

# CATALYST QI Brief

## Reflections from the design and start-up of the CATALYST Quality Improvement Collaborative

QI BRIEF  
NOVEMBER 2023

### Introduction

Catalyzing Access to New Prevention Products to Stop HIV ([CATALYST](#)), MOSAIC’s flagship product introduction study, provides and assesses an enhanced service delivery package that includes oral pre-exposure prophylaxis (PrEP), the PrEP ring, and injectable cabotegravir for PrEP. The package of products and services for PrEP are provided to women at 28 PEPFAR delivery sites in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe.

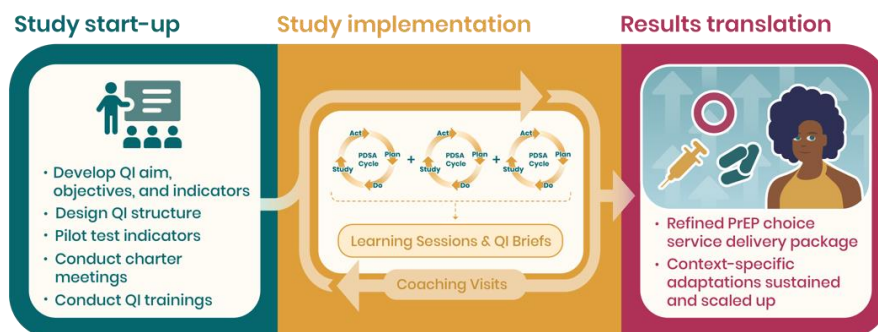


Figure 1: Quality Improvement Collaborative (QIC) overview

The Quality Improvement Collaborative (QIC) is a component of the CATALYST study that refines and makes context-specific improvements to the enhanced service delivery package to make it scalable for delivering PrEP choice (Figure 1). The QIC’s multi-country design enables rich learning and problem-solving by providing QI faculty, advisors, coaches, and teams from all CATALYST countries opportunities to interact and exchange knowledge with each other as the study progresses.

The collaborative shares a common structure, with site-based QI teams that are supported by QI advisors and coaches from each country (Figure 2). The design and implementation of the QIC is supported by the QI faculty, a mix of QI experts and CATALYST study managers who provide oversight and strategic direction to the QIC.

All 28 sites in the QIC share three core objectives and five additional objectives to guide QI efforts in the context of CATALYST. Once these objectives were established, the start-up phase began with three distinct country-level activities: charter meetings, site-based QI team trainings, and QI indicator pilot testing. This brief describes the key lessons from these start-up activities.

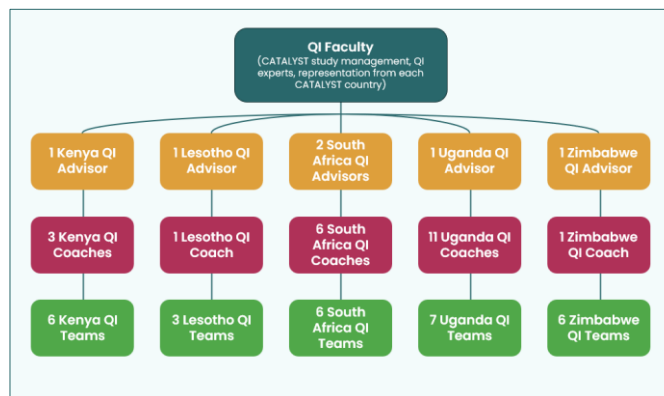


Figure 2: QIC Structure

*“MOSAIC is made possible by the generous support of the American people through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). The contents of this resource are the responsibility of MOSAIC and do not necessarily reflect the views of PEPFAR, USAID, or the U.S. Government. MOSAIC is a global cooperative agreement (Cooperative Agreement 7200AA21CA00011) led by FHI 360 with core partners Wits Reproductive Health and HIV Institute, Pangaea Zimbabwe AIDS Trust, LVCT Health, Jhpiego, and AVAC.*



## QIC Charter Meetings

The CATALYST QIC charter provides a road map for the QI effort and serves as a communication tool to inform QI teams, funders, and stakeholders of the collaborative's aim, objectives, indicators, and structure. The QIC faculty drafted the charter, and each country adapted it in collaboration with local stakeholders, including young people, through a country-level charter meeting.

The first charter meeting was held over two days in Mombasa, Kenya. Participants included Ministry of Health (MOH) and subnational stakeholders, representatives of the CATALYST sites, and MOSAIC [NextGen Squad](#) members from Kenya to ensure meaningful youth involvement and representation. CATALYST QI faculty and advisors from the other four CATALYST countries also attended so they could observe and learn from the Kenya charter meeting. They then conducted charter meetings in their countries.

### QIC Objectives

#### Core objectives:

1. Increase the number of PrEP clients who make an informed choice for PrEP.
2. Improve continued PrEP use at Month 1.
3. Increase the percentage of PrEP users reporting a positive experience with the enhanced PrEP service delivery package.

#### Additional objectives:

1. Improve STI screening for all PrEP clients.
2. Improve the percentage of CATALYST participants with an unmet need for family planning (FP) who talk to a provider about FP during their PrEP visit or are offered a referral.
3. Ensure that all PrEP clients are screened for gender-based violence (GBV). Of clients who report or disclose GBV, improve the percentage that are offered direct support or referral services.
4. Support providers in having a positive experience with the delivery of the enhanced service delivery package.
5. Improve mental health screening for all PrEP clients.

