UNODC
United Nations Office on Drugs and Crime

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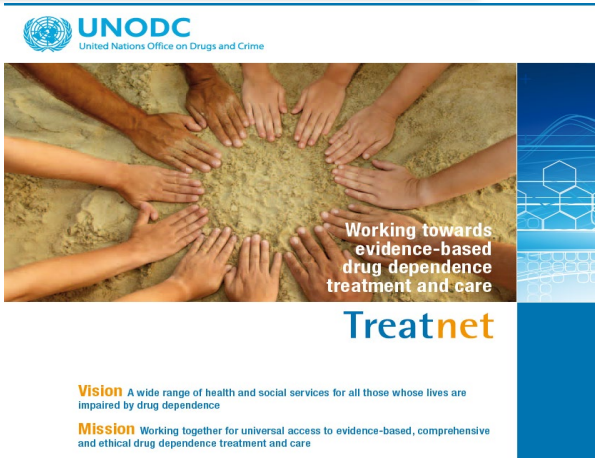
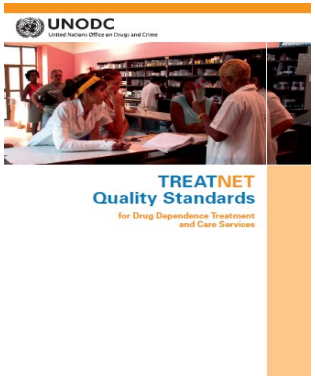
INTRODUCING QUALITY ASSURANCE MECHANISM FOR DRUG TREATMENT SERVICES IN CENTRAL ASIA

UNODC DDR activities in CA

GLOJ71 – Treatnet II project

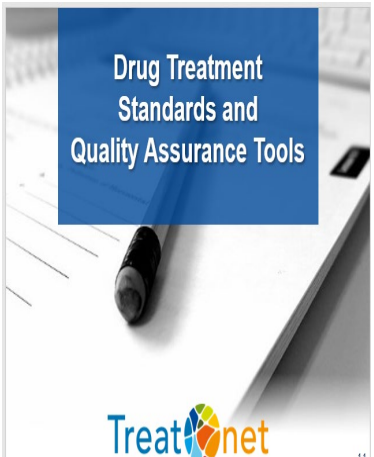
- Advocacy (PM training)
- Capacity building (Treatnet and UTC training packages)
- Service improvement (QA, Facility Survey, Treatnet Family)





UNODC QA tools in CA

- Treatnet Quality Standards 2012
- Quality Assurance Tools and Mechanisms 2018



Training of assessor team

Regional Training for Assessors on UNODC-WHO Quality Assurance Tools for Drug Dependency Treatment

22-26 October 2018,

Tashkent, Uzbekistan

27 participants (7 - KG, 7 - KG, 7 – TJ, 6 - UZ)

National Training for Assessors on UNODC-WHO Quality Assurance Tools for Drug Dependency Treatment

4 – 7 August 2019,

Ashgabat, Turkmenistan

12 participants

Training objectives

- **Knowledge** of the International Standards, UNODC QA tools and evidence required, improvement planning and QA cycles.
- **Extensive practice scoring** of standards and criteria
- **Selection** of set of Key Performance Indicators **(KPIs**)
- **Selection of a subset of standards and criteria** for piloting areas

Piloting process

- Establishment of the NEAGs
- Translation and adaptation of the UNODC QA tools
- Selection of the pilot sites and engaging drug services prior to assessment
- Timeline for conducting QA assessment
- Assess which standards and criterion apply to the service
- Shared result of QA assessment with each facility
- Received comments and feedback from each facility
- Compile report and present to the national partners
- Agree a quality improvement plan and resources required

UNODC QA service standards

An adaptable and flexible QA system with core standards for all drug use disorder treatment services. Then intervention, setting and patient target group standards, if applicable to a service

CORE STANDARDS

Core management

Core care

Patients Rights

OPTIONAL STANDARDS

Interventions

Settings

Patient target group

Evidence required in drug service QA tool

Service documents:

- Annual plans, finances, clinical protocols, policies and procedures etc.
- Service monitoring data including KPI data

Surveys to be undertaken

- Patient's survey

2 audits to be undertaken

- Patient records or case note audit
- Staff human resource records

In relation to methodologies used

- The assessment teams appeared to combinations of national stakeholders and the services themselves
- It was positive to see an element of peer audit of services in countries
- The core methods of were used by all service assessments
- Extensive use of patient surveys and focus groups was commendable
- It was also helpful to receive data on sample sizes for the patient record and staff record audits
- Most countries gave the scores of individual services or sites
- The range of criteria selected was similar in many countries

The key trends whether services met standards

- The majority of **Core Management** criteria were met
- Over half of **Core Care** standards were met
- The key trends on **Patient Rights** standards were that, in general, patients reported feeling respected
- In relation to **Intervention** standards, some countries met some criteria on having protocols for interventions – particularly opioid pharmacological interventions.
- On standards for different **Treatment Settings**; three out of four countries required improvement on outreach protocols.
- On standards for **Patient Target groups**, three countries required protocols on working with parents who use drugs including women.

