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USAID ASSIST PROJECT
Applying Science to Strengthen and Improve Systems

USAID ASSIST Project

South Africa Country Report FY15

Cooperative Agreement Number:
AID-OAA-A-12-00101

Performance Period:
October 1, 2014 – September 30, 2015

DECEMBER 2015

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DISCLAIMER

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CDC	U.S. Centers for Disease Control and Prevention
CQI	Continuous quality improvement
DOH	Department of Health
DHIS	District Health Information System
EC	Eastern Cape
FDC	Fixed-dose combination
HAST	HIV, AIDS and Sexually Transmitted Infections Program
HCT	HIV counselling and testing
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
HTC	HIV testing and counselling
IP	Implementing partner

KZN	KwaZulu-Natal
LP	Limpopo
M&E	Monitoring and evaluation
MMC	Medical male circumcision
MP	Mpumalanga
PCIHS	People-centered Integrated Health Services
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PHC	Primary health care
PHFS	Partnership for HIV-Free Survival
PMTCT	Prevention of mother-to-child transmission of HIV
POC	Point of care
QA	Quality assurance
QAP	Quality Assurance Project
QI	Quality improvement
STI	Sexually transmitted infections
UNICEF	United Nations Children's Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
USG	United States Government
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

1 Introduction

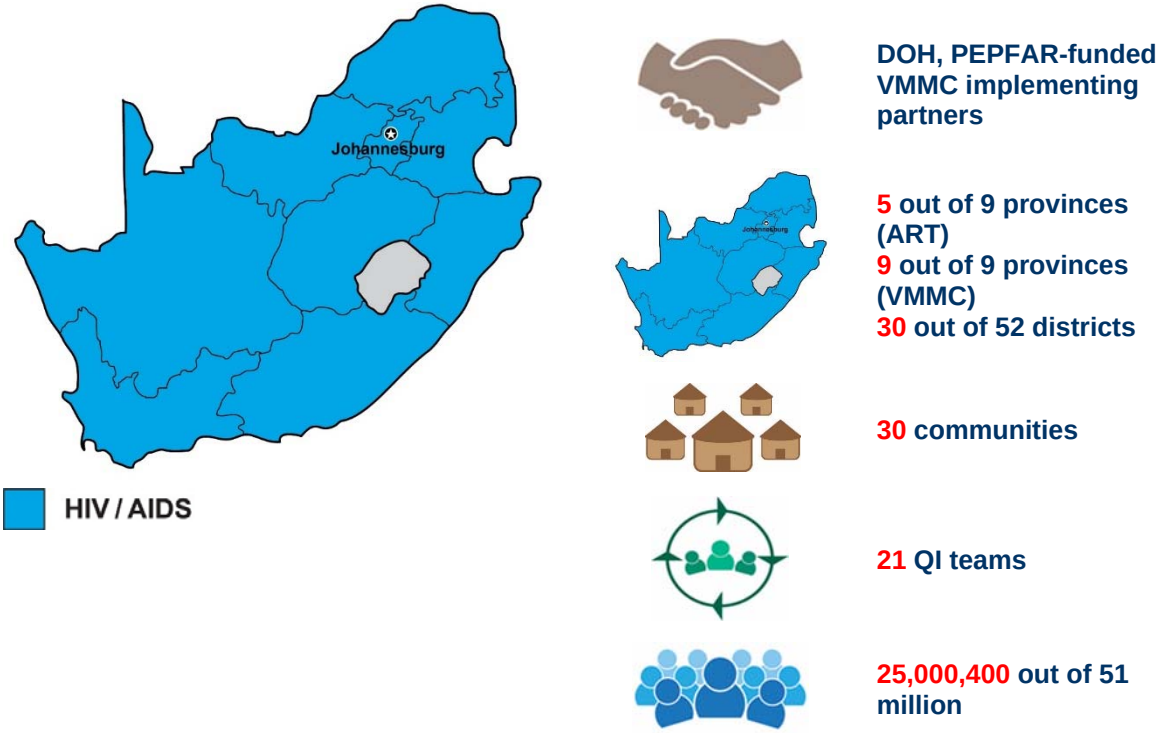
HIV/AIDS is a major health concern in South Africa. Approximately 6.8 million people live with HIV, 18.9% of adults aged between 15 and 49 are infected with the virus, and approximately 1,000 adults are infected with HIV each day (UNAIDS, 2014). A 2011 review of the National Strategic Plan 2007–2011 by the South African National Department of Health shows mixed achievements: despite much headway having been made, there are key challenges that should be addressed in order to scale up HIV prevention, treatment, care, and support throughout the country.

