

# INTEGRATED PERFORMANCE AND QUALITY MANAGEMENT: COMBINING THE OPTIMIZING PERFORMANCE AND QUALITY AND COLLABORATIVE QUALITY IMPROVEMENT APPROACHES TO IMPROVE HIV SERVICE DELIVERY IN THE DEMOCRATIC REPUBLIC OF THE CONGO

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Cecile Edambolo Yema, IntraHealth; Osée Lieke, MD, MPH, IntraHealth; Cyprien Tendo, MD, PATH; Pascal Milenge, MD, MPH, PATH; Jean-Claude Kiluba, MD, PATH; Sujata Bijou, IntraHealth; Melanie Joiner, IntraHealth

## CONTEXT

The Integrated HIV/AIDS Project in Haut Katanga (IHAP-HK), implemented in the Democratic Republic of the Congo (DRC), is led by PATH in a consortium with IntraHealth International. IntraHealth is responsible for supporting referral systems strengthening and capacity building related to quality improvement initiatives.

The main objective of the IHAP-HK project is to build local capacity to ensure the continuum of quality HIV care and services at multiple levels of the health system (health zone, health facilities, community sites). To achieve this, beginning in September 2017, IHAP-HK combined IntraHealth's Optimizing Performance and Quality (OPQ) methodology with a collaborative quality improvement approach to create the Integrated Quality and Performance Management (IQPM) approach. OPQ is a stakeholder-driven, cyclical process for analyzing human and organizational performance and setting up interventions to improve performance and quality and build on strengths and successes. IQPM is an innovative approach that allows health stakeholders to solve performance and quality problems at health facilities and generate best practices to achieve desired performance levels.

## METHODS

The IQPM approach has three phases:

**1) the preparatory phase**, which describes the context in which IQPM will take place; fosters stakeholder engagement, ownership, and leadership; and prepares the team for implementation; **2) the implementation phase**, which includes identification of gaps, root cause analysis, the planning and application cycle, and performance and quality evaluation; and **3) the dissemination phase**, which includes identifying strengths and documenting and sharing best practices.

During the **preparatory phase**, we strive to understand the overall context of the health facility, define the areas of focus for IQPM, and identify the intervention strategies to achieve "95-95-95" objectives. Stakeholders from the provincial health division, *Programme National de Lutte Contre le VIH/SIDA (PNLS)*, health zone management teams, project-supported facility providers, community actors, and clients take ownership of actions identified by the health facilities to help improve performance.

During the **implementation phase**, IHAP-HK conducted an evaluation of core indicators at 24 high-volume sites that have IQPM teams.



