MOHCDGEC and IPs to continuously improve the quality of PMTCT care and support scaling up of PMTCT Option B+ countrywide
- Support the MOHCDGEC and IPs to scale up improvement activities for ART services to achieve sustainable patient coverage, retention, and clinical outcomes
- Support the MOHCDGEC, MVC IPs, and local structures to strengthen quality of care, support, and protection to most vulnerable children through improvement approaches
- Support the MOHCDGEC, local government authorities, and community-based IPs to strengthen structures and mechanisms used by communities to maximize linkages and coordination of HBC and social protection



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- Support the MOHCDGEC and IPs to improve access to testing and linkage to HIV care and services for infants and children under 15 years
- Work with the MOHCDGEC and IPs to improve safety and increase quality and the level of integration of VMMC services, including early infant male circumcision
- Work with the MOHCDGEC and IPs to improve effectiveness, efficiency, and safety of provider-initiated HIV testing and counseling services
- Support MOHCDGEC and IPs to improve the continuum of care and retention of PLHIV through strengthening linkages between community and facility actors
- Support MOHCDGEC and IPs to improve quality of integrated PMTCT services in MNCH settings
- Enhance the capacity of RHMTs/CHMTs in 19 councils in the Southern Highlands to improve access to HIV testing, linkage to care, and retention on treatment at facility and community levels

Achievements

- The percentage of HIV-positive pregnant and lactating women receiving nutritional counselling in PHFS demonstration sites increased from below 5% in June 2013 to 93-100% in March 2016.
- In PHFS sites in Nzega and Mufindi, HIV testing among pregnant women increased from 50% in August 2013 to 93% in December 2016; the percentage of HIV-positive infants linked to care increased from 40% in October 2013 to 100% in September 2015, and malnutrition rates among HIV-positive pregnant and lactating women decreased from 4% in June 2013 to 1% in December 2016.
- The percentage of HIV-positive pregnant and breastfeeding women on ART increased from 13% in PHFS sites in Nzega Region in May 2013 to 91% in January 2016 and from 0% in Mufundi PHFS sites in June 2013 to 100% in February 2016.
- Through transfer of learning from PHFS demonstration sites to spread sites, the following improvements were documented: access to early infant diagnosis services increased from 50% in June 2015 to 91% in September 2016 (Dar es Salaam and Pwani); HIV testing after cessation of breastfeeding increased from 25% in May 2014 to 83% in August 2016 (Dar es Salaam and Pwani) and from 42% to 78% (Njombe); the proportion of HIV-exposed children receiving their second HIV test six weeks after complete cessation of breastfeeding increased from 35% in May 2014 to 100% in August 2016 (Njombe); and the proportion of HIV-infected children retained on ART 12 months after starting ART increased from 71% in July 2013 to 93% in August 2016 (Njombe).
- In Bagamoyo District, the percentage of MVC with access to Community Health Fund enrollment increased from 0% in May 2011 to 23% in February 2016, and the percentage of MVC with birth certificates increased in the same period from 6% to 74%.
- In Shinyanga Region, the percentage of MVC tested for HIV increased from 23% in October 2015 to 98% in December 2016.
- In Ruvuma Region, the percentage of new female clients attending family planning services who were tested for HIV increased from 16% in January 2016 to 94% in May 2016.



