



USAID Caring for Vulnerable Children's (CVC) Activity

Using a Quality Improvement Approach to Improve Project Performance on HIVSTAT



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Retrak
No child forced to live on the street



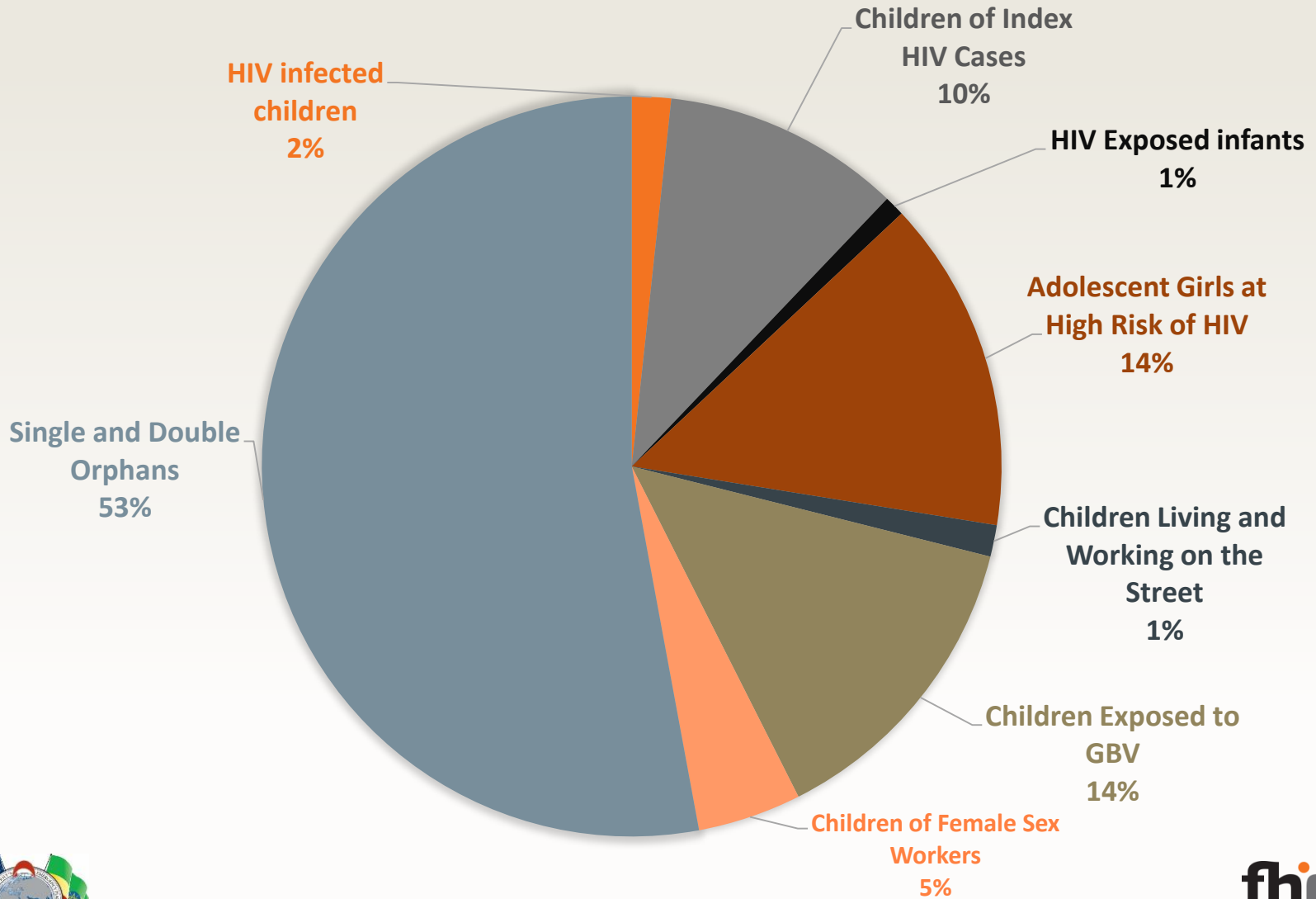
Outline of Presentation

1. Introduction & case management process
2. Baseline OVC_HIVSTAT performance
3. Quality improvement process
4. Performance monitoring
5. HIV care continuum



CVC Target Sub-Groups

325,000 OVC < 18 yrs. and 171,328 Caregivers



Packages of Services

Healthy

- Referral for HCT
- Referrals to Viral load testing
- Adherence & LIFU support
- Disclosure support
- Mental Health referral
- Nutrition screening & Refer for Services
- Identify acute illness
- FP/SRH
- Track Dev. Milestones
- PNC/ANC/PMTCT

Safe

- Linkage for Birth certificate
- Abuse prevention & response
- psychosocial support
- Protection & Legal services
- Special needs of CFSW
- Reintegration
- Reunification follow-up
- Life skills to promote safety
- Adolescent mentorship

Schooled

- School barrier analysis
- School attendance, Retention and progression
- Menstrual hygiene management

Stable

- Mentorship support for adolescent girls
- Linkage to employment
- ES empowerment support
- Financial capability training



