Evidence to Action (E2A) Webinar Series:

Innovation in Technical Assistance:
Strengthening Local Capacity for Sustainable, Responsive, and Resilient Public Health Systems

Tuesday, April 25, 2023 | 9:00–10:00 AM ET
Agenda

Welcome, Agenda, and Housekeeping (9:00 — 9:10 AM ET)
- Tsitsi Vimbayi Chatora, Technical Advisor, External Technical Assistance, EGPAF in Zimbabwe

Panelist Presentations (9:10 — 9:50 AM ET)
- Ivan Teri, Associate Director, Program Optimization, EGPAF
- Ts’epang Mohlomi, Country Director, EGPAF in Lesotho
- Maime Nkotho, ‘Mamohau Hospital Nursing Services Manager, CHAL
- Jane Macha, Technical Advisor, Systems Strengthening, EGPAF in Tanzania

Q&A (9:50 — 10:00 AM ET)
Housekeeping

- Please introduce yourself using the chat feature at the bottom of your screen.
- Please submit your questions and comments using the Q&A feature at the bottom of your screen. The panelists will respond during or after the webinar.
- This E2A is being live streamed and recorded, and EGPAF will share the recording at the conclusion of the webinar.
Improving the effectiveness and efficiency of HIV programs and services through program optimization

Ivan Ezra Teri
Associate Director Program Optimization
EGPAF
Introduction

• The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a proven leader in the global fight to end HIV and AIDS, and an advocate for every child to live a full and healthy life into adulthood.

• For more than 30 years, EGPAF has been a leader in meeting urgent needs in pediatric HIV and AIDS in the world’s most affected regions.

• To reach epidemic control in a complex and evolving context, EGPAF recognized a need for optimizing programs and services to maximize their quality (efficiency and effectiveness) and impact.

• EGPAF applies various standardized and iterative approaches that use evidence and improvement science to enhance program design, implementation, quality, and sustainability.
Leveraging national, regional and global expertise and resources

• Global network of staff experts and technical resources to provide highest quality support

• 11+ EGPAF country teams implementing comprehensive optimization programs in support of national HIV/TB programs

• Dedicated Quality Improvement (QI) and Program Optimization Approach (POA) leads in eight countries

• 500+ EGPAF staff trained in QI/POA

• Tailored, yet adaptable, locally-led approaches and resources to maximize responsiveness and effectiveness
Accelerating Efficiency and Effectiveness in HIV Programs and Services

- Quality Assessments
- Quality Improvement
- Client Satisfaction & Engagement
- Program Optimization
Quality Assessments (QA)

• Support healthcare providers to routinely assess quality of care by utilizing a two-fold approach:
  • **Analyzing routinely collected** aggregate data to identify strengths, gaps and areas requiring further investigation and intervention.
  • **Abstracting patient-level data** on internationally recognized quality of care indicators, assessing performance in those indicators using various tools, and implementing quality improvement projects.

EGPAF's EZ-QI App – a DHIS2-based Quality Assessment web and mobile application to assess clinical quality of care
Quality Improvement (QI)

- Support national MoH QI/QA programs through capacity strengthening, mentorship, coaching, tool development, results analysis, feedback, and dissemination
- Use the Plan-Do-Study-Act (PDSA) approach, QI Projects, and QI Collaboratives (more info)
- Strengthen facility, district, regional/provincial, and national capacity through tailored technical assistance (TA) to sustain a high-quality, locally owned QI-driven response
- Identify health system challenges, co-create QI-based solutions at multiple-levels, including alongside partners, and accelerate those solutions to scale using learning collaboratives

**Plan-Do-Study-Act – a four-stage problem solving model**

**Improvement Collaborative – group of health facilities, districts or regions working together to accelerate strengthening of health services to build resiliency**
Client Satisfaction (CS) and Community Engagement (CE)

- EGPAF appreciates the intersectionality of CS/CE and QI

- Approach to quality includes a commitment to the engagement of communities in the quality assurance and improvement processes, drawing on human centered design principles

- Work side-by-side with health care providers and managers to listen to clients/community and respond to their needs

- Strengthen client and community feedback mechanisms facility-by-facility, linking with facility QI team and management

Empowered clients = collective voices as drivers for action = stronger quality of services = improved health outcomes
Program Optimization Approach (POA) is an iterative process with five core steps to be applied to programs, activities and services implemented or supported by EGPAF at the global, country, or project level.