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- In Shinyanga Region, the percentage of children <15 years tested for HIV at in-patient department, outpatient department, TB, and HIV care and treatment clinics each month increased from 18% in September 2015 to 91% in January 2017.
- In the three highlands regions, the percentage of councils where RHMT/CHMTs conducted at least three coaching visits to their facilities using the standardized coaching checklist and council funding increased from 0% in May 2018 to 100% in September 2018, and the percentage of facilities that received coaching from RHMT/CHMTs that had active QI teams (as defined by the team completing one PDSA cycle in the quarter prior to the coaching visit) increased from 17% in May 2018 to 100% in September 2018.
- The percentage of children under 15 who received HIV viral load testing six months after ART initiation at 26 facilities in Songea Region increased from 33% in January 2018 to 90% in September 2018.
- The percentage of HIV-positive female adults enrolled at the Care and Treatment Center (CTC) within the same month at Songea Regional Referral Hospital increased from 72% in January 2018 to 90% in September 2018.
- Throughout ASSIST work in Tanzania, efforts were made to ensure that improvement interventions were implemented within MOHCDGEC structures to create a better way of doing work and instill a new work culture in the workforce. Policies and guidelines were developed to guide practice, while MOHCDGEC staff were trained in QI to allow them to use the skills in their day-to-day work. To sustain the momentum, ASSIST supported the development of a long-term plan – the National QI Strategic Plan (2013 – 2018) – to make clear the national improvement agenda for all stakeholders. This also helped to harmonize practice, since all stakeholders were required to support implementation. At the national level, ASSIST created a critical mass of improvers, a pool of trained coaches, and various sets of training tools to support institutionalization of improvement approaches. By the project's close in Tanzania, some councils had started setting aside some of their own funds for QI, and more executives were using improvement metrics to make decisions.



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USAID ASSIST Project – Uganda

Start: September 2012

End: December 2018

- Health Systems Strengthening
- HIV and AIDS
- Malaria
- Maternal, Newborn, and Child Health
- Nutrition
- Quality Improvement
- Reproductive Health and Family Planning
- Research and Evaluation
- Tuberculosis
- Vulnerable Children and Families

Overview

ASSIST provided long-term technical assistance in quality improvement to Uganda’s Ministry of Health and Ministry of Gender, Labor and Social Development and to implementing partners funded by USAID, the Department of Defense, Walter Reed, and CDC. The overall goal of this work was to provide patients with quality health and orphans and vulnerable children (OVC) services and to strengthen systems through which these services could be delivered in a sustainable way. ASSIST also worked with the National TB and Leprosy Program to improve the quality of TB care in selected facilities. ASSIST supported the enrollment of adolescent girls and young women (AGYW) in behavioral interventions to reduce HIV through the DREAMS initiative in Northern Uganda and developed quality improvement tools for DREAMS implementing partners. ASSIST supported the MOH to adapt and IPs to implement the WHO Quality of Care strategy for mothers and babies and scale up best practices in maternal and newborn care under the aegis of the Saving Mothers Giving Life (SMGL) initiative. ASSIST also supported an intervention to improve the quality of antenatal care and integrated preeclampsia/eclampsia and preterm labor care in Jinja District and the roll-out of maternal and perinatal death surveillance response (MPDSR) guidelines in Northern Uganda.

ASSIST provided site-level and above-site support to implementing partners and district health teams to implement improvement collaboratives focused on PMTCT, VMMC, early infant diagnosis, linkage to HIV care and treatment, TB case-finding and treatment, malaria diagnosis and treatment, and maternal and newborn care. In the final full year of project activities in Uganda (FY18), ASSIST provided QI support to some 280 facilities in 65 out of 112 districts and to 684 community-based QI teams for orphans and vulnerable children (OVC) and community linkage activities.

ASSIST worked directly with the responsible ministries and established government structures to ensure government ownership and with leaders and managers at the district and facility levels and implementing partners to ensure that there was coordination of the services provided and that resources were used in the most optimal way. Through seconded staff, ASSIST provided direct support to the Quality Assurance and Inspection Department (QAID) of the MOH to monitor and coordinate QI



implementation among IPs; roll out of the QI knowledge management (KM) portal; and support the Health Facility Quality Assessment Program.

In its final year, ASSIST also supported the orientation of 25 selected districts across the country to prepare them for the pre-qualification evaluation for the maternal and child health services result-based financing (RBF) program supported by the World Bank Group, SIDA, and the Global Financing Facility. ASSIST supported the MOH to hold its 5th Annual Health Care Quality Improvement Conference in December 2018, where over 450 national and international participants came together to discuss lessons learned and best practices under the theme of “Strengthening Health System Building Blocks Using Quality Improvement Approaches to Maximise Health Outcomes”.