HIV Screening and Testing Continuum

1. Case worker conducts HIV risk Assessment at household level

2. Risk assessment results verified by Social Service Worker and/or HIV/Health referral coordinator

3. Referral to HTS provided for at risk OVC and/or Caregiver

4. HIV testing done at Community level, Drop in Centers (children of FSWs), or Health facilities

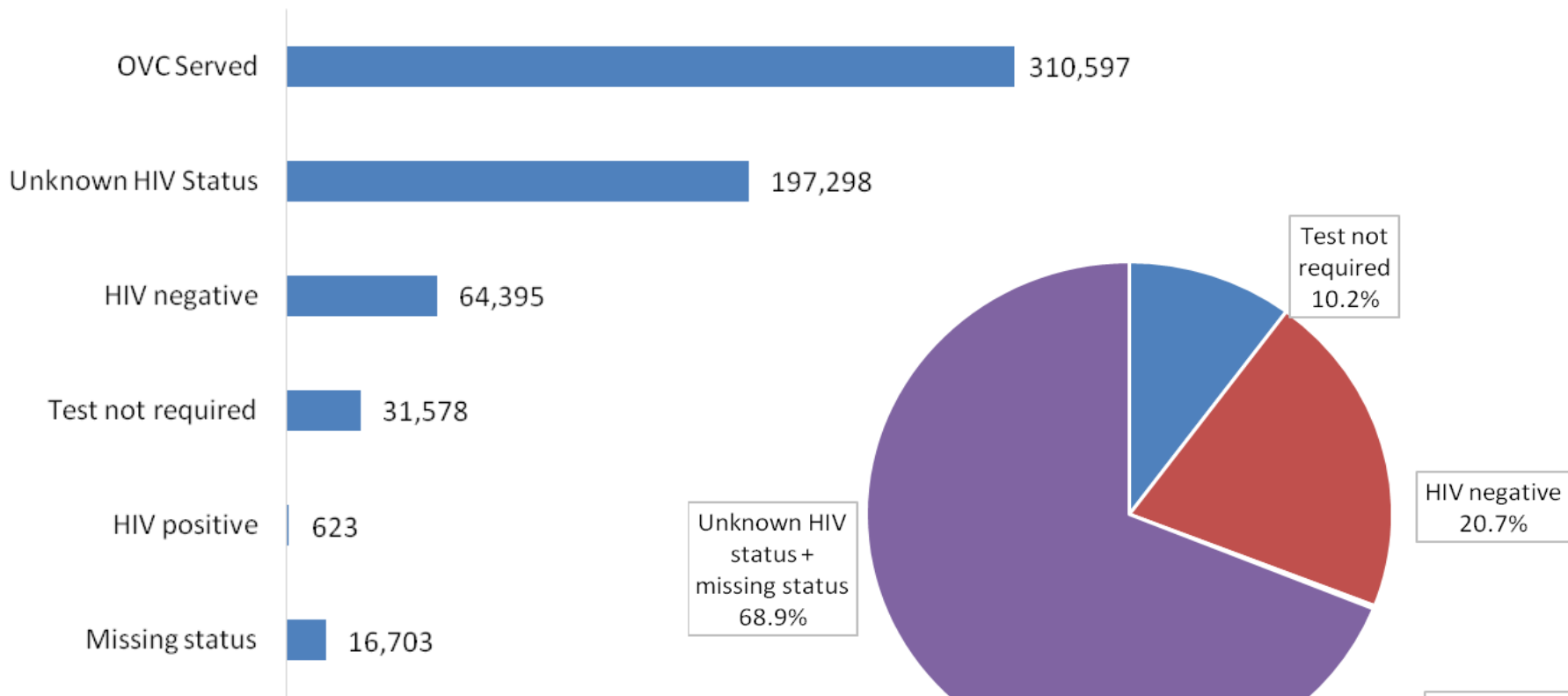
5. Feedback collected on referral completion by HIV/Health Referral Coordinator

6. HIV test result self-reported by Caregiver or adolescent



Baseline OVC_HIVSTAT Performance

HIV status of OVC by September 2018 (cumulative)



20% of OVC with known HIV status or test not required



Baseline OVC_HIVSTAT performance

Kebele Level

HIV status of OVC enrolled with USAID/CVC in Dire Dawa by Kebele, Q1 FY19

Name of Kebele	OVC served	HIV Positive	Tested negative	Missing records	Test not required	% Known HIV Status or TNR
Melka (1)	523	3	55	0	0	11%
Sabian (2)	576	18	424	3	0	77%
Kezira (3)	376	1	113	16	0	30%
Gendekore (4)	781	16	494	0	0	65%
Addis Ketema (5)	731	10	454	0	0	63%
Dechatu (6)	342	17	124	1	0	41%
Afetesa (7)	360	0	108	1	0	30%
Legehare (8)	526	0	146	0	0	28%
Gendegerada (9)	718	5	207	0	0	30%
Total	4933	70	2125	2	0	44%



Quality Improvement Model

(Plan, Do, Study, Act)

QI Initiative Start Date:

24 December 2018

FHI 360 QI Model:

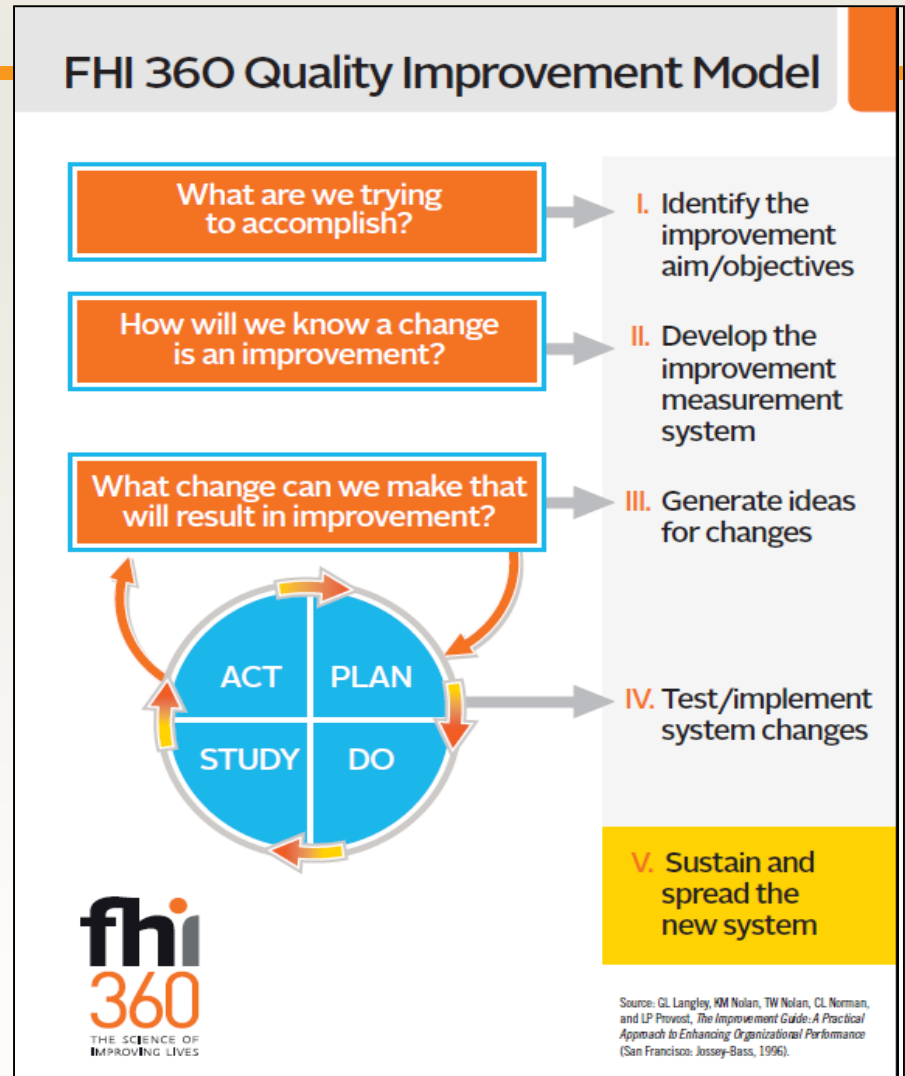
PDSA (Plan, Do, Study, Act) used

Problem statement:

HIV status known for only 30% of children enrolled in USAID/CVC activity in Dire Dawa Kezira (3)

Improvement objective:

To increase the proportion of children who know their HIV status to 95% by February 28, 2019.



Quality Improvement Model

Root Cause Analysis

Beneficiary

- Long distance to testing site
- Refusal of accompanied referral
- Expectation of hand out from IP
- Change of address
- Fear of stigma and discrimination

Case worker

- High turnover of case workers
- Application of risk assessment not fully understood
- Not reporting known HIV status
- Weak bond with CG
- Lack of prioritization

Problem statement

HIV status known for only 30% OVC in Kezira (3)

Performance monitoring

- High proportion of OVC assessed determined to be at risk
- Referral completion not determined timely and acted upon when there is gap
- Low data use in monitoring yield

Health facility

- Refusal to test because of low test yield
- Work load to facility because of mass referral
- Shortage of test kits
- High staff turn over



Quality Improvement Model

Work Plan

Phase	Ser no	Activities	Output	Timeline in Weeks									Responsible body	
				January			February				March			
				2	3	4	1	2	3	4	1	2		
Plan	1	Establish QI Team	QI team established	X										Referral coordinator
	2	Develop QI plan	Plan finalized		X									
Do/Act	3	Review risk assessment finding with case worker for those not tested yet and apply new tool to determine at risk OVCs and caregivers	Most at risk identified using new tool		X									Referral coordinator, SSW, and Case workers
	4	Document known HIV status of beneficiaries by referring to health facility documents after getting consent from caregiver	HIV Status for those who know their status updated in case file and database		X									
	5	Refer at risk caregivers and OVCs for testing	Referrals made		X	X								Caseworkers
	6	Identify referrals not completed and referral refusals	Individualized plan developed for referral			X	X	X						SSW and referral coordinator
	7	Refer refusals and follow-up with incomplete referrals	Referrals made for refusals			X	X	X						Caseworkers
Study	8	Review progress	<ul style="list-style-type: none"> Data entry completed Run chart updated Performance analyzed Change idea modified or sustained 			X		X		X				M&E officer QI members
Learning	9	Organize learning session to identify best practices	Learning session organized and change package defined											LIP coordinator
Scale-up	10	Identify other Kebeles with performance gaps	Scale-up change packages											LIP coordinator

