



Maternal and Child Health Integrated Program

MCHIP

FY11 FINAL PROGRESS REPORT

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1. ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ART	Anti-retroviral therapy
ARV	Anti-retroviral drugs
AZT	azidothymidine
DOH	Department of Health
HAST	HIV/AIDS, STI and TB Unit (DOH)
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
KZN	KwaZulu Natal Province
M&E	Monitoring and evaluation
MCH	Maternal and Child Health
MMC	Medical Male Circumcision
MCHIP	Maternal and Child Health Integrated Program
NDOH	National Department of Health
NGO	Non-governmental organization
NIMART	Nurse initiated and managed antiretroviral therapy
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
SANAC	South African National AIDS Council
STI	Sexually transmitted infection
TB	Tuberculosis
VIA	Visual Inspection Technique Using Acetic Acid
USAID	United States Agency for International Development

2. ACKNOWLEDGEMENTS

This FY11 report serves as the final report for the MCHIP South Africa project. Jhpiego would like to thank USAID South Africa and USAID Washington for the ongoing support under the MCHIP award as well as under overall PEPFAR field funding through USAID through prior years. MCHIP also acknowledges the National Department of Health, North West Provincial Department of Health, and KwaZulu Natal Provincial Department of Health for ongoing collaboration, cooperation, and leadership during the MCHIP project implementation. The Jhpiego South Africa office looks forward to continuing in support of the NDOH and DOH initiatives in support of public health policy and service implementation in South Africa.

3. MCHIP SOUTH AFRICA SUMMARY

MCHIP's goal has been to contribute to reductions in maternal and infant mortality in South Africa. This was operationalized by supporting the introduction of a maternal health care model to expedite specific interventions through the integration of services at existing sites HIV services, and as such part of the model in order to contribute to reduction of AIDS as the leading cause of maternal mortality in South Africa. Within the targeted districts, and in support of the Department of Health (DOH) as requested, MCHIP worked to implement an integrated model based on contributing to the maternal and child health high impact interventions. Activities were centered in North West Province in this reporting period. Support and technical assistance was be provided to introduce an integrated model inclusive of the following objectives:

Objectives:

- 1: Strengthen and improve integrated PMTCT service delivery in North West province in line with the new PMTCT guidelines.
- 2: Decrease the incidence of cervical cancer among HIV infected women in South Africa through early disease detection and treatment to prevent progression to invasive cancer
- 3: Strengthen the NDOH and Provincial DOH capacities in the Treatment, Care, and Support Unit, with a focus on PMTCT
- 4: Support the NDOH capacity in the Prevention Directorate for Medical Male Circumcision (MMC) policy and services in South Africa

4. RESULTS: MAJOR ACCOMPLISHMENTS

- MCHIP trained 56 health providers (professional nurses) on PMTCT clinical package increasing their knowledge of new revised national policy and guidelines on PMTCT that required re-training of providers.
- PMTCT service provision data from the 14 supported health facilities shows that 2046 pregnant women were counselled and tested for HIV, of which 300 (15%) were newly diagnosed as HIV positive.
- A total of 545 HIV infected pregnant women were initiated on AZT prophylaxis for PMTCT (total of those newly tested HIV positive and those who already knew their status but were not on long-term ART).
- MCHIP provided 14 health facilities with on-site mentoring and supportive supervision that saw their PMTCT implementation challenges such as lack of training on new guidelines and availability of the guidelines being -dealt with through MCHIP activities.

- MCHIP scaled up cervical cancer screening and management among HIV-infected women through technical support and on-site mentoring on VIA and cryotherapy services to a total of 30 facilities, with 1769 women being screened for cervical cancer, of which 627 (35%) were HIV-infected women.
- MCHIP conducted 5-day competence-based trainings on cervical cancer screening in HIV-infected women using VIA and treating with cryotherapy to a total of 56 health providers
- MCHIP completed and submitted the Medical Male Circumcision Situational Analysis to PEPFAR and to the NDOH (Please see Annex B).

5. RESULTS NARRATIVE

Objective 1: Strengthen and improve integrated PMTCT service delivery in North West province in line with the new PMTCT guidelines

MCHIP provided PMTCT strengthening activities to 14 health facilities (4 hospitals and 10 primary health care centres) in the reporting period. These facilities are in North West province (8 sites in Dr Kenneth Kaunda district and 6 sites in Dr Ruth S. Mompati district). The support included biweekly on-site mentorship of health providers on the PMTCT programme implementation with focus on the new national PMTCT guidelines. Further regular technical support included data management mentorship for facility managers involved in collecting and collating PMTCT programme data.

Training of staff from these health facilities was conducted using the NDOH PMTCT Clinical Training Manual and 125 health providers (professional nurses) were trained basing on the new national PMTCT policy and guidelines. Data from the supported health facilities shows that 2046 pregnant women were counselled and tested for HIV, of which 300 (15%) were newly diagnosed as HIV positive. A total of 545 HIV infected pregnant women were initiated on AZT prophylaxis for PMTCT (total of those newly tested HIV positive and those who already knew their status but were not on long-term ART).