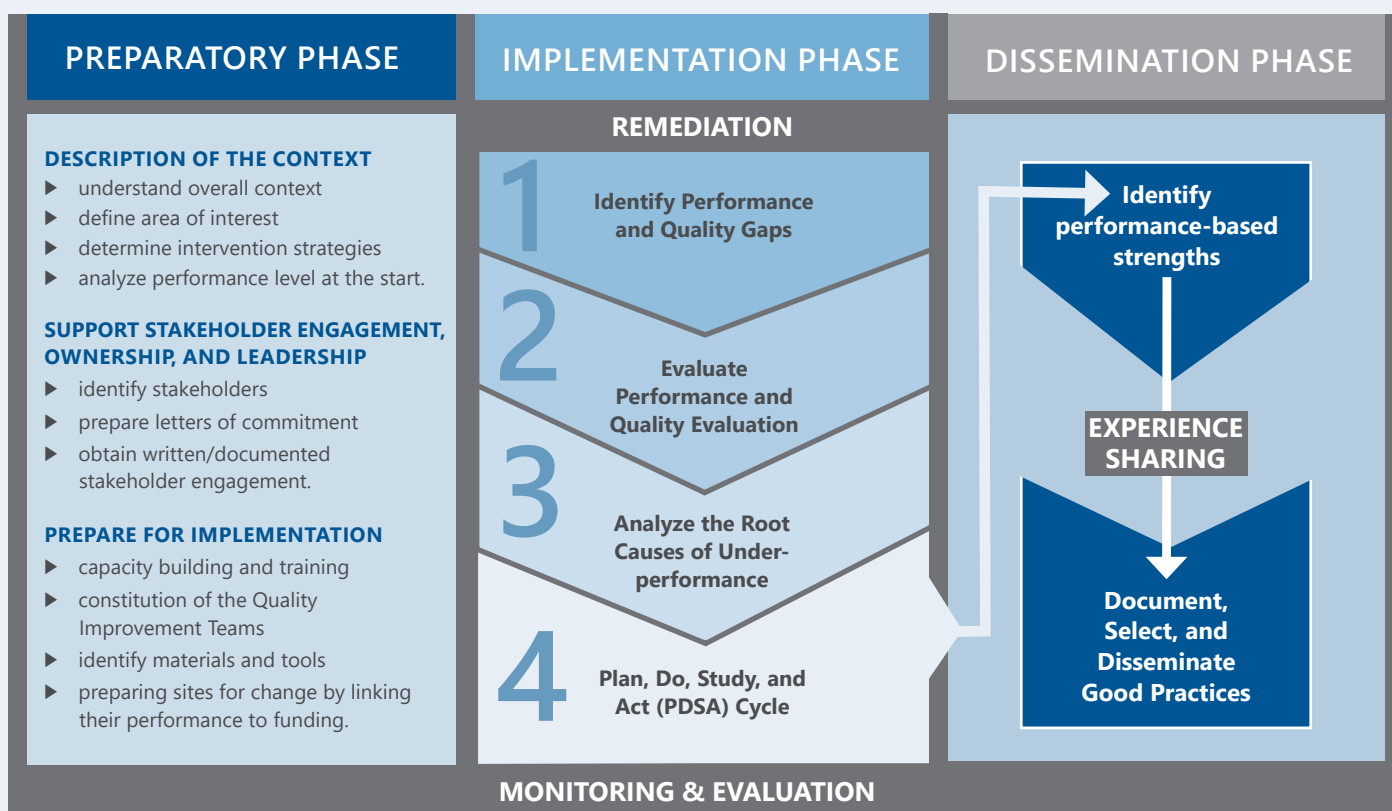


Figure 1: IQPM Conceptual Framework

Core indicators include those related to measuring performance across the HIV service cascade (e.g., HIV testing, including index testing; treatment continuity; viral load coverage and suppression), and those monitoring service delivery and quality (e.g., client reception; speed of services offered; turnaround time for viral load results).

Based on this evaluation, the IHAP-HK team identified the following areas for improvement: HIV testing yield; viral load coverage and suppression; turnaround time for viral load results; and client wait times.

To identify the root causes of these improvement areas, health facilities used OPQ tools, which were integrated into the IQPM approach, to assess the factors influencing performance, including organizational systems and health worker knowledge and skills. Once root causes were analyzed, then the **PDSA (Plan-Do-Study-Act) cycle** was implemented, which allowed IHAP-HK to work with the teams to establish a remediation plan to improve performance and quality.

During the **dissemination phase**, IHAP-HK also used dashboards at IQPM team meetings to evaluate performance against relevant indicators and make decisions, and organized cross-facility learning sessions with community participation (peer educators, civil society members) to improve and maintain performance.

Each quarter, a **performance and quality evaluation** was carried out within each facility to highlight good performance and identify gaps. Following the evaluation, IHAP-HK organized experience exchange sessions between IHAP-HK-supported health facilities as a forum for documenting and disseminating best practices, helping to boost performance and service quality across all project-supported health facilities.

## RESULTS

IHAP-HK began applying the IQPM approach at the end of Fiscal Year (FY) 2018, with the approach leading to improvements in HIV testing yield, client wait times, and viral load coverage and suppression.

### HIV TESTING

The number of clients tested and testing yield generally increased following introduction of the IQPM approach and other strategies put in place to address performance gaps. The 24 IQPM facilities achieved their highest testing yield at the end of FY2020 (9.5%), surpassing the 4.9% benchmark set by PEPFAR, and highest volume of new individuals diagnosed HIV-positive (5,382 [FY2020] compared to 3,123 [FY2018]). The slight decline in FY2021 was due to a public health worker strike in the DRC, which reduced the number of facility-based staff providing HIV testing services (Figure 2).