Quality Improvement

Changes to HIV Risk Assessment

Child ID	Child of HIV Positive Parent or Caregiver or HIV positive sibling;		Child of Female Sex Worker		Survivor of Sexual Abuse		Orphan		History of TB disease		Poor health in the last 3 months (Fever, diarrhea, cough, sudden weight loss, recurrent skin problems)		Adolescent girls		Child Needs HIV test		
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

92% of those risk assessed found to be at risk for HIV with old tool

With the revised tool only, 32% of those risk assessed were found to be at risk

Q1	Has the child had TB or a chronic/recurrent illness for >2 weeks, like cough, diarrhea, fever, or malnutrition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q2	Is there an HIV infected person in the household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q3	Is this child (Are you) living and/or working on street?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q4	Has this child ever or recently been sexually abused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q5	(Ask only adolescents >14 yrs in private) Do you have genital ulcer or genital discharge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q6	(Ask only adolescents >14 yrs in private) Are you sexually active or have you been sexually abused recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to any of questions Q1-Q6 is Yes, Report as at HIV Risk And Refer for HIV test			
Q7	Has this child's father or mother died?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Q8	(Ask mother or caregiver) Are you engaged in sex work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to Q7, or Q8 is yes & the mother is alive, Refer the mother for HIV test.			
Date mother referred for testing: ____/____/____			
Is the Mother HIV negative?		<input type="checkbox"/>	Report as: Test not required. Stop.
Is the Mother HIV positive?		<input type="checkbox"/>	Report as: At HIV Risk And Refer for HIV test
Has the Mother died or not willing to test for HIV?		<input type="checkbox"/>	Report as: At HIV Risk And Refer for HIV test



Quality Improvement

to enhance case management

Problems

- High case worker turn-over. The caseload in Kezira was **37 OVC per case worker**
- The revised HIV Risk Assessment tool was rolled out but many caseworkers did not understand how to complete it

Interventions

- Recruited new case workers to ensure caseload of no more than **20 OVC per case worker**
- Mentored case workers to better understand HIV Risk Assessment



Quality Improvement

to increase access to HIV testing

Problems

- Families were refusing the support of case worker for “accompanied referral” to the health facility
- The distance from the community to the health facility was too great

Interventions

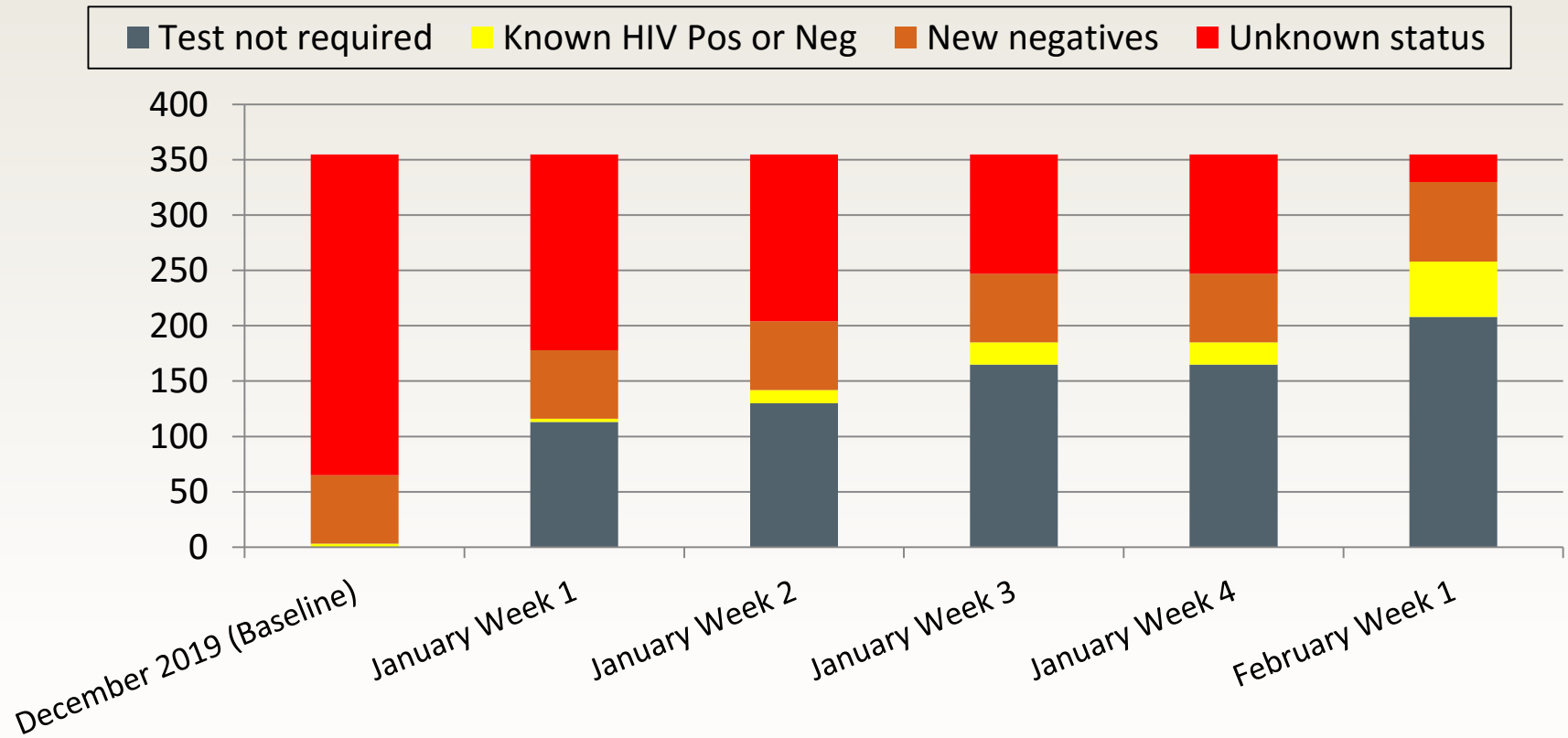
- Through discussion with health facility head, they agreed to provide health extension workers (nurses by profession) to conduct home based HIV testing in collaboration with community volunteers
- Discussed with health facility to make referral depending on work load and test kit availability during performance coordination meetings



