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BACKGROUND

- Access to quality health services is a human right. Unfortunately quality of Care (QoC) remains a major challenge for health systems, especially in resource-limited setting. HIV care management with its associated specificities is also affected by these challenges
- In Sierra Leone's context, the shortage of health worker, exacerbated by the devastating Ebola Outbreak between 2014 and 2016, posed a significant barrier to achieving globally recommended quality of care standards.

- In this context, **improving the quality of HIV care remains a major challenge**. However, it seems necessary to define strategies to achieve this objective in a sustainable way and to assess these improvement.
- From 2016 to 2018, SOLTHIS, in collaboration with the National AIDS Control Program (NACP) implemented the Empower project that aimed to **strengthen capacity of HCWs to provide quality HIV care**

INTERVENTION DESCRIPTION

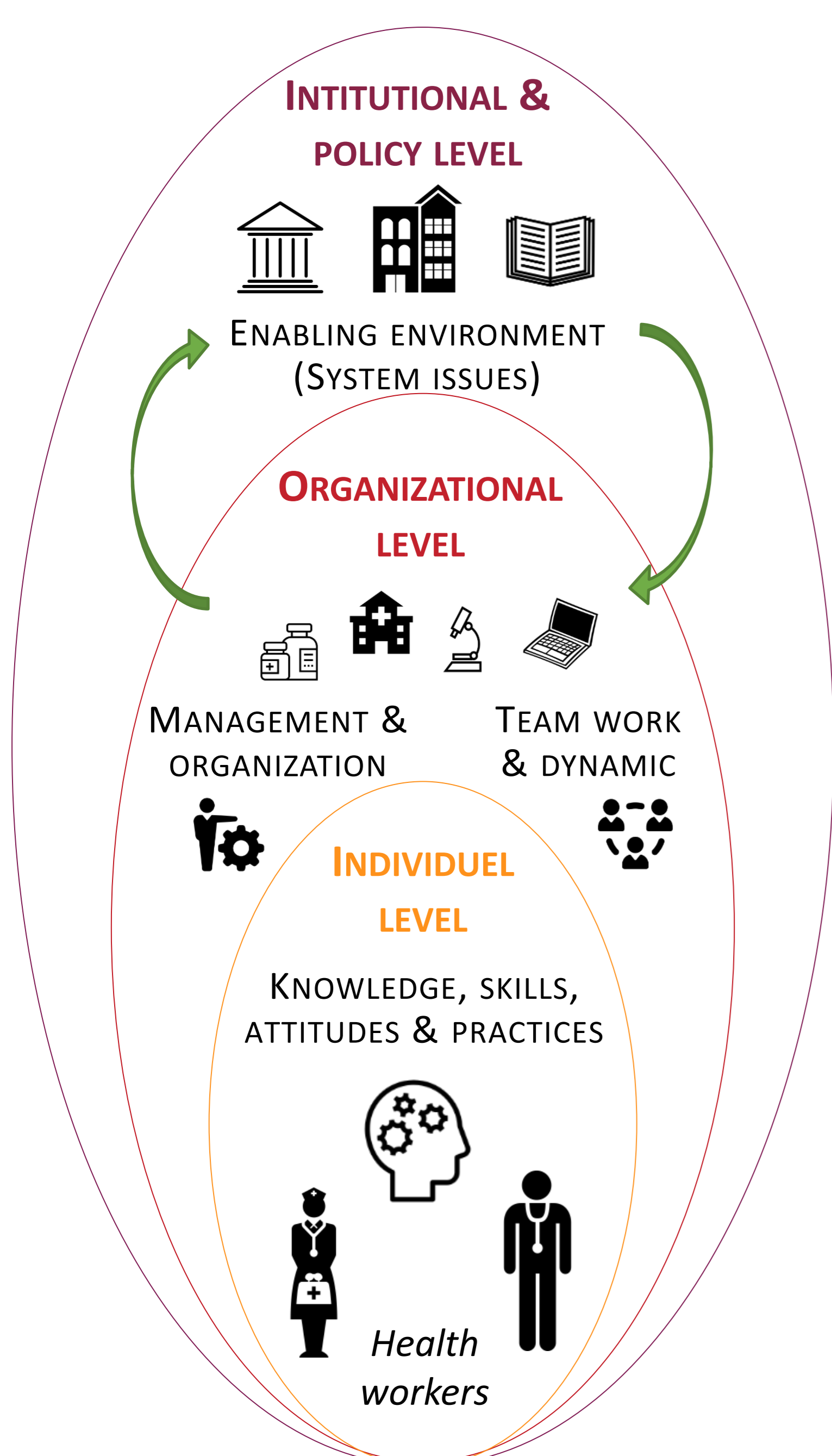
INTERVENTION STRATEGY

- 30 months intervention implemented in 11 Health Facilities (HF) in 3 districts in Sierra Leone: Western Area Urban, Western Area Rural and Port Loko
- Targeted skills building intervention was nested in a quality-oriented capacity building approach

