

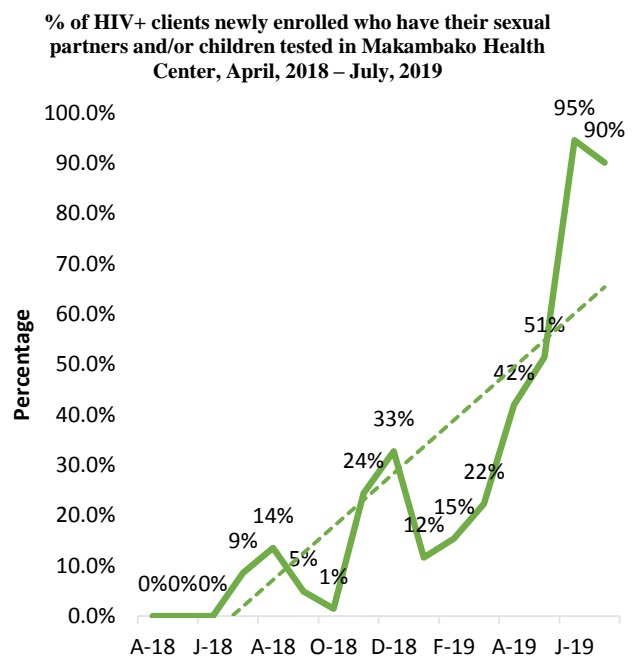
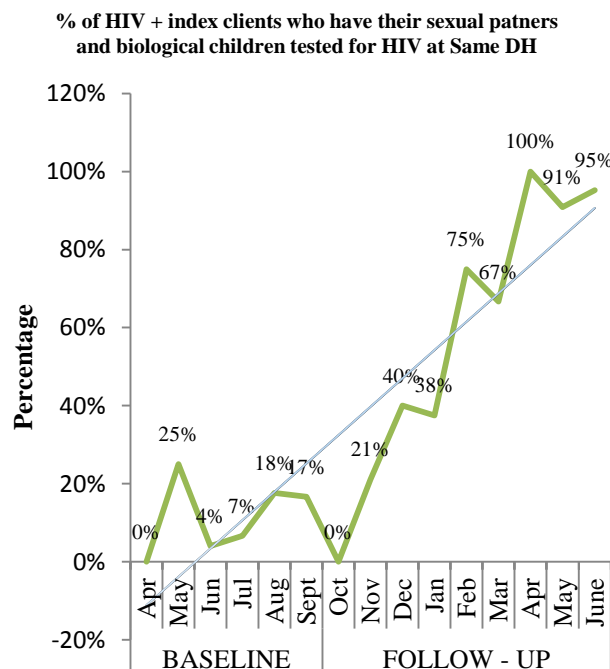
QUALITY IMPROVEMENT INITIATIVES LEAD TO IMPROVED PERFORMANCE ON HIV INDEX TESTING OF 95% AFTER ONE YEAR OF MENTORSHIP

Introduction

Amethyst Technologies, LLC, is the Prime Partner leading the implementation of Quality Improvement (QI) for Comprehensive HIV Cascade Program in USAID supported programs in Tanzania. In April 2018, Amethyst conducted a baseline review in Makambako Health center in Njombe region and Same District Hospital in the Kilimanjaro region to assess the status of HIV index testing of newly identified HIV positive clients' contacts. The results showed that there was a low testing rate of contacts/partners of newly identified HIV positive clients. This was largely due to the knowledge gap among health care providers on the need to conduct index testing as a method to promote the high-yield of HIV positive persons in the catchment areas. Health care providers had inadequate skills in counseling and on the methods of elicitation and tracing. The elicited clients wrongly included the family members who had no direct contact with HIV; as a result, more testing was conducted, but the yield was low. Some of the index contacts were out of the catchment areas, but there was no transportation provided to the distant regions of the community.

Results

After one year of mentorship visits, HIV index testing performance at health facilities showed a significant improvement with multiple interventions resulting in 95% improvement. The graphs below show index testing performance from mentorship start in April 2018 to date for Same District Hospital in Kilimanjaro Region and Makambako Health Centre in Njombe Region.