Quality improvement

Results

HIV Risk Screening among OVC Enrolled in Dire Dawa Kebele 3, Jan-Feb 2019



Performance monitoring

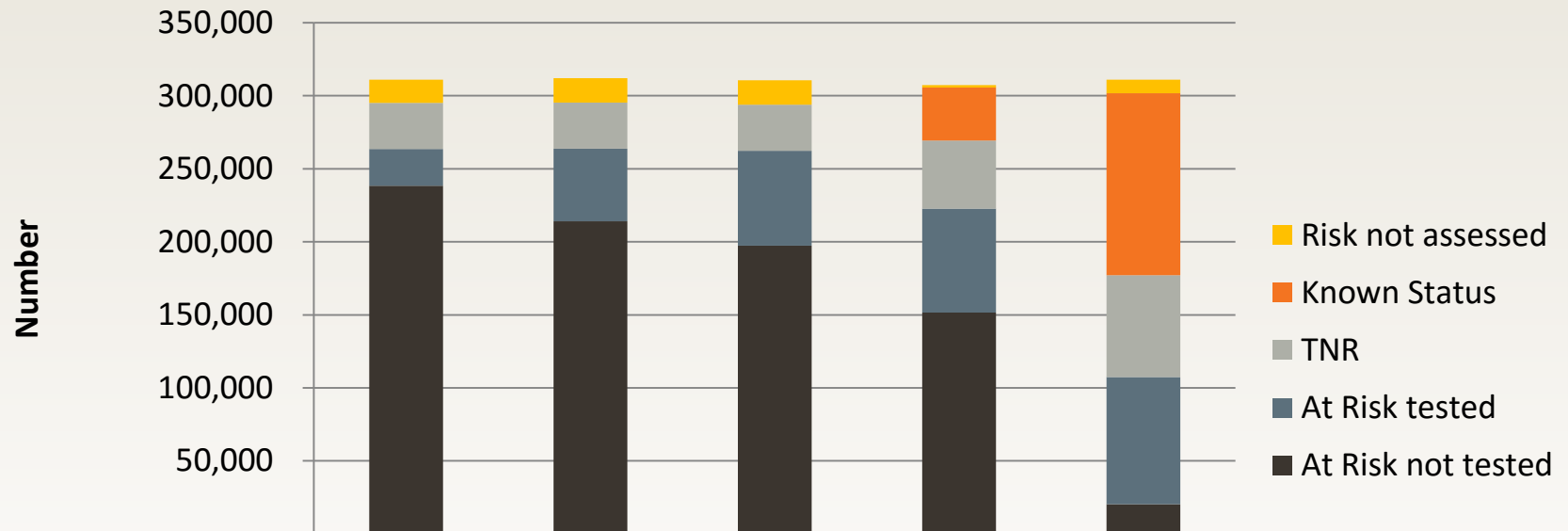
Learning Sessions



Quality improvement

Scale-up in All Implementation areas

**OVC HIV Risk Screening Continuum
out of OVC Served (USAID/CVC Project)**



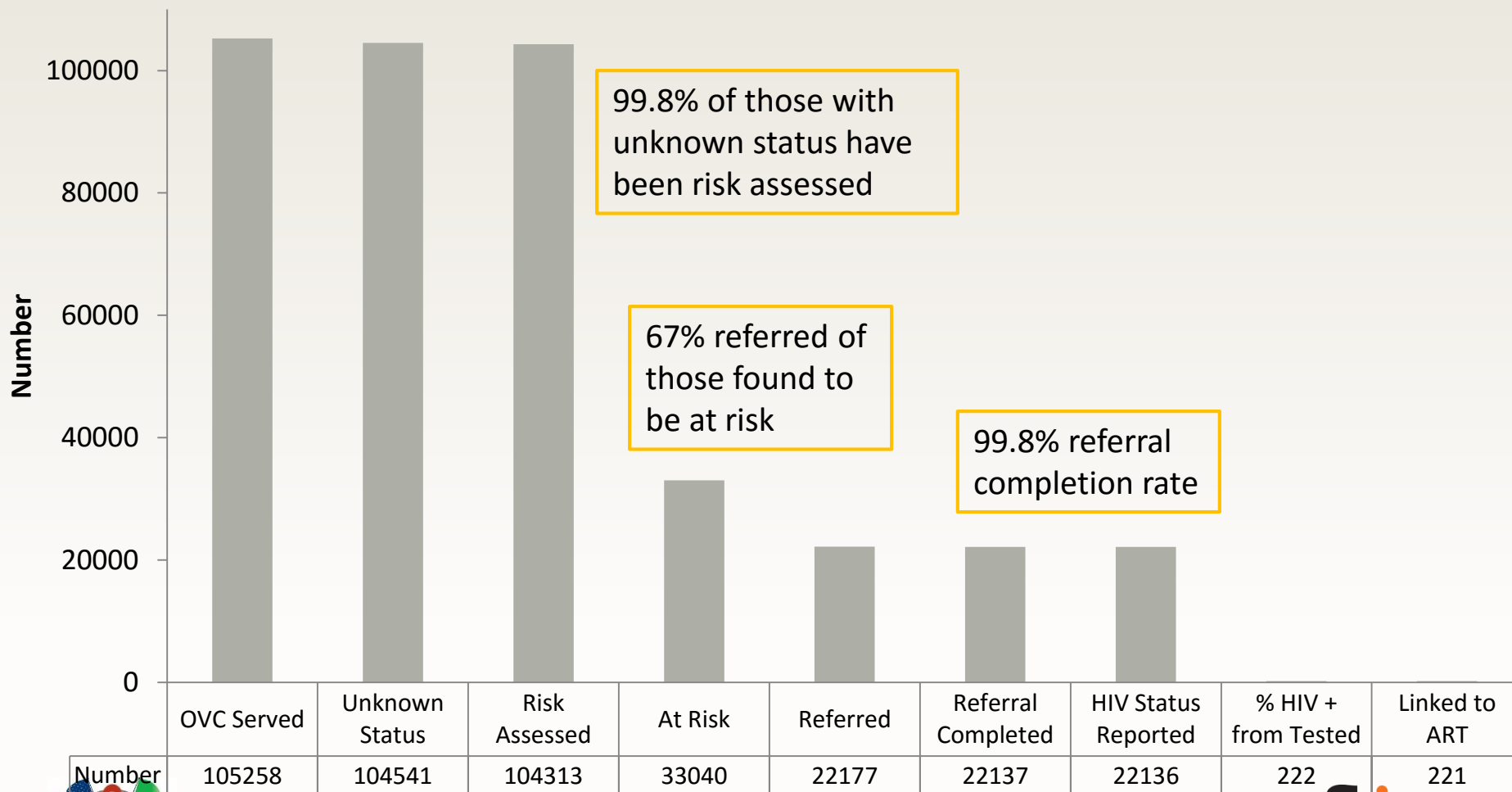
	FY18, Q2	FY18, Q3	FY18, Q4	FY19, Q1	FY19, Q2
■ Risk not assessed	15,814	16,624	16,703	1,638	9,309
■ Known Status	-	-	-	36,217	124,617
■ TNR	31,578	31,578	31,578	46,553	69,622
■ At Risk tested	25,164	49,724	65,018	71,260	87,175
■ At Risk not tested	238,444	214,074	197,298	151,566	20,294