### Key takeaways and lessons learned from conducting the CATALYST QI charter meetings include:

- **Invite a range of stakeholders that represent the PrEP delivery system:** Including national, subnational, site-level, and community-level representatives involved in the PrEP delivery system allowed rich perspectives and fruitful discussion on the QIC's aim and objectives to ensure they align with local needs, interests, and priorities.
- **Get stakeholders' buy-in in advance:** Sharing the draft charter with stakeholders ahead of the meeting, working together to compile an invitation list, and deciding jointly on the date and location helped foster early buy-in for the QIC among local leadership.
- **Begin the meeting with an overview of the study:** Briefing the stakeholders on the CATALYST study before introducing the QI component helped stakeholders better understand how the QIC serves the overall study goal and objectives.
- **Build upon existing QI and PrEP efforts in the country:** At the charter meetings, MOH PrEP and QI experts were given the opportunity to present their current and recent QI projects and HIV prevention efforts, which helped position the CATALYST QIC as contributing to and building on national priorities.



The first CATALYST QIC charter meeting was held in Mombasa, Kenya, in December 2022.

Photo by N. Rakhmanova/FHI 360.



## QI training for the site-based QI teams

Following adoption of the QI charter, each CATALYST country team held a training on QI methodology and CATALYST QI procedures for site QI teams. The first training was held in Lesotho, and the QI faculty, advisors, and coaches from other CATALYST countries were also invited to attend. Lesotho was chosen to spearhead the pilot of the QI training because they were closest to CATALYST study launch. Piloting the training in Lesotho and convening the QI faculty, advisors, and coaches from all CATALYST countries enabled all to learn from the Lesotho team's training and allowed for faculty and QI advisors from other countries to support the Lesotho team in conducting and refining the training together.



The first CATALYST QI training in Lesotho, April 2023.  
Photo by N. Rakhmanova/FHI 360.

### Key takeaways and lessons learned from the QI trainings include:

- **Be flexible in how the training is implemented:** Each country team organized the training based on their context. The Kenya team paired the QI training with the study's clinical training on PrEP, which made it easier to contextualize QI within PrEP services. The team also found that delivering the training through a training of trainers (TOT) who would in turn train the QI teams at the study sites helped them prepare and adjust the training and facilitate learning among trainers. The Uganda team broke down the QI training into several days and conducted the training in the afternoons to enable staff to continue work with limited interruption; however, the advisors found that the half-day model did not leave enough time for discussion.
- **Include national QI and HIV focal points and build on existing training materials:** The Zimbabwe training used existing national QI training tools in addition to CATALYST-specific training materials, which helped engage national QI staff in the development of the training. Uganda's training included national stakeholders who co-facilitated QI trainings, which served to strengthen buy-in for the QI effort from providers on the study site QI teams.
- **Make the training interactive and context specific:** Use games to teach QI theory and concepts to encourage creative thinking and application of the concepts. Use examples and case studies that reflect the realities of the setting where the training is taking place to convey the information in the most meaningful way for the target audience.



A QI coach and a QI team member testing QI indicators using PrEP registers in Uganda, May 2023.  
Photo by Abubaker Kawuba/TASO Uganda



## Pilot testing the QIC indicators

Each QIC objective is measured with indicators that rely on data drawn from facility registers and a client exit survey. The QI teams are expected to collect data for and monitor the indicators in real time to track progress, identify areas for improvement, and assess the impact of various change ideas. Pilot testing these indicators is an important step to determine whether they are effective at measuring the objectives and whether data collection is feasible. The pilot test process also provides QI advisors and coaches with an opportunity to support and strengthen the capacity of the QI teams. Each country tested indicators jointly with the site-based QI team members using PrEP registers and the client exit survey. Testing the client exit survey, which was developed by the QI faculty, was crucial in identifying potential barriers to delivering the survey and using it as a data source for the QI indicators.

### Key takeaways and lessons learned from the pilot testing of the QI indicators include:

- **Engage facility staff in pilot testing QI indicators:** Their participation gives them information on current gaps in PrEP services—outside the context of the study—and stimulates ideas for improvement in their settings.
- **Data sources may need to be modified:** The Zimbabwe team found that the client exit survey needed to include an option to identify whether a client completed the survey on their own or with assistance. The South Africa team discovered that PrEP registers at some of their CATALYST sites did not include information needed to calculate the QI indicators. The team worked with the National Department of Health, facility administrators, and data capturers to implement an electronic PrEP register and the site was oriented to the new register during their QI training.
- **Not all indicators could be measured:** The Uganda team discovered that the indicator for one of the objectives—related to mental health—was not measurable in their setting.

### Key Definitions

**QI coaches** are selected as credible experts in the QI effort and PrEP delivery who support teams in implementing the QI methodology, analyzing data, and addressing challenges.

**QI advisors** are selected to coordinate improvement efforts at the country level and serve as liaisons between the QI coaches and CATALYST study staff.

**QI teams** are multidisciplinary teams of service providers involved in PrEP care at the site level.

**Learning sessions** are communities of practice that bring together QI teams, coaches, and advisors and national and subnational stakeholders to monitor progress, exchange ideas, and jointly problem-solve across sites.

**Plan-Do-Study-Act (PDSA) cycle** is a QI method of testing potential improvements, or “change ideas,” to see if they produce the desired effect. A PDSA cycle is used to test promising practices or solutions that have been tried elsewhere that need some tweaking before being implemented and scaled in a different context.

## The way forward

As each of the 28 sites in the CATALYST study is activated, the QI teams at those sites are beginning Plan-Do-Study-Act (PDSA) cycles to test change ideas related to the core QI objectives. What they learn will be documented in country-specific QI briefs, which will also serve as a data source for the CATALYST process evaluation. In addition, QI faculty, advisors, coaches, site-level QI team members, and other study stakeholders will come together periodically for country-specific and cross-country learning sessions to share data, insights, and lessons from the QI experience and inform refinements to the enhanced service delivery package for providing PrEP choice.