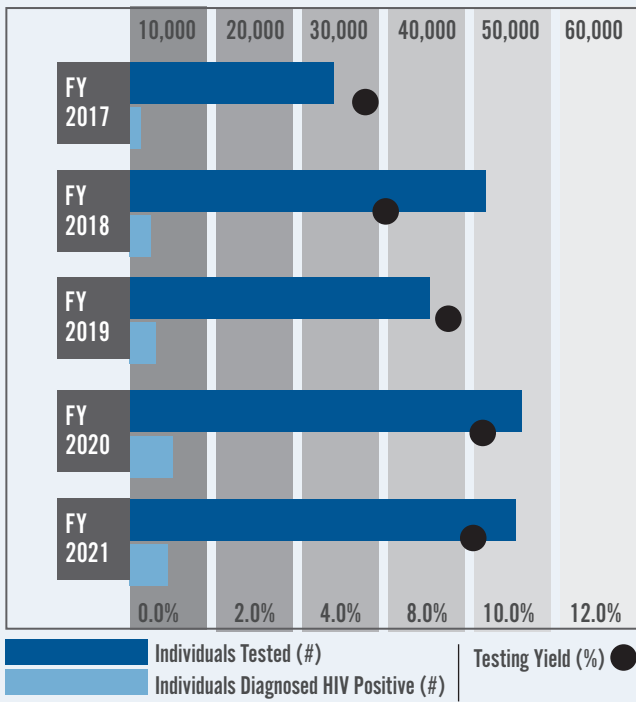


Figure 2: HIV testing volume and yield by fiscal year

## CLIENT WAIT TIMES

To ensure a continuum of high-quality care, IHAP-HK piloted an electronic service quality feedback system at six of the 24 IQPM facilities to assess patient satisfaction. This system and the strategies devised and implemented based on client feedback led to a reduction to less than 10 minutes of wait time before clients received a service. Five months prior to the intervention, mean wait times were 90 minutes in six facilities. Acts of stigma and discrimination decreased to zero, an improvement based on previous reports in three project sites.

## VIRAL LOAD COVERAGE AND SUPPRESSION

Through the IQPM approach, IHAP-HK fostered the development of and implemented the following person-centered approaches to improve viral load suppression rates:

- ▶ Creating weekly line-lists of people living with HIV (PLHIV) with detectable viral loads for the development of a case management plan.

- ▶ Developing an individualized case management plan for PLHIV with unsuppressed viral loads and task-shifting follow up with peer educators.
- ▶ Conducting adherence assessments at all points of contact with PLHIV.

IHAP-HK intensified the collection of viral load samples by sending automated, provider-driven appointment reminders for the collection of viral load samples at the patient’s chosen location; strengthening the viral load sample transportation system through a hub-and-spoke model; and using dried blood spot (instead of plasma) sampling for viral load in remote areas.

The rates of viral load coverage and viral suppression at the 24 IQPM sites have increased significantly, reaching 97.7% and 95.7%, respectively, at the end of September 2021 (Figure 3).

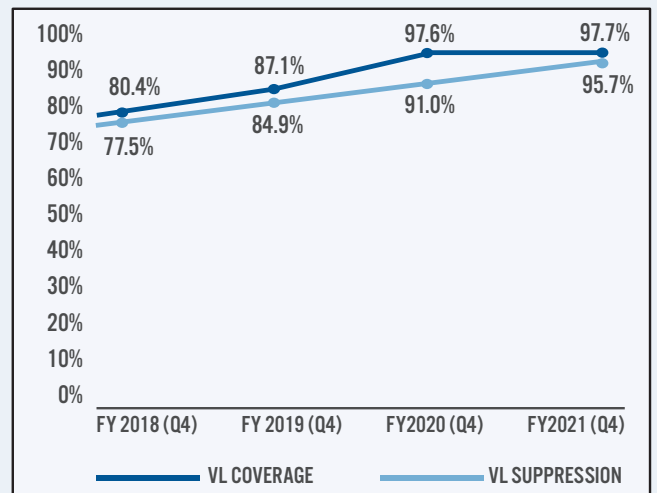


Figure 3: Viral load coverage and suppression rates

## CONCLUSION

IHAP-HK’s use of the IQPM approach as part of a diversified continuous quality improvement project strategy and other project innovations led to improvements in facility-level performance against service delivery and quality indicators. IHAP-HK recommended that other implementing partners and the Ministry of Health in the DRC take ownership of the IQPM approach as the best way to provide optimized care to PLHIV.

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## CONTACT

Sujata Bijou  
Senior Measurement and Learning Technical Advisor,  
IntraHealth International  
sbijou@intrahealth.org

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