Additionally, in North West Province, MCHIP also attended monthly stakeholder meetings where the focus was on coordination of activities of the NGOs working in HIV prevention in the district. These stakeholders and NGO partners included the *Reproductive Health Institute* (Wits), *HST*, *TB That's It* and *Aurum*, and the forum was led by the district DOH's HIV/AIDS, STI and TB (HAST) unit.

Objective 2: Decrease the incidence of cervical cancer among HIV infected women in South Africa through early disease detection and treatment to prevent progression to invasive cancer

In the reporting period, MCHIP provided technical support to high HIV prevalence areas: 21 health facilities in North West Province and 9 health facilities in KwaZulu Natal (KZN) province

through a combination of training, on-the-job mentoring and supportive supervision of health providers. Fourteen (14) health providers (professional nurses) in eThekweni district (within KZN) and 34 others (21 professional nurses, 3 doctors) in North West province underwent clinical skills training on the visual inspection using acetic acid (VIA) and cryotherapy methods of managing cervical pre-cancer. Technical assistance was also provided on supply chain management of coolant gas and other consumables necessary for performing cervical cancer screening and management in HIV-infected women using the VIA and cryotherapy methods.

Data from all the 30 supported facilities show that in the reporting period, within the facilities, 1769 women being for cervical cancer using the VIA method, of which 627 (35%) were HIV-infected women. As this method is complementary to the current cytological screening, this provided an opportunity for more women to be screened and get their results on one setting, reducing the potential loss to follow up. Non HIV-infected women are also screened as services in facilities are not permitted to be restricted.

Fifty-four of the non HIV positive women screened (4.7%) and 38 (6%) of the HIV positive women screened were found to have pre-cancerous cervical lesions. These women were either treated on site same day, another day to follow if they wanted time to consider, or referred onward for treatment at another facility.

Objective 3: Strengthening NDOH and PDOH capacity on HIV Treatment, Care and Support

MCHIP continued to support the secondment of Senior Technical Advisor, Dr. Mandla Duma, to the NDOH's HIV Directorate. Under the direction of the NDOH, Dr. Duma provided extensive technical training assistance on ART, nurse initiated and managed antiretroviral therapy (NIMART), and PMTCT to health providers and health managers in all 9 provinces.

Objective 4: Support the NDOH capacity in the Prevention Directorate for Medical Male Circumcision (MMC) policy and services in South Africa

MCHIP began FY11 by MCHIP completing the *National Situation Analysis for Male Circumcision for HIV Prevention in South Africa* in November and submitted this to the NDOH to support the roll out of VMMC in South Africa. The situation analysis was based on facility audits and service provider interviews (334) were conducted in 35 health facilities countrywide. The findings show that with minimal resources, the current infrastructure and systems could be improved to be able to support male circumcision roll out. Service providers needed more information and training in the provision of male circumcision services for HIV prevention. Gaps in knowledge in the understanding of the protective effect of male circumcision on the reduction of HIV and STI was also identified. Key informants' attitudes and perceptions towards MC are mixed. Positive attitudes and perceptions seem to outweigh the negative ones. In areas where there are anticipated challenges they can be dealt with through education and the use of the language and media that will be understood and reach all South Africans. Additional information is available in Annex B.

MCHIP's seconded, Biomedical Technical Advisor to the NDOH, Dr. Sehlangu Kekana, supported the NDOH's capacity to develop MC policy and clinical guidelines. MCHIP specifically provided input into the drafting of the Implementation Guidelines, Implementation Strategy, and Implementation Plan, all of which are currently awaiting final NDOH signature. All the provinces of South Africa are now implementing medical male circumcision (MMC) services, either through the DOH staff or through NGO partners. Additionally, Dr. Kekana also represented the NDOH and MCHIP/Jhpiego on the South African National AIDS Council (SANAC) technical task team for prevention

6. CHALLENGES AND ACTIONS TAKEN

Challenges and Measures to Address:

- New clinical guidelines for HIV/AIDS and TB management which were rolled out in April 2010 required that all the health professional offering PMTCT services be re-oriented and/or retrained. Changes in the set of national PMTCT indicators resulted in many providers having challenges with understanding the new indicators and hence some data was found to be incorrectly collected and presented; data was recollected and follow up training on data recording provided.
- In Dr. Kenneth Kaunda and Dr. Ruth Mompati districts of the North West province, some supported facilities have continued to use varying PMTCT register templates and to some degree collect differing indicators. At the time of this project's conclusion, these facilities still await the provision of a standardized PMTCT register from the NDOH.
- There is still some resistance to VIA and cryotherapy implementation as cervical cancer screening and management methods VIA and Cryotherapy are not part of the current national clinical guidelines for cervical cancer management, presenting difficulty in up-scaling the services. Additionally there remains a need for training of health workers in effective cervical cancer management, as an alternative or additional area for a health training intervention. Some quarters in the provincial Departments of Health have expressed interest in VIA & cryotherapy, Jhpiego, through a recent appointment to site on the NDOH technical team, will continue to engage stakeholders including the NDOH Reproductive Health to include the methods in the national guidelines.
- Regarding cervical cancer screening in HIV infected women using VIA and cryotherapy, at times the supply of coolant gas to perform treatment with cryotherapy was erratic. Additionally, the movement of specially VIA-trained providers from supported implementing sites negatively impacted on the level of service the programme achieved. MCHIP strengthened the supply chain of coolant gas through deeper engagement with both the gas suppliers and the district DOH.