Performance Monitoring

Detailed Risk Assessment Cascade

Cumulative OVC HIV Screening Continuum in Amhara Region, FY18 Q1-FY19 Q2



99.8% of those with unknown status have been risk assessed

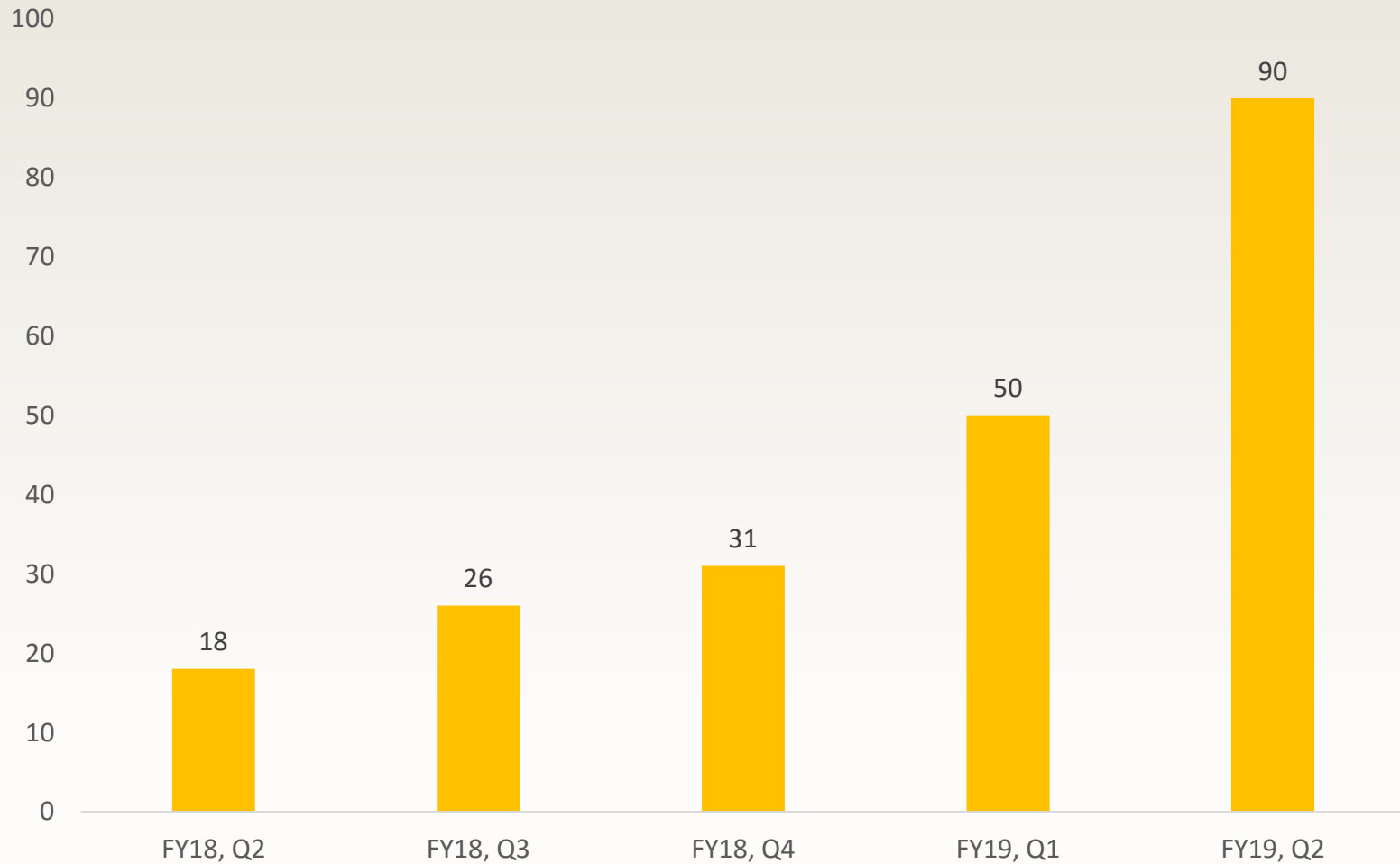
67% referred of those found to be at risk