University Research Co., LLC (URC) has worked in South Africa since 2000 through the Quality Assurance Project (QAP) and its follow-on, the USAID Health Care Improvement Project (HCI). The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project started activities in South Africa in October 2013. ASSIST is continuing to work in the five priority provinces at the provincial and district level to improve quality of care by providing support and mentorship in planning, implementation, evaluation, and documentation. In addition, starting in May 2014, ASSIST began working with approximately 122 PEPFAR-supported sites in all nine provinces of South Africa to improve the quality and safety of medical male circumcision (MMC) services.

Through USAID core funding, ASSIST is providing leadership for the Partnership for HIV-free Survival (PHFS) across a six-country platform that includes South Africa. In addition, through core funding, ASSIST has also proposed to employ a quality improvement approach to improve the process of care so that patients are more likely to receive correct test results from point of care (POC) rapid HIV tests in three high HIV prevalence provinces in South Africa. Long valued as the primary gateway to treatment, care and support, HIV counselling and testing (HTC) has assumed even greater importance in recent years with the discovery that effective HIV treatment also reduces transmission of the HIV virus.

In addition to the Mission-funded ART and MMC work, ASSIST is also conducting three activities in South Africa with core and Cross-Bureau funding.

Scale of USAID ASSIST's Work in South Africa



2 Program Overview

What are we trying to accomplish?	At what scale?
1. Increase quality of HIV prevention, care, and treatment services	
• Reduce time to ART initiation for HIV-positive clients by 20% • Increase retention of HIV-positive clients on ART in care by 30%	Provinces: 1 out of 9 Districts: 1 Facilities in districts: 12 of 30 QI teams: 5
2. Build capacity of Department of Health staff	
• Build capacity of key Department of Health (DOH) staff (primary health care supervisors and facility managers) in all provinces in strategic planning, supervision, program review, training, and mentorship	Provinces: 5 out of 9
3. Integrate continuous quality improvement (CQI) for MMC activities	
• Improve the quality and safety of MMC services by applying CQI methodology	Provinces: 9 Facilities: 122 QI teams: 21
4. Application of WHO's People-centered Integrated Health Services (PCIHS) Strategy*	
• Apply people-centered care strategies in partnership with WHO	10 pilot facilities in 1 district of Eastern Cape Province
5. Global leadership for the Partnership for HIV-Free Survival (PHFS)*	
• Provide global leadership and document and share learning	National
6. Improving the quality of point-of-care HIV testing in South Africa*	
• Improve the quality of point-of-care HIV testing in three provinces in South Africa and evaluate the effect of quality improvement on key process and health outcomes	3 high HIV prevalence provinces, to be determined

= Improvement Activity = Cross-cutting Activity

** USAID Core-funded work*

3 Key Activities, Accomplishments, and Results

Activity 1. Increase quality of HIV prevention, care, and treatment services

BACKGROUND

To address the HIV epidemic, since 2004, South Africa and the international donor community are working to roll out large-scale, countrywide HIV prevention, care, and treatment services. While the initial focus was on immediate access to health services and medication, it has now become apparent that in order to ensure sustainability, a quality-driven focus is essential.

Predecessor USAID projects—the QAP and its follow-on, HCI—worked on HIV prevention, care and treatment, covering 214 facilities in the five USAID priority provinces — Eastern Cape (EC), KwaZulu-Natal (KZN), Limpopo (LP), Mpumalanga (MP), and North West — and worked closely with the Department of Health at all levels (national, provincial, district, and facility) and other stakeholders, including PEPFAR partners. Currently USAID ASSIST, as the "Specialized Provincial Partner for Quality," provides technical assistance to the Department of Health in 30 districts in the five provinces.