ASSIST’s work in Uganda had a strong knowledge management focus, to document what was learned and share that knowledge with the ministries and other partners. ASSIST staff worked with Ministry and IP counterparts to develop a large number of change packages and guidance products to facilitate continued application of best practices and effective change ideas developed in ASSIST-supported improvement activities. ASSIST-supported knowledge management products fueled the countrywide spread of Q methods and informed the national health policy in various technical areas. ASSIST also supported regional and national learning meetings with the MOH and IPs to facilitate improvements in the prevention of mother-to-child transmission, identification and linkage to care of HIV-exposed infants, viral load suppression, safe male circumcision services, TB case finding, and malaria case management. ASSIST also conducted some 19 evaluation and research studies in Uganda, addressing data validation, design of improvement activities, design and implementation of scale-up, results-based financing, HIV prevention, and the cost-effectiveness of improvement interventions.

The Challenge

With over 2.5 million people infected with HIV in Uganda, the Government of Uganda has sought to rapidly scale up HIV care services to lower health facilities in collaboration with health development partners. Many of these facilities are challenged by weak systems, human resource shortages, and limited competence of providers. Ensuring retention along the continuum of services from HIV counseling and testing, prevention for the HIV-negative, and care and treatment for the HIV-positive is a continuing challenge, as is the engagement of community structures to provide support to HIV clients and their linkages with health facilities. The Ministry of Health has developed national quality improvement plans and strategies, but these have not always been fully implemented, especially in post-conflict areas of Northern Uganda. Ugandan health facilities and community-based organizations receive support from a large number of implementing partners, and these are not always equally proficient in quality improvement.

Objectives

- Build capacity of US Government implementing partners to improve the quality of HIV/AIDS; TB, maternal, newborn, and child health; reproductive health and family planning; nutrition; and OVC services in Uganda
- Improve the continuum of HIV care, treatment, and support through HIV counseling and testing, prevention messages for the HIV-negative community, initiation of antiretroviral therapy (ART)



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for eligible HIV-positive patients, behavioral interventions for adolescent girls and young women, improved retention in care and clinical outcomes, early infant diagnosis and treatment, and engaging facility leaders to support QI activities

- Improve linkage to HIV care for children and adolescents and improve the identification, initiation, and linkage of HIV-positive males among fisher folks and male partners of HIV-positive female index clients
- Improve the quality of safe male circumcision (SMC)
- Increase coverage, retention, and outcomes of mothers and infants accessing services to prevent the mother-to-child transmission of HIV and nutrition assessment, counseling, and support services
- Contribute to the collective efforts of partners to reduce maternal and perinatal mortality in SMGL districts
- Integrate family planning into HIV and maternal health
- Increase the number of malaria cases that are appropriately treated and reduce irrational use of antimalarial medicines
- Build the capacity of the Ministry of Health and the Ministry of Gender, Labor and Social Development to coordinate and oversee implementation of national QI plans and strategies and increase the institutionalization of QI in the health sector and in services for orphans and vulnerable families
- Generate new knowledge and evidence-based practices in QI as part of a continuous learning and adapting agenda

Achievements

- Through the implementation and scale-up of the PHFS work, improved the functionality of mother-baby care points in both the initial 22 demonstration facilities as well as in the 125 scale-up sites in Northern Uganda and in IP-supported collaborative sites and reduced the exposed infant HIV positivity rate from 28% to 2.7%. ASSIST worked with health facilities to identify and engage peer mothers to support retention of mother-baby pairs in care, as well as to support newly diagnosed HIV-positive pregnant women to remain in care during pregnancy.
- ASSIST helped revitalize the MOH national Safe Male Circumcision task force, developed the QI module in the new national SMC training curriculum, and supported the MOH to develop the SMC site accreditation tool which is being used to certify that sites meet the minimum standards for SMC service provision. The accreditation will be conducted annually, and sites that do not meet the standards will not be accredited to provide SMC services. ASSIST also supported USG IPs to develop strategies to address the identified quality gaps. All voluntary medical male circumcisions at ASSIST-supported sites met MOH quality standards.
- Some 60,000 people were reached with the HIV prevention package.
- 12,000 new HIV-positive people were identified and linked to care.
- Over 20,000 more HIV-positive Ugandans were able to access ART as a result of ASSIST-supported interventions.
- Maternal mortality was reduced in supported districts in Northern Uganda by 12.9%, and perinatal mortality was reduced by 37.5%.