Summary of the results of QA pilot

- Most countries (except for Uzbekistan) chose around 35 criteria
- Uzbekistan chose an extended set of 55 standards and criteria (more Core management and Patient's rights). However, there was a limited focus on KPIs and Interventions particularly pharmacological protocols
- 15 criteria were chosen by all countries
- **Of all 353 criteria**:
  - **228 (65%) were met**
  - **80 (14%) were partially met**
  - **45 (13%) were not met**

Results: standards chosen by most countries

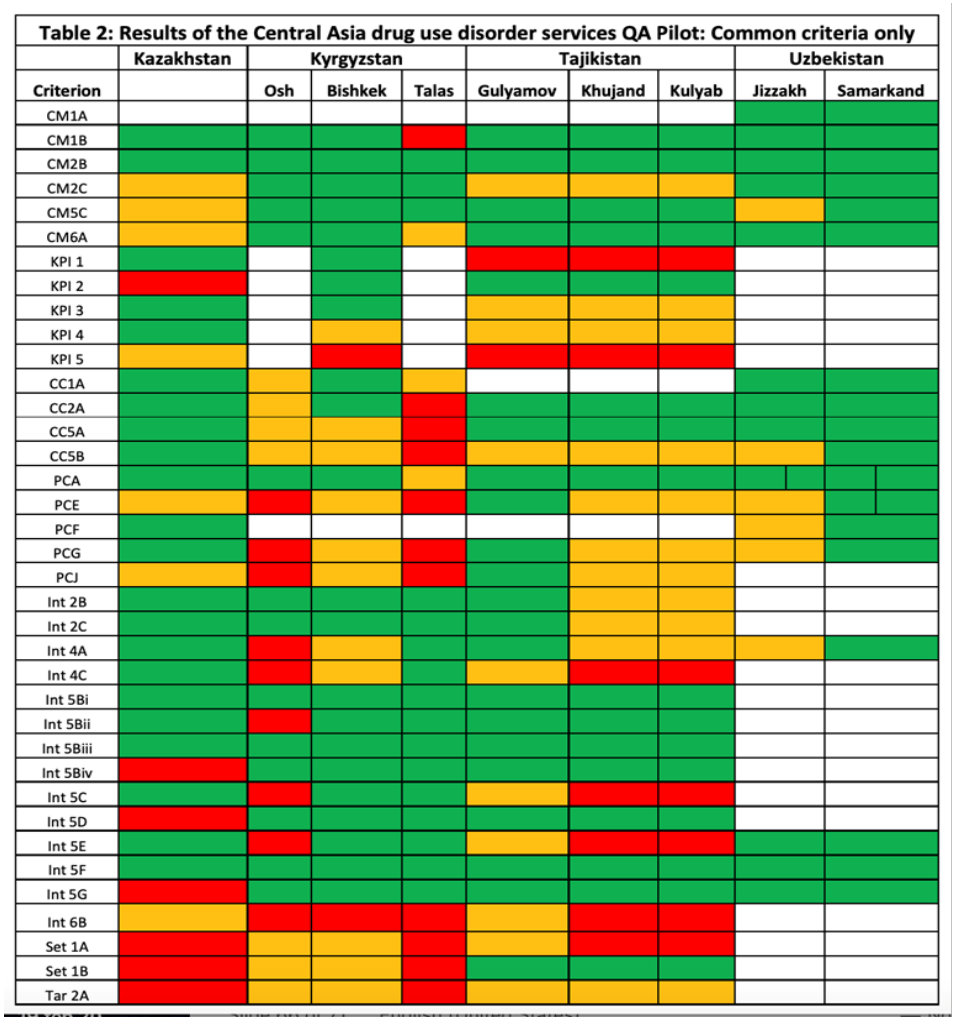


Table 2: Results of the Central Asia drug use disorder services QA Pilot: Common criteria only

	Kazakhstan	Kyrgyzstan			Tajikistan			Uzbekistan	
Criterion		Osh	Bishkek	Talas	Gulyamov	Khujand	Kulyab	Jizzakh	Samarkand
CM1A									
CM1B									
CM2B									
CM2C									
CM5C									
CM6A									
KPI 1									
KPI 2									
KPI 3									
KPI 4									
KPI 5									
CC1A									
CC2A									
CC5A									
CC5B									
PCA									
PCE									
PCF									
PCG									
PCJ									
Int 2B									
Int 2C									
Int 4A									
Int 4C									
Int 5Bi									
Int 5Bii									
Int 5Biii									
Int 5Biv									
Int 5C									
Int 5D									
Int 5E									
Int 5F									
Int 5G									
Int 6B									
Set 1A									
Set 1B									
Tar 2A									

Of the 15 criteria were chosen by all countries

This comprised 135 scores. Of these

- 102 (76%) were met.
- 31 (23%) were partially met and
- 12 (9%) were not met

Refresher training of assessor team

Online Regional Refresher Training for Assessors on UNODC-WHO Quality Assurance Tools for Drug Dependency Treatment

12-16 October 2020,

36 participants (6 - KG, 10 - KG, 8 – TJ, 5 – TK, 7 - UZ)

Training focus

- Reflections on the achievements in Central Asia based on the findings of pilot initiatives
- Updates on 'International Standards' WHO-UNODC 2020 and new UNODC-WHO Services QA Toolkit and the Consensus Standards.
- Run-through on QA Standards areas with a focus on what is currently missing in Central Asia.
- Discussion on assessment methods and improvement planning.
- Identifying changes required in each country following the pilots and next steps in adopting the International QA Standards and developing National QA Standards.

Conclusions

- The pilot of QA mechanisms in the 4 CA countries in 2018/19 and the refresher training was successful.
- CA countries are to be commended for their proactive and enthusiastic activities in piloting QA mechanisms in their countries.
- Delegates from all countries valued the refresher training
- Delegates from all countries were eager to take forward and implement QA mechanisms in their countries and many would welcome an opportunity to participate in CA regional QA projects.

Next steps

- Conducting of 2nd phase of piloting in 4 CA countries and 1st phase in Turkmenistan
- Initiation of protocol development and implementation training in areas found to have deficits in the QA pilot and refresher training
- Development of a sustainable network of experts in Quality Assurance across the region
- Promotion of region-wide sharing of good practice between services scoring met and service scoring not met on criteria.

Acknowledgments

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