

**Title: Using Supportive Supervision and Quality Improvement approaches to improve quality of HIV/AIDS care services – Experience of EGPAF Tanzania**

**Authors: Ivan E. Teri, Doris Lutkam, Mary Morris**

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**Issues:** A comprehensive HIV service delivery system has been accomplished in Tanzania; there exists now a focus on improving the quality of care, to improve patient outcomes. One strategy of this focus is quality improvement (QI). QI is a well known health services and systems improvement approach that provides stakeholders with a standard methodology to routinely assess quality of care across the HIV service delivery line. QI methods (small tests of change, gap analysis, intervention prioritization) are utilized to make measurable improvements to problematic issues in the HIV care delivery system. EGPAF Tanzania made an organizational commitment to improve quality at all levels of the HIV care delivery system, from executive leadership to front-line program officers, through the use of supportive supervision (SS) - to support health-care worker's skills and abilities- since the program began in 2004. SS is an element in QI infrastructure needed to enhance the systematic development, implementation and evaluation of QI activities.

**Description:** Once every six months, during SS visits, quantitative performance measurements of specific indicators are conducted at sites by EGPAF technical officers and site staff to assess standards of care across levels of service. This involves chart abstractions from patient files, recording registers and computerized databases. The data is uploaded into an excel-based tool. The results are shared with site and district QI and management teams. With EGPAF's technical assistance, staff analyze performance data by selecting poor performing indicators and using process analysis to understand weaknesses, identify feasible solutions and prioritize activities to implement at each clinic. Site staff initiate quality improvement projects (QIP) using a National QI Documentation Tool to record work and monitor monthly progress. Follow-up by EGPAF staff is conducted quarterly, at SS visits.

To evaluate the effectiveness of this approach, seven hospitals were assessed on four indicators: the percentage of clients who had CD4 count tested prior to enrolment into care, percentage of clients with CD4 count recorded during review period, those prescribed cotrimoxazole, and those on ART who had received adherence counseling during the review period. Assessments were recorded before and six to eight months after initiating QIPs (December 2009 to December 2010).

**Lessons Learned:** Site staff reported to EGPAF the benefits of generating their own data and the participatory nature of this QI approach. In the seven facilities, CD4 testing for patients prior to enrolment increased to 90% (from 82%) and for clients receiving care and treatment, an increase of 16% (from 59% - 75%) was observed. Of eligible clients, 95% were receiving cotrimoxazole per WHO recommendations, an increase of 7%. The most notable improvement

was observed in adherence counseling, where a 46% improvement was observed with 78% of clients receiving adherence counseling during the review period.

**Next Steps:** QI combined with SS worked effectively to improve quality HIV/AIDS services and should be integrated at all health-care delivery levels. This approach enhanced commitment to change and improved accountability of staff to improve services. EGPAF is using this approach to contribute to the strengthening of the national SS framework.