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- HIV-positive clients assessed for malnutrition increased from 63% to 86% at 137 sites in 16 districts in Northern Uganda.
- During a major malaria outbreak in Northern Uganda, ASSIST supported the delivery of mass fever treatment to 1,912,621 people; malaria cases dropped from 16,519 per week to 3,341 per week.
- TB case notification rate increased from 155/100,000 to 224/100,000 in districts with an active TB case-finding intervention.
- ASSIST-supported sites in Northern Uganda achieved 100% skilled birth attendance and reduced viral load sample rejection from 7.1% to 3.5%, TB reporting errors from 10% to 1%, and absenteeism from 31.4% to 14%.
- ASSIST supported the MOH to develop and launch the 2nd Health Sector QI Framework and Strategic Plan 2015/16-2019/20, conduct three National QI Conferences, and institutionalize quarterly QI reporting for IPs and districts.



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USAID ASSIST Project – Ukraine

Start: September 2014 End: March 2015

- Health Systems Strengthening
- Maternal, Newborn, and Child Health
- Noncommunicable Diseases
- Quality Improvement

Overview

ASSIST began working in Ukraine in 2014 as a continuation of work begun under the USAID Health Care Improvement Project (HCI) in 2013 to implement a noncommunicable diseases pilot activity in Poltava Oblast, also known as “Improving Alcohol and Tobacco Control During Pregnancy in Ukraine.” The work was funded by the USAID Europe and Eurasia Bureau. The overall goal of this activity was to demonstrate the feasibility of use in Ukraine of an evidence-based, structured counseling protocol known as the brief physician intervention (BPI) to assist pregnant women to quit smoking and stop drinking alcohol. BPIs are highly standardized, short counseling protocols that take place during an outpatient visit, usually accompanied by patient educational materials. They have been shown to be effective in US studies in promoting cessation of alcohol and tobacco use during pregnancy.

ASSIST supported the Ministry of Health in Ukraine to develop a national protocol for health facilities to incorporate BPI into the routine practice of health care providers in the country. Nine facilities located in five cities in Poltava Oblast were included in the intervention. ASSIST trained trainers and supported training of health care providers in the nine facilities on BPIs for tobacco and alcohol cessation and family planning counseling. ASSIST provided coaching support to each of the nine facilities for BPI implementation and convened one-day learning sessions in December 2014 and March 2015 to facilitate sharing of experiences and results among providers regarding BPI implementation. An end line assessment was conducted among a different cohort of pregnant women seen for initial evaluation and followed up after the BPI intervention was introduced.

The Challenge

Alcohol and tobacco use in Ukraine are among the highest in the world and pose a dual risk to the health of a woman and to her baby. Tobacco use during pregnancy increases the risk of miscarriage, preterm birth, low birth weight, and prenatal mortality, as well as asthma and sudden infant death syndrome. Alcohol use during pregnancy creates a risk of fetal alcohol syndrome and related disorders, including mental and growth retardation and problems with vision, hearing, and behavior. Approximately 2.5 million Ukrainian women smoke tobacco and their smoking increases with age, from 14.7% for women aged 15-24 to 19.8% for those aged 25-44. The 2007 Ukraine Demographic and Health Survey found that 62% of reproductive age women had at least one drink in the month before the survey, and 9% of women reported drinking once or twice a week.