99.8% referral completion rate



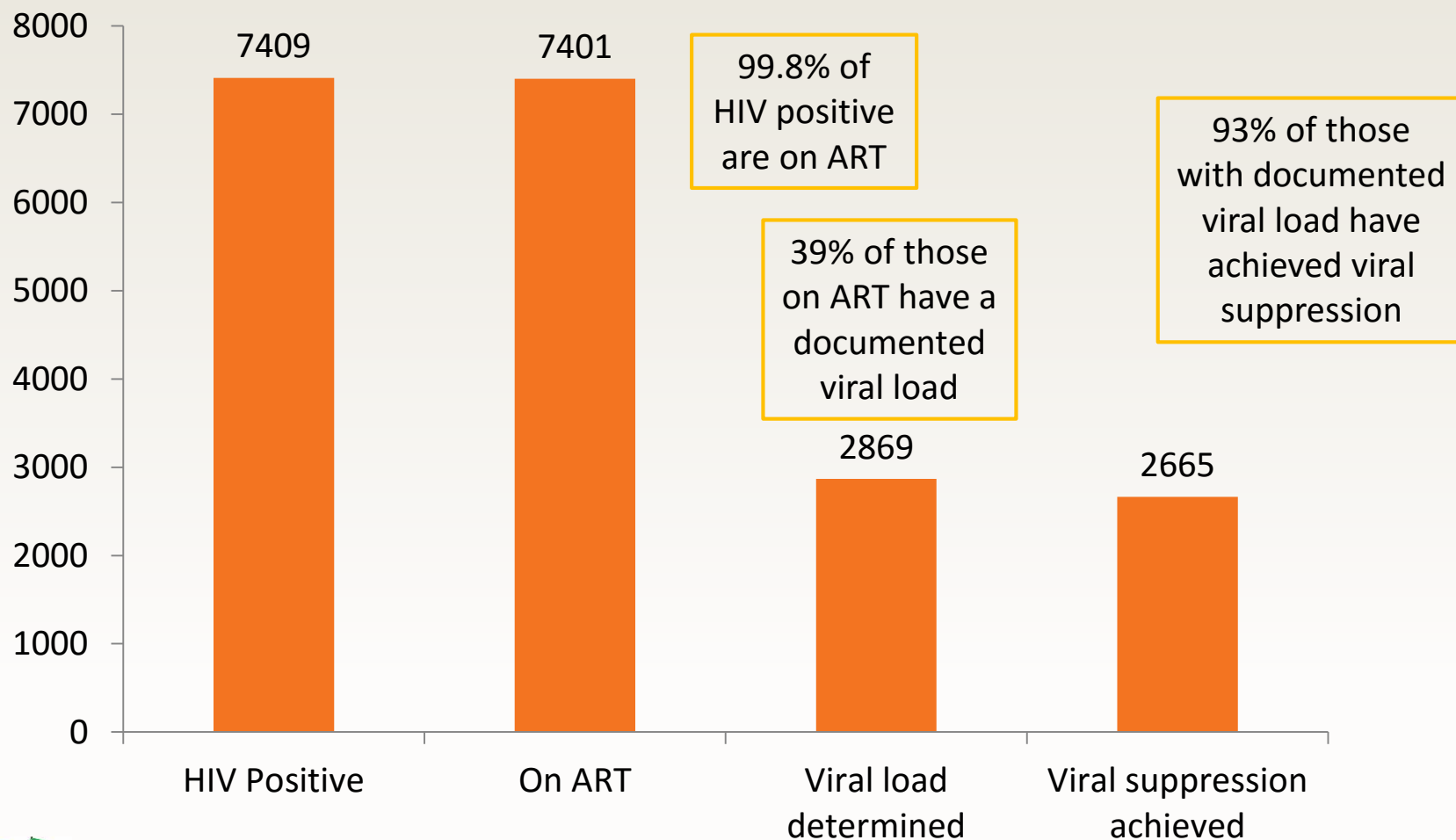
Performance Monitoring

%OVC with known status or test not required



HIV Care Continuum

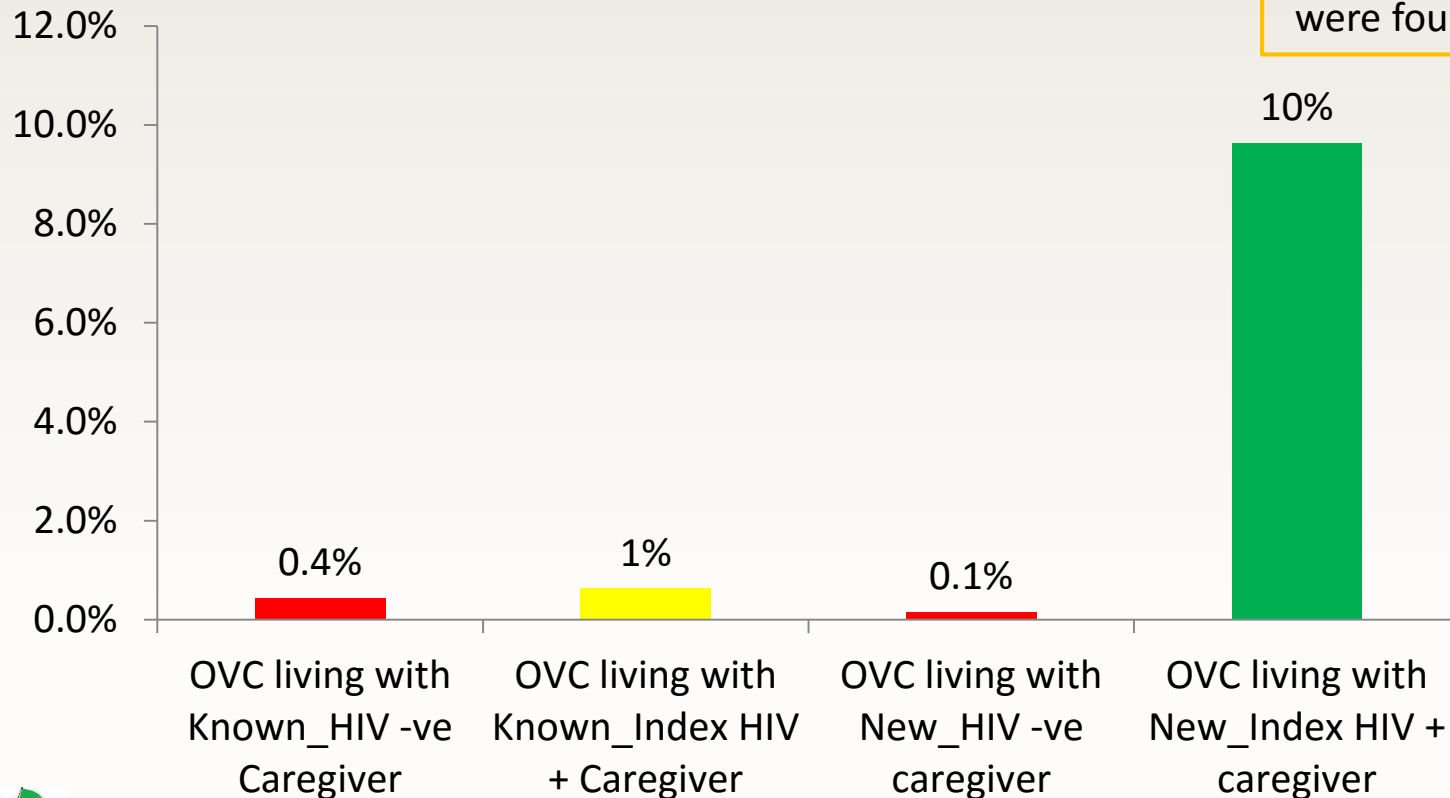
Cumulative for OVC FY19 Q2



What's Next? To Improve Testing Yield

Identifying High Risk OVC

% OVC HIV Testing Positivity by Parent/Caregiver HIV Status, FY19 Q1-Q2



10% of OVC who have a newly identified index HIV caregiver/parent were found to HIV





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