Advance tailored, partnership-driven solutions in collaboration with local stakeholders that advance equity, ownership, and accountability.

Using POA to Improve Isoniazid Preventive Treatment Coverage and Completion in Gaza and Inhambane Provinces, Mozambique.

Using a POA Approach to Increase Access to HIV Viral Load Testing at Spoke Sites in Tanzania.

More detailed results can be found [here](#).
Integrate technology and improvement science to better understand and strengthen services for children, mothers, and families affected by HIV.

Download Issue Brief
What’s on the horizon?

• Creating efficiencies through service integration: cervical cancer, noncommunicable disease (NCDs), and triple elimination (HIV, syphilis, hepatitis B)

• Global health security: health systems strengthening, epidemic preparedness, and digital health

• Using implementation science to double down on gaps: pediatric HIV and TB, advanced HIV disease (AHD)

• Strengthen the capacity of local partners to support sustainable leadership, high-quality services, quality and accountability before, during, and after transition
Thank You

Acknowledgments

• EGPAF Staff

• Donors

• Ministries of Health

• Implementing Partners
Capacity Strengthening of Local Partners in Lesotho

Ts’epang Mohlomi
Country Director
EGPAF in Lesotho
EGPAF in Lesotho Program

**First 95**
- HTS at health facility level:
  - Index testing and partner notification
  - HIV self-testing
  - PITC in TB, inpatients, and ANC/PNC
  - EID (including POC EID)
  - Recency testing
  - Intensified pediatric case identification
- ART initiation, including PMTCT
- ART optimization
- TB screening, prevention, and treatment
- Nutritional assessment, counselling, and support
- Management of AHD
- Cervical cancer prevention and management
- NCDs and mental Health

**Second 95**
- Renewed focus on retention (retention case managers)
- Community ART groups (CAGs)
- Viral load monitoring (including POC viral load for PBFW)
- Management of treatment failure
- Differentiated care for stable patients (6 mo. MMD, DDD, CAD, migrant-friendly services)
- Renewed focus on children & adolescents

**Cross-Cutting Initiatives**
- Support to MOH on policy revisions, guideline development, training materials, job aides, and tools
- Financial support for printing of tools, procurement of filing systems, medical supplies, equipment, etc.
- Healthcare worker capacity building through training, mentorship, coaching, and supportive supervision
- SI&E TA to the MOH on data collection, analysis, and data use
- Programmatic, clinical, QI and SI&E TA to local partners & Christian Health Association of Lesotho (CHAL)
- Research and program evaluation
- Special initiatives for differentiating models of care: adolescent-friendly services, men’s corners, GBV clinical services, factory workplace program, tertiary institution program, key populations services, community ART initiation, border clinics, PrEP, prison services, etc.
- Quality improvement (QI) and the program optimization approach (POA) for services improvement
- COVID-19 (PPE, screening and testing, IPC training, services integration, vaccine deployment etc)
AIDSFree Project (2016-2018): strengthen HIV programming to increase uptake and quality of PMTCT, pediatric, and adolescent HIV services

**Identified CSOs**
- Phase I:
  - LENASO
  - LENEPOWHA
- Phase II:
  - Care for Basotho
  - Matrix
  - National AIDS Commission

**TA Focus**
- PMTCT and HTS
- TB & HIV
- Nutrition for Children & PLWHIV
- Gender Based Violence
- M&E
- Community Asset Mapping
- Community Mobilisation and Linkages