Amethyst uses a multi-disciplined team of experts composed of a physician, assistant medical officer, pharmacist, nurse, laboratory specialist, social scientists, data experts, and public health specialists. In these two facilities, health care providers are committed to their roles and responsibilities as assigned in their quality improvement teams to achieve the goals/targets. The facilities use mobile clinics to give health education and testing to clients in the community. For example, the Same District Hospital holds six mobile-clinics each month supporting their catchment area. For both health facilities, health education and intensive counseling at the facilities are conducted by index focal persons and other health care workers using simple language, for example, “michepuko” to promote index clients to bring their partners. The workers use jokes that are familiar to the people, and this motivates them to bring in their sexual contacts leading to the increased elicitation ratio beyond one's sexual partner (1:5). Elicitation of index contacts is then conducted using National Index registers and cards that are placed in the CTC2 files. Tracing of index contacts is done using phone calls and invitation cards, which has shown positive results. The invitation cards are given to an index client after counseling and elicitation of their sexual partners. After that, the index contacts are contacted and agree on their appropriate timing for HIV testing.



“We were performing low on index testing because we were not working as a team, QI initiatives were completed just by a few (two) people; after orientation, mentorship and training now we are working as a team, and every team member has roles and responsibilities to make sure we reach the targets. We meet as a team on a monthly basis to review and discuss the strategies (tested changes) to improve performance” – quoted from QI member at CTC- Makambako Hospital.

Another health worker at Same DH declared *“We are using simple language used locally at the community like ‘michepuko, vidumu, ‘nyumba ndogo’ so that they see it’s a normal thing and we respect their choices. In doing that, they mention all their sexual partners, and we are supporting them to explain the modalities to reach the facility without affecting their marriages, for example, the decision to choose the conducive time for HIV testing”- index focal person (Bi Tunu).*

“In community outreach, we orient community health workers on proper elicitation, counseling, tracing and testing of index contacts” – St. Modesta – ART nurse at Same District Hospital.

The picture above shows the Amethyst team providing mentorship on the proper arrangement of QI files and proper documentation of SES journals to Same DH worker