Objectives



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- Achieve an 80% reduction in tobacco and alcohol use by pregnant women in assisted facilities
- Achieve 80% coverage of women of reproductive age (ages 15-49) with BPI and family planning counseling

Achievements

- The immediate quit rate for smoking in the post-intervention cohort was 22%.
- In the post-intervention cohort, pregnant women with alcohol use reduced consumption from 0.79 drinks per day to 0.48 drinks per day.
- The intervention had positive effects on the percentage of pregnant women who were counseled about quitting tobacco and alcohol use by physicians. The data indicated that, from the patient's perspective, doctors were more likely to ask women about smoking and alcohol use and more likely to advise pregnant women who smoke or drink alcohol to stop after the BPI training.
- Patient record reviews showed an increase in the percentage of pregnant women screened by physicians for alcohol and tobacco use, from 38% at baseline (July–August 2014) to 79% in March 2015. The data suggest that the processes of getting information on patient alcohol and tobacco use and providing appropriate advice—particularly counseling on the effects of tobacco and smoking—improved after the BPI training and implementation.
- The target of providing BPI counseling to at least 80% of pregnant women who screened positive for tobacco use in all pilot facilities was reached on average (90%). For pregnant women who tested positive for alcohol use during their first antenatal visits and who received BPI, the 80% target was slightly underachieved (74%).
- ASSIST also worked with the National Medical Academy of Postgraduate Education to incorporate the BPI training curricula into postgraduate medical education.



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USAID ASSIST Project – West Bank

Start: January 2017 End: September 2017

- Global Health Security
- Health Systems Strengthening
- Noncommunicable Diseases
- Quality Improvement

Overview

USAID asked ASSIST to engage with the Ministry of Health in the West Bank to provide technical assistance to address the spread of hospital-acquired infections (HAIs) and multi-drug resistant organisms across 22 hospitals in the West Bank and East Jerusalem. The work focused on HAIs in hospital settings and also on antimicrobial stewardship, as this is a key component of a multifaceted approach to control antimicrobial resistance. ASSIST applied a collaborative improvement approach aimed at improving infection prevention and control practices and policies, including transmission-based precautions, hand hygiene practices, laboratory microbiology procedures, active surveillance screening, and antimicrobial stewardship. ASSIST created a robust learning network among 22 participating hospitals and experts to apply quality improvement methods and tools to establish reliable processes for infection control and prevention, including transmission-based precautions and sepsis detection and treatment; antimicrobial stewardship; improvement of microbiologic laboratory processes and procedures; and active antibiotic management. The learning network included face-to-face, action-oriented learning sessions with teams; monthly quality improvement coaching visits to support hospitals' processes of change; and technology-driven virtual communities (ECHO video conferences and WhatsApp group messaging) where collaborative members could share and learn from one another.

The Challenge

Despite recent gains in health indicators in the Palestinian Territories, evidence from hospital studies suggested that the country was facing a surge in antibiotic-resistant infections due to a lack of standardized infection prevention and control processes and systems and a lack of uniform microbiology protocols and processes within the Palestinian health system. Hospital-acquired infections posed a serious public health risk across the territories. In fact, HAI had reached alarming levels across the West Bank and Gaza. Physicians at Augusta Victoria Hospital, part of the East Jerusalem Hospital Network, had noted very high rates of multiple drug-resistant HAIs among patients referred from the hospitals across the West Bank.

Objectives

- Reduce HAIs by 20% in the 22 participating hospitals
- Reduce inappropriate antibiotic prescribing

Achievements

- Across all supported hospitals, use of transmission-based precautions improved from 53% in February 2017 to 84% in July 2017. A similar but less dramatic upward trend was noted in hand



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hygiene performance in the same period, with 77% of hospitals performing proper hand hygiene procedures in July 2017, compared to a baseline of 64% in February 2017.