**TA Products**
- Mobilization messages e.g.
  - Leselinyana la Morupeli (manual)
  - Picture cards (AYP)
- Engagement with media
  - Participation in radio programs for community mobilization
  - Field visits for the media to get exposure on CSOs activities

**Strategic documents**
- M&E Frameworks
- Communication Plans
- Advocacy Strategies
- Internal Policies e.g.
  - Human Resource
  - Procurement
  - Finance
- Development of Board Charters
- Training of Board Members

**HRH deployments (2018)**
- Key Population Officers (2)
- Care for Basotho
- Matrix

**CSOs Coordinator**
- National AIDS Commission

**TA was provided by EGPAF in Lesotho’s technical teams with support from EGPAF Global teams**
Demand creation activities:

• Conducted trainings for civil society organizations (CSOs) on the importance of early infant diagnosis (EID)
• Conducted a media clinic on EID for reporters
• Developed and printed ART Treatment Literacy Booklet for caregivers
• Trained CSOs and people living with HIV (PLHIV) to advocate on treatment literacy and demand creation for pediatric dolutegravir (pDTG)
• EGPAF’s support to the optimal community advisory board (CAB):
  • AFROCAB to support CSOs related demand creation on the use of pediatric optimal treatment
  • Supported CAB members from the CSOs to develop and implement community engagement work plans
  • Supported CAB members to conduct training on revised ART guidelines for CSOs and PLWHIV
  • Supported CAB’s pDTG 10mg advert to be reviewed by the Ministry of Health (MOH) and played on one radio station
Provide tailored, evidence-based TA to local implementing partners (LIPs) in Lesotho on clinical, programmatic, and technical capacity.

EGPAF supported transitioning of:
• The PMTCT program in the Mafeteng and Mohales'Hoek districts to m2m and
• Implementation of the whole HIV program in Mokhotlong and Butha-Buthe to Baylor

The TA is conducted to:
• Foster a sustainable response to the HIV epidemic control implemented by local and community organizations
• Realize the PEPFAR journey towards self-reliance

During the first 2 years (2019/20 – 2020/21), technical assistance (TA) was provided to 15 LIPs

Primes:
1. Baylor: OVC, DREAMS & Care & Treatment
2. m2m: PMTCT, Care & Treatment

Sub Awards:
1. Centre for Impacting Lives: OVC
2. Sentebale: OVC
3. LIRAC: OVC
4. SWAALES: OVC
5. Care for Basotho: OVC and KPs
6. Matrix: KPs
7. WLSA: GBV and VAC
8. LENASO: Care and Treatment
9. LENEPWHA: DREAMS
10. Phelisanang Bophelong (KP)

Faith & Community-Based Initiative (FHI360):
13. World Vision International
14. ADRA
15. Touch Roots Africa

In 2021/22, CHAL was added as another partner to be provided with TA. This included CHAL Secretariat and the 8 CHAL Hospitals.
EGPAF PUSH Capacity Development & Technical Assistance (Cont.)

Framework: To implement high-quality, sustainable, and focused TA that is responsive to the diverse roles of each LIP

1. Engage LIPs to ensure common understanding on key deliverables and outcomes of the TA-SOW through legal framework outlining; roles, resources, coordination and program review processes

2. Identify LIPs technical gaps collaboratively and develop customized TA plans to address them. Implement technical capacity assessments to determine LIPs’ existing technical/clinical/programmatic gaps. Document gap analysis reports and share with the respective LIPs, following which customised capacity building plans are developed.

3. Provide high-quality TA towards a sustainable HIV and TB response through: Develop training toolkits. Implement Capacity building plans. LIPs to facilitate effective implementation of step-down trainings.