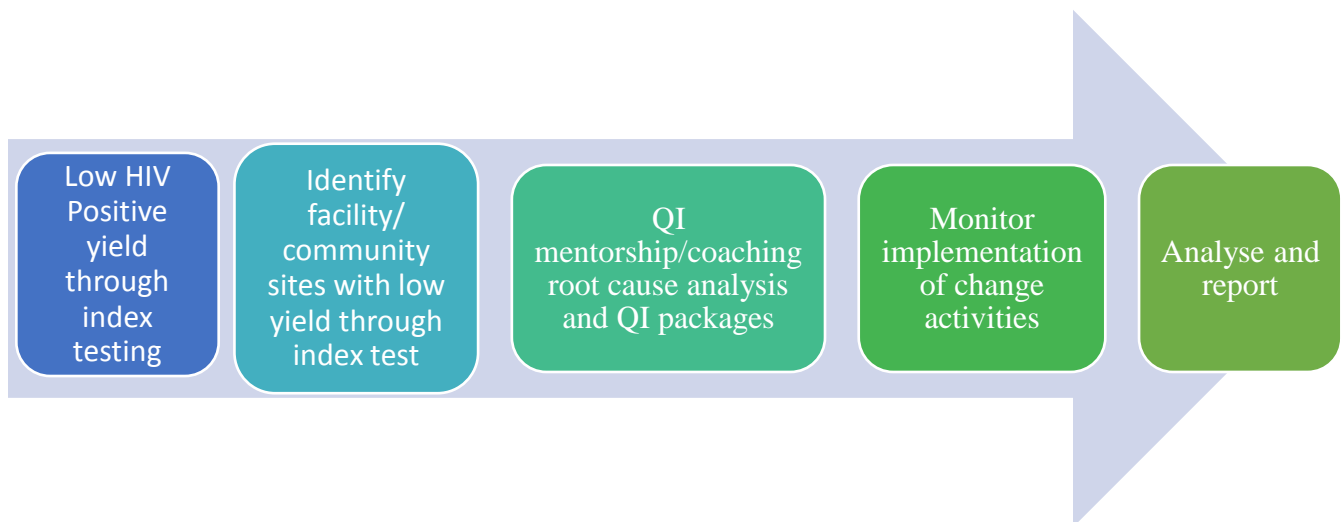
Methods

Amethyst, as a technical partner for PEPFAR in Tanzania, has been assigned the following four strategic areas for strengthening: HIV Testing, Service Delivery models institutionalization, retention to care by pediatrics and adolescents, and HIV Viral Load results used for decision making by Clinicians to support Boresha Afya Southern, North and Central implementing partners (IPs). This support started by conducting a three months baseline review of the status of the four selected areas including HIV index

testing. Initially, HIV index testing training/orientations were provided to health care providers, while home-based counselors (HBCs)/Lay counselors who are tracing the index contacts at the community were not trained. The HBC/Lay counselors were supposed to track contacts of elicited index HIV positive clients in the communities, counsel them to attend the clinics for HIV testing by the health workers at the facilities, who then document the clients in the specific registers.

After this initial training, the whole index testing cascade was conducted, but there was no specific National tool/s for documenting the index clients, elicited index contacts, tracing outcomes, and HIV testing results; thus, different local tools were used. The tools used included improvised provider-initiated testing and counseling (PITC) registers, counter books, and local index forms/registers that were not uniform hence making it difficult to retrieve and analyze data. The multiple sources of data led to challenges in obtaining monthly and quarterly index performance (elicitation, testing, and yield), especially at high volume facilities. Inconsistencies between the data submitted to implementation partners and national systems (Database, MTUHA systems), show the need for harmonized National Index Registers that could easily capture the elicited index contacts and HIV testing outcomes. Amethyst identified this discrepancy at the different sites, gave feedback to the regional authorities through presentations and discussions with the Regional and District teams at the sites as well as the USAID Boresha Afya North/Central and South IPs.

The awareness and techniques for performing index testing has been enhanced for health care workers under the USAID program implemented by Amethyst through continued QI mentorship, QI training, and learning sessions. Health care workers are made aware of elicitation and methods of tracing index contacts as well as the provision of counseling on HIV testing for index contacts. Amethyst mentors working with partners and council teams, with support from PEPFAR, under USAID, designed a method that would help to improve HIV index-testing, shown below.



There was great support from the council management team (DMOs office) and the respective IPs who were following up on the challenges, comments, and recommendations following Amethyst's site visit support. The IPs ensured the extra duty allowance availability to pay staffs who were working extended hours to accommodate clients' needs. The clients were going to the different facilities (hospitals and health centers) on a 24 hours basis, while the volunteers were only attending the morning shifts OPD clients, as they were not receiving payment for overtime Now, index testing at Same DH is now



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conducted even early in the morning or late evening for index contacts who cannot come to the facilities during regular hours. Amethyst mentorships allowed for discussions with the staff who were responsible for index testing, initially they were receiving monthly allowances as volunteers, but this agreement was not fully adhered to by the IPs as time went by which resulted in irregular volunteer allowances payments. The discussions that Amethyst conducted created multi-partner engagement on methods to ensure that the volunteers are paid timely.

While the program has shown progress, there is still a gap in the documentation of index contacts, with some documented on the CTC2 files while others are documented on the index registers/Forms.

Amethyst Technologies is a woman-owned small business, SBA 8(a) graduate company (underutilized partner) headquartered in Baltimore, Maryland, with offices in Tanzania, Kenya, and Ghana. Amethyst has been working as a prime contractor in Africa, the US, and Iraq for USAID, US Army, Department of State, NIH, CDC, and FDA. Amethyst is ISO 9001 and ISO 17025 accredited. Amethyst has performed more than 30 fixed price prime contracts including IDIQ contracts since 2007. Amethyst has local companies (owned and operated) in Kenya, Ghana, and Cameroon to support PEPFAR initiatives and expert staff based throughout Africa. Please contact us at 1.443.543.5576 or info@amethysttech.com.