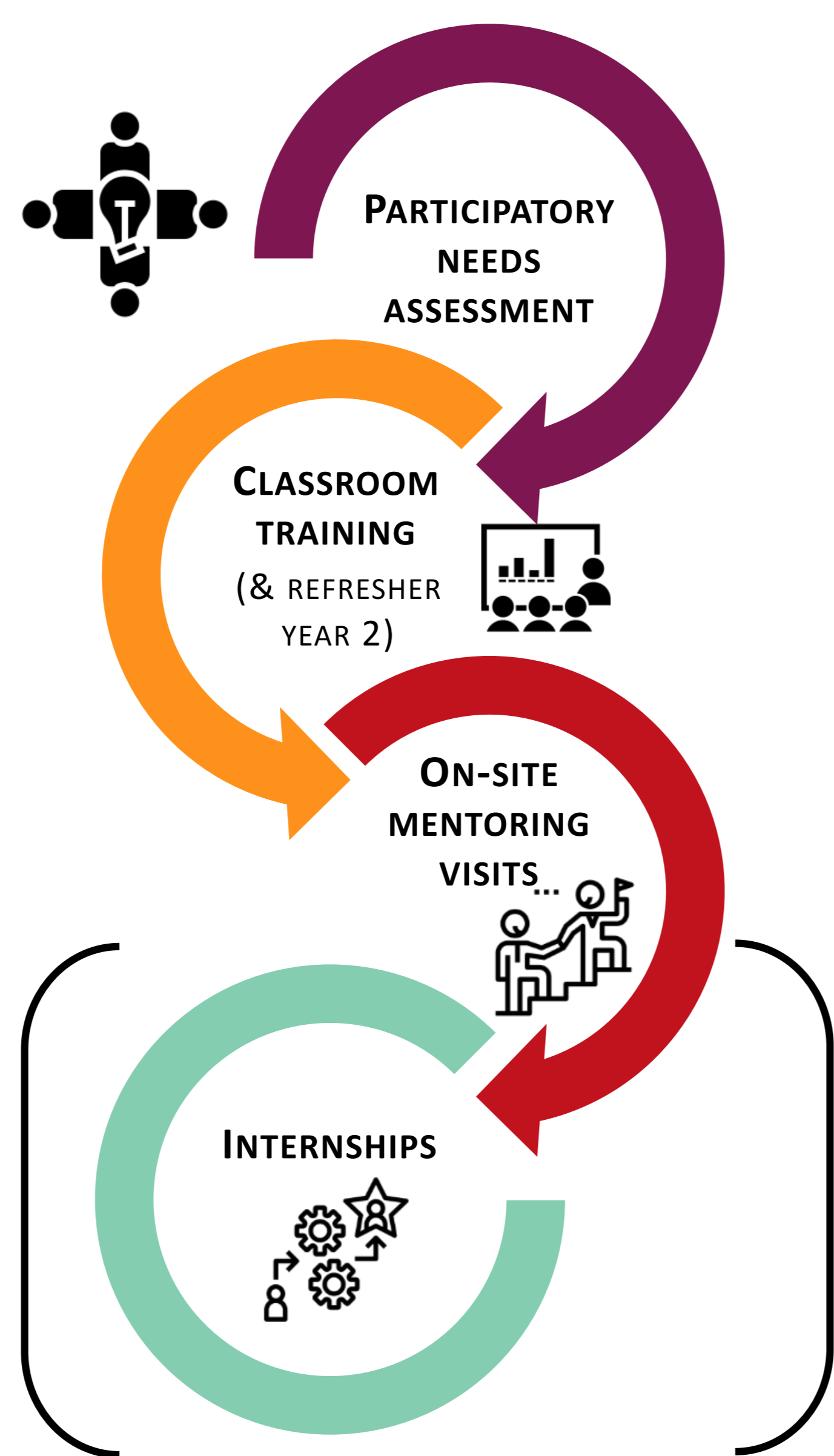
ASSESSMENT METHODOLOGY

- A QoC score was developed with 15 indicators to monitor the quality of ART service delivery
- QoC was assessed 4 times: May 2016 (Baseline); November 2016; November 2017 and November 2018 (end-line)

SOLTHIS' HF CAPACITY BUILDING FRAMEWORK



YEARLY SKILLS BUILDING PROCESS



- This process was done every year in every facility
- Internship was added during the 2nd year