4. Strengthen LIPs M&E and QA/QI systems and implement M&E system to assess TA progress and impact.

5. Progressively transition and/or graduate LIPs to an independent phase and provide TA to new organizations as identified through;
   5.1 Monitor progress of LIPs to graduation and
   5.2 Graduate those that meet graduation criteria
   5.3 Exit upon full graduation.
Elizabeth Glaser
Pediatric AIDS Foundation
Fighting for an AIDS-free generation
EGPAF TA Support to ‘Mamohau Hospital

Mr. Maime Nkhotho: Manager Hospital Nursing Services
Introduction

• ‘Mamohau is a Roman Catholic Hospital and one of the Christian Health Association of Lesotho (CHAL) health facility.
• It is based in the outskirts and most rural area of Leribe district
• It serves a population of about 9774 people
• ‘Mamohau is one of the best performing hospitals in ART and maternal and child health services
• The hospital started working with EGPAF around 2008 supporting the following interventions:
  ✓ **Implementation** of quality HIV services including PMTCT etc.
  ✓ **Health Systems Support**: procurement of equipment such as Mpima (POC DNA PCF and BP machines and improvements in the pediatric ward
EGPAF TA Support

• Since October 2021 to date ‘Mamohau has been receiving focused Technical Assistance (TA) from EGPAF

• The TA support started with EGPAF engaging with ‘Mamohau to:
  
  o Understand ‘Mamohau’s scope of work (SOW) and to ensure that we also understand the EGPAF’s TA SOW, which is key in building open and honest relationships required in TA provision
  
  o It is during this stage that the process of TA provision was explained
  
  o The initial engagements further enabled EGPAF to develop relevant technical capacity assessment (TCA) tools to assess our capacities as a CHAL hospital
Implementation of the TA process

Step 1: Conducting Technical Capacity Assessment (TCA)

• During this stage, EGPAF shares the TCA tools (following presentation of these tools so we understand how to complete them), we are given a chance to assess ourselves internally before EGPAF comes to do a joint assessment

• This self-assessment gives us a chance to meet with different departments to introspect, and this has improved understanding what is happening in our different departments, our working together and prevention of working in silos.

• During joint assessment, EGPAF reviews the self-completed tool to probe the scores and verifies the scores given and together we agree on to the final score per domain assessed

• Based on this EGPAF develops and shares gap analysis reports with us and together we prioritise how the identified gaps will be implemented
  ✓ This process facilitates ownership of the entire process from assessment, identification and prioritisation of gaps and addressing them.

• Thus far, two technical capacity assessments have been done and ‘Mamohau has attained first level of graduation on M&E including QA/QI
Step 2: Addressing Identified Gaps

- To address the identified gaps, EGPAF has used different strategies including: Trainings (face-to-face and virtual), supportive supervisions and mentorship sessions and trainings are conducted using the train-of-trainers approach to enforce step-down trainings.
- To date several trainings have been conducted for ‘Mamohau by EGPAF, as reflected below.
Implementation of the TA process (Cont’d)

EGPAF continues to monitor the TA efforts and their sustainability through:

• Continuous engagements
  ✓ Supportive supervision and mentorship sessions;
  ✓ Requesting submission of quarterly reports
  ✓ Conducting one-on-one quarterly review meetings and
  ✓ Conducting annual TCAs to determine hospitals’ transition to graduation level

• The EGPAF district based teams provide ongoing support to MH
**Benefits Attained from EGPAF TA**

### Improved Documentation
- Conducted most activities without documenting the process, now documents the process e.g. means to verify referred clients receive services
- Documentation has improved communication and ease of reference
- Improvements in orientation of new staff and implementing partners

### Development and implementation of key documents
- Developed QI Plans and implement QI projects
- Checklists for supportive supervision
- SOPs and Service Delivery Standards

### Improved Use of Data for decision making
- Has documented Data use and visualization strategy
- Strategy to address gaps and/or weaknesses in data exist, this ensure realizable data collection to enable its use for decision-making

### Improved Team spirit & Coordination
- The Internal TCA has improved collaboration among all department and supporting one another
- Learn best practices from each other and from our different department
- Improved communication among departments