- Nationally there was a delay in the Male Circumcision policy and clinical guidelines, which delayed implementation of MC training under MCHIP in South Africa overall. The MCHIP Technical Advisor worked in support of moving these guidelines forward.

7. ANNEXES

Annex A. South Africa - Monitoring & Evaluation Framework - MCHIP Program

PROGRAM GOAL: TO REDUCE MATERNAL AND INFANT MORTALITY IN SOUTH AFRICA						
Program Strategic Objective: Introduction of a maternal health care model to expedite interventions through the integration of services						
Objective 1: Strengthen and improve integrated PMTCT service delivery in North West and KwaZulu-Natal provinces in line with the new PMTCT guidelines under development within the NDOH						
INDICATOR	DEFINITION/ CLARIFICATION	DATA SOURCE/ COLLECTION METHOD	FREQUENCY OF DATA COLLECTION	RESPONSIBL E PARTY	ANNUAL TARGET (FY11)	ACHIEVE D
Number of service outlets providing the minimum package of PMTCT services according to South African and/or international standards	Number of facilities providing basic PMTCT services in accordance with South African Guidelines	Jhpiego electronic M&E system	Monthly	Jhpiego staff	10	14
Number of pregnant women receiving counselling and testing	Number of pregnant women who receive HIV counselling and testing services	Facility paper-based registers & Jhpiego TIMS	Monthly	Providers trained and Jhpiego staff	1000	2046
Number of health workers trained in the provision of PMTCT services according to South African and/or international standards	Number of health workers trained to provide PMTCT service in accordance with South Africa Guidelines	Training attendance sheets & Jhpiego TIMS	Monthly	Jhpiego staff	45	56
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	Number of pregnant women who received antiretroviral prophylaxis in a MCH or HIV facility	Facility paper-based registers & Jhpiego TIMS	Monthly	Providers trained and Jhpiego staff	250	545
Objective 2: Decrease the incidence of cervical cancer among HIV infected women in South Africa through early disease detection, and treatment to prevent						

progression to invasive cancer						
Number of individuals provided with HIV-related palliative care	Number of women provided with cervical cancer screening and treatment	VIA cervical cancer facility based registers.	Monthly	Providers trained and Jhpiego staff	800	627
Number of service outlets providing HIV-related care (including TB/HIV)	Number of facilities where health workers trained by Jhpiego are providing VIA	Jhpiego electronic M&E system	Quarterly	Jhpiego staff	20	30
Number of individuals trained to provide HIV -related care (including TB/HIV)	Number of health workers trained (on VIA and cryotherapy)	Training Attendance sheets/ Jhpiego TIMS	After training and quarterly	Jhpiego staff	45	56
Objective 3: Strengthen the NDOH and Provincial DOH capacity in the Treatment, Care, and Support Unit, with a focus on PMTCT						
Number of service outlets receiving training assistance on providing HIV-related care (including TB/HIV) focusing on PMTCT	Number of facilities receiving training on dissemination of guidelines on HIV-related care services (with a focus on PMTCT) from the NDoH and PDoH with technical assistance from Jhpiego	Jhpiego M&E system	Soon after training and Quarterly	Jhpiego staff	20	30
Number of individuals trained/capacitated/mentored to provide training support on HIV -related care (including TB/HIV) with a focus on PMTCT	Number of health managers and supervisors trained – to facilitate the dissemination of new HIV-related guidelines or policies, with a focus on PMTCT.	Training Attendance sheets/ Jhpiego TIMS	After training and quarterly	Jhpiego staff	45	48
Objective 4: Strengthen the NDOH capacity in the Prevention Directorate in the development of Male Circumcision (MC) policy and services in South Africa						
Number of (national) policies drafted with USG support	This refers to the number of national laws, policies, regulations, strategy documents, including national service	Jhpiego M&E system	Quarterly	Jhpiego Staff	2	2

	delivery guidelines and performance standards, developed or revised with MCHIP support to improve access to and use of MC					
Number of facilities receiving training assistance	If asked to provide MC trainings by NDOH , PDOHs and/or PEPFAR facility managed clinicians, Jhpiego will likely conduct trainings for these persons from multiple facilities in groups.	Jhpiego - M&E system	Quarterly	Jhpiego Staff	5	0; MC trainings not requested

Annex B. National Situation Analysis for Male Circumcision for HIV Prevention in South Africa