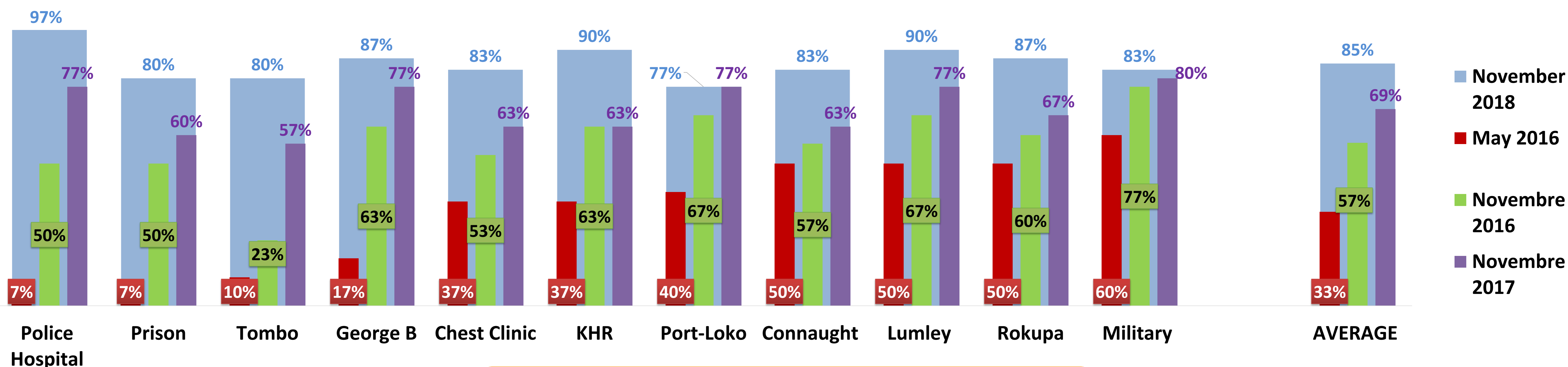
INDICATOR	QUESTION AS DEFINITION OF INDICATOR
Prescription of non recommended ARV regimens	Are ART regimens prescribed that are not recommended in the national guidelines such as dual therapy or non recommended combination of drugs?
Appropriate start of TDF based regimen in line with national guidelines	Is TDF based regimen prescribed to new patients as first line?
Appropriate start of NVP-based regimen	For patients given NVP based regimen, Is NVP started at half dose? (i.e half dose in the first 2 weeks using the correct combination of drugs)
Proper Hb monitoring before ART	Is Hb systematically done and results put in patients charts?
Proper CD4 monitoring before ART	Was CD4 done before starting ART and are the result in patient charts?
Appropriate use of CD4 and WHO staging for ART initiation	Was CD4 or clinical staging used in the charts as justification for starting ART? CD4<500 is an indication for ART initiation whatever WHO stage; ART not indicated if CD4>500 and stage 1 or 2; Stage 3 or 4 is an indication for starting ART even if CD4>500
Correct WHO staging	Is WHO staging systematically done and documented in the patient chart?
Correct CD4 monitoring of patients on ART	Is CD4 requested every 6 months and result put in patient file?
Proper use of ART register	Is the ART register used correctly? Are patients copied from last year register except died (+/- transferred out); ART codes given for all patients, new patients of the year clearly identified; LTFU and defaulters properly identified; consistency with dispensing register
Correct ART report	Is the ART report submitted promptly? Are the information in the report consistent with ART register?
Systematic opening of patient charts for all HIV patients diagnosed or referred to the clinic	Are charts opened for all HIV diagnosed patient?
Correct use of patient charts for follow-up	Are follow up forms filled at each visit for all patients?
Correct patient adherence assessment	Was adherence assessment done for patients during their visits? Self report and assessment of refill dates is recommended at each visit with results documented in patient chart at each visit
Correct TB screening (first steps)	Is TB clinical screening (CS) done systematically based on 4 symptoms with results reported in the patient chart?
ART retention	What is the 6 month retention rate?

RESULTS

- Over time, all HFs gradually improved QoC and outpassed project target improvement (60%)
- Importantly 91% (10 out of 11) of supported-sites reached 80%
- Collated, an average of 52 point of percentage (from 33% to 85%) of improvement was achieved

- Several factors were associated with the under 100% score: CD4 count monitoring, hemoglobin assessment, patient adherence assessment and patients retention in care

TREND OF QUALITY OF HIV CARE ACROSS HEALTH FACILITIES OVER THE 3 YEARS:



CONCLUSION & RECOMMENDATIONS

- Despite many challenges, supporting and strengthening capacity of HCWs through integrated approaches, cross-cutting, multi-faceted interventions leads to provision of quality of care delivery.
- Long period of intervention is an important factor to reach and maintain high quality of care. The content of support intervention implemented must be defined and adapted. This is the example of internships that were included during the project to improve skills
- QoC score tool adapted could serve as a key tool to assess the quality of care
- Sustaining, scaling such interventions up and maintaining a good level of quality remains one of the major challenges for health systems

Implemented by



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