### Improved Capacity
- Improved Facilitation and mentorship skills
- Ability to develop success stories
- Improved customer care
- Improvements in general program performance, e.g. attainment of indicators such as CaCx, TB etc
Elizabeth Glaser
Pediatric AIDS Foundation
Fighting for an AIDS-free generation
Approaches to Strengthen Local Capacity

Jane Macha
Technical Advisor, Health Systems Strengthening
EGPAF in Tanzania
Presentation Outline

- Country Context
- EGPAF in Tanzania implementation approaches
  - Regional Acceleration Strategy Plus (RAS+)
  - District Approach
  - Engagement with community structure
- Lessons Learned
Coverage Map for USAID Afya

Yangu Northern Project

Six regions:
1. Arusha
2. Dodoma
3. Kilimanjaro
4. Manyara
5. Singida
6. Tabora

Scope:
1. HIV
2. tuberculosis (TB)
3. family planning (FP)
Local Government Authority: Health System Structure

Region
- Regional Health Management Teams (RHMT)

District/Council
- Council Health Management Teams (CHMT)

Health facility
- Health Facility Management Team (HFMT)
- Community Health Workers/Layworkers
EGPAF in Tanzania
Implementation approaches to strengthen local capacity and ownership
Regional Acceleration Strategy Plus (RAS+)

- RAS+ is an **innovative approach** that identifies specific, regional priorities and gaps to develop specific action plans for implementation, monitoring, and reporting.

- RAS+ emphasizes greater **involvement of the regional leadership** for:
  - Joint planning of interventions which accelerate results achievements
  - Joint implementation, monitoring, and reporting of results
  - Joint review, evaluation, and dissemination/sharing of lessons learned

- It is a mix of enhanced **TA and hands-on** service delivery support, **focused on a case management** approach at site-level.

- RAS+ is a **data-driven** implementation approach that focuses where the **need is greatest** to address the quality of integrated service delivery models:
  - Conducts weekly meetings (virtual) to discuss performance and provide feedback for key project indicators
  - Conducts monthly meetings to discuss regional performance
EGPAF in Tanzania: Organizational Structure

• Regional Acceleration Strategy (RAS) approach
  • Consortium partners’ staff fully absorbed, co-located in offices
  • Planning and implementation through one structure: one team, one plan

• Through USAID Afya Yangu Northern
  • Six regional offices
  • Each region led by Strategic Results Manager – RAS to facilitate project goals in close coordination with R/CHMTs
Structure: RAS Case Management Teams

- Country office TA
- Regional teams
- Case management teams

On-site Visits and support by RAS team

Virtual site support (through Zoom, WhatsApp message, emails, phone calls, and SMS)

Support by CHMT and district mentors

Priority Tier 1 & 2 Facilities

Case-by-case selection of facilities for follow up

Site support driven by key indicators:
Index testing, Continuity of Treatment, HVL coverage, and HIVST
DISTRICT APPROACH
Why EGPAF Uses a District Approach

- Decentralize **resources and authority** to empower local government authorities (LGAs) through **council health management teams (CHMTs)** to help manage project activities in their respective districts.

- Greater **involvement of the CHMT leadership** for collaboratively working with the CHMT teams to support implementation at health care facilities through:
  - Collaborative planning and budgeting of activities
  - Coordinating implementation of various service delivery models
  - Monitoring and reporting of project progress

- The approach promote transfer of capacity, management, and oversight of activities to LGAs.