- The supported hospitals improved their capacity to test and identify bacterial samples. In May 2017, 16 hospitals performed bacterial testing, attempted antibiotic sensitivity testing, and performed antibiotic sensitivity testing in line with manual. Of the 16, no hospital correctly identified all the bacterial samples to allow for antibiotic sensitivity testing. By August 2017, 18 hospitals were performing bacterial tests, and 10 of the 18 (55%) correctly identified all bacteria.
- ASSIST also built the capacity of the Palestinian MOH and in-country experts to design and execute learning sessions with collaborative adult learning methods and technical content for skill building and knowledge acquisition and to conduct visits and calls to build facility team capacity to use problem solving techniques, iterative small-scale testing methods, and their own data for improvement.



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USAID ASSIST Project – Zambia

Start: September 2014

End: September 2017

- Health Systems Strengthening
- HIV and AIDS
- Nutrition
- Quality Improvement

Overview

Through ASSIST, URC provided technical assistance to the Zambian Ministry of Health to support the continued adoption, adaptation, and scale-up of nutrition assessment, counselling, and support (NACS) services as a standard of care within the national HIV/AIDS program in Zambia. ASSIST's work in Zambia was conducted in collaboration with two other USAID centrally funded projects in the country: Livelihoods and Food Security Technical Assistance II Project (LIFT II) and Food and Nutrition Technical Assistance III Project (FANTA III) and was focused on support to sites in Kitwe and Mkushi districts. ASSIST initially worked with eight sites in Kitwe District and then expanded QI activities to five facilities in Mkushi District in August 2015 and to the 26 remaining NACS sites in Kitwe and Mkushi in FY16 to ensure that the standard package of care for all PLHIV clients (which included HIV care and support, nutrition assessment and categorization, and an appointment for the next visit) was implemented at all health facilities. ASSIST supported QI teams in the 38 NACS sites to introduce changes in care processes to improve the system, including: introduction of the daily attendance book, introduction of a NACS log sheet, change of client flow, and assigning a trained or oriented health care worker or volunteer to conduct nutrition assessments. Initially the NACS improvement work was implemented in the HIV Department and was then scaled up to other health facility departments like PMTCT, TB, and MNCH.

To improve the engagement, adherence, and retention of HIV clients in care, ASSIST provided training to staff in five selected sites in Kitwe District (from among the eight initially supported sites in Kitwe) on self-management support and coached these teams to come up with changes on how the system can identify clients with challenges and link them to self-management support counseling.

The Challenge

NACS supports improving the health and quality of life for people living with HIV/AIDS, their families, and vulnerable children by improving nutritional status, reducing household food insecurity among families and children affected by HIV, and strengthening the integration of nutrition support within health systems at the clinic and community levels. Through delivery of NACS services, ASSIST aimed to get all HIV-infected patients assessed and categorized for malnutrition and referred to services that provide therapeutic or supplementary foods, with the ultimate goal of managing and reducing malnutrition among PLHIV.

Objectives

- Improve nutritional status of HIV clients by tracking clients who are assessed for nutritional status and properly categorized, counseled, treated, and supported



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- Apply improvement principles to implement an integrated, person-centered approach to HIV and nutrition care to improve engagement, retention, and wellness of PLHIV (five engagement, adherence and retention sites in Kitwe)

Achievements

- Increased the percentage of clients assessed and categorized for their nutritional status in all 38 NACS facilities in Kitwe and Mkushi from 0% at baseline in July 2014 to 91% in August 2017.
- Reduced the percentage of clients with moderate or severe acute malnutrition in the 38 NACS facilities in Kitwe and Mkushi from 9% in October 2016 to 3% in August 2017.
- The percentage of high-risk clients enrolled in self-management support in the five Kitwe sites increased from 0% in April 2016 to 62% in August 2017.
- From April 2016 to September 2016, the percentage of HIV clients picking up their ARVs in the five engagement, adherence, and retention sites in Kitwe increased from 61% to 100% and the percentage with scheduled ARV clinic appointments increased from 45% to 94%.
- Increased retention of patients in HIV care (defined as clients making scheduled clinical and pharmacy appointments) in the five engagement, adherence, and retention sites in Kitwe District from less than 50% in April 2016 to 96% in August 2017.