- Promotes efficiency and advances ownership and sustainability of project activities.
District Support Through Subagreement Management

Project plans are developed through a Council Comprehensive Health Plan (CCHP)

Project scope, priorities, targets, and one-year budget ceilings are shared during CCHP planning

EGPAF supports R/CHMTs during the planning to incorporate project activities into regional and councils plans

Finalized and approved plans and budgets are uploaded to the government accounting system, called MUSE (funded through subagreements)

CHMTs with EGPAF staff prepare quarterly implementation plan (EGPAF supports the implementation of the activities at facility levels)

This allows councils to plan for and allocate resources where they are most needed
HRH Capacity Building

• EGPAF staff are **co-located** at the district/council level and represent EGPAF within the CHMT level

• **Strengthening capacity of frontline health care workers (HCWs)**
  o Build capacity of frontline HCWs through classroom trainings to ensure that health care facilities provide quality services per national standards and guidelines
  o Develop pool of district mentors (more than 400) to support various interventions, including for HIV, TB, FP, gender-based violence, cervical cancer prevention, and supply chain management, etc., in 44 supported councils/districts
Example of Capacity Building Support to Frontline Health Care Providers

<table>
<thead>
<tr>
<th>PY1-FY22</th>
<th># of trainings</th>
<th># of HCPs trained</th>
<th>HIV</th>
<th>TB</th>
<th>FP</th>
<th>GBV</th>
<th>COVID-19</th>
<th>QI</th>
<th>M&amp;E</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>34</td>
<td>3,712</td>
<td>1,125</td>
<td>144</td>
<td>272</td>
<td>375</td>
<td>371</td>
<td>527</td>
<td>898</td>
</tr>
</tbody>
</table>

Table above shows number of trainings conducted (34), in which 3,712 health care providers were trained on various key thematic areas. The trainings used national guideline materials.
Service Delivery

Service Delivery Area:

- Integrated project services into health care facilities, such as:
  - FP in HIV CTCs; HTS in SRH, TB into HIV care and treatment
  - Coordination of project activities by government facility in charge
- Project team supports health care facility staff to take ownership of project interventions
- Link government initiatives/activities with project intervention
  - e.g., star rating of health care facilities and SIMS/site improvement system
Leadership and Management Area

Strengthening Leadership and Management Capacity

- Ensures all efforts/support are endorsed by MOH, regional, and district leadership
- Supports RHMT to coordinate regional partners meetings for experience sharing and coordinating partners' work, including resources
- Works with R/CHMTs to conduct joint supportive supervision to health care facilities with poor performance
- Capacity building to new R/CHMT members on project interventions

Monitoring and Reporting (Health Information Systems)

- Scale up of national reporting systems and update of data reporting systems, including CTC2 data base; equipping facilities with tools; IT support; and capacity building
- Monthly data review meeting
Engagement with Community Structures: Council Multisectoral AIDS Committee (CMACs)

• The EGPAF team is a member in the Council Multisectoral AIDS Committees
• The Committees are responsible to overseeing HIV and AIDS interventions at the community-level, including sensitizing and supporting community to access services
• Collaborate and orient them on various project interventions, such as HIVST and pre-exposure prophylaxis (PrEP) to create awareness on availability of the services
• Support them to reach community with health needs, including HIV services
Engagement with Community Structures: Strengthen Health Facility Governing Committees (HFGCs)

- HFCGs are responsible to ensure availability of quality health care services at the facility level.
- EGPAF builds capacity of CHMTs to be mentors and facilitators of Health Facility Governing Committees (HFGCs).
- CHMTs orient members of HFGCs including new members on their roles and responsibilities and monitor implementation.
EGPAF in Tanzania’s
LESSONS LEARNED
Lesson Learned

✓ Local Capacity strengthening is a very dynamic process and needs overtime investment

✓ The manpower and leadership at local authorities is dynamic and keeps changing overtime

✓ Incorporating activities into CCHP promote ownership and sustainability

✓ Collaboratively working with R/CHMT through jointly planning, supportive supervision and mentorship and case management helps to build their capacity of leaders to manage projects.

✓ Transparency during project planning and budgeting build trust and strong working relationship with government and other local partners

✓ Alignment with National Strategic Plans - HIV/TB/FP helps to meet the national and project objectives/goal
Asanteni
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Pediatric AIDS Foundation
Fighting for an AIDS-free generation