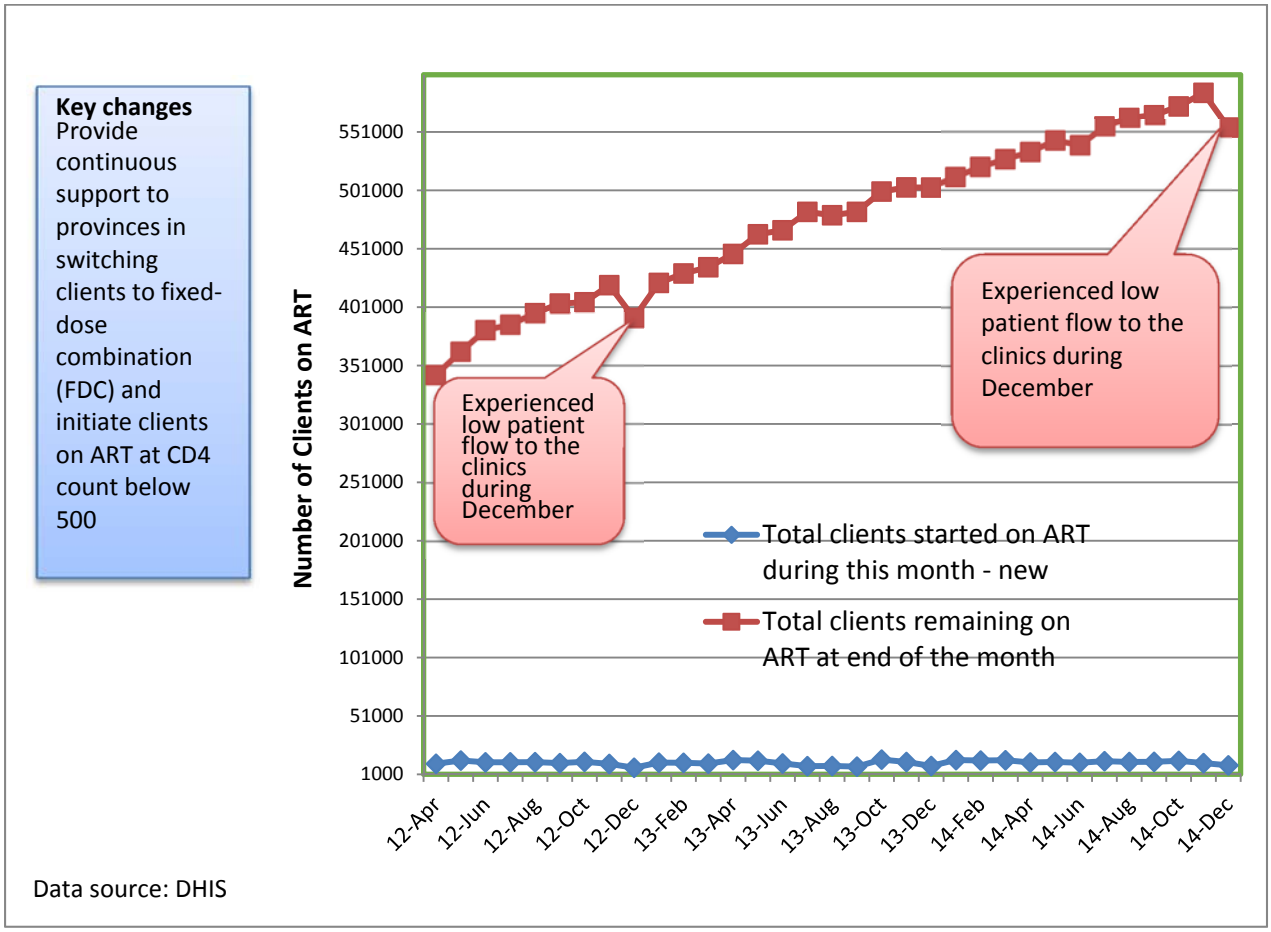
KEY ACCOMPLISHMENTS AND RESULTS

- **ASSIST provided support for mentoring visits in 10 districts in three provinces (EC, MP, LP)**

(Q1). To improve ART uptake and retention, ASSIST continued to provide technical support at above site level in the form of quarterly HIV, AIDS and Sexually Transmitted Infections Program (HAST) planning meetings, data reviews, and CQI plan development for HAST Program Managers at the district level. ASSIST, together with District HAST Program Managers, visited some of the sites (eight in MP and seven in LP for support and coaching visits and 17 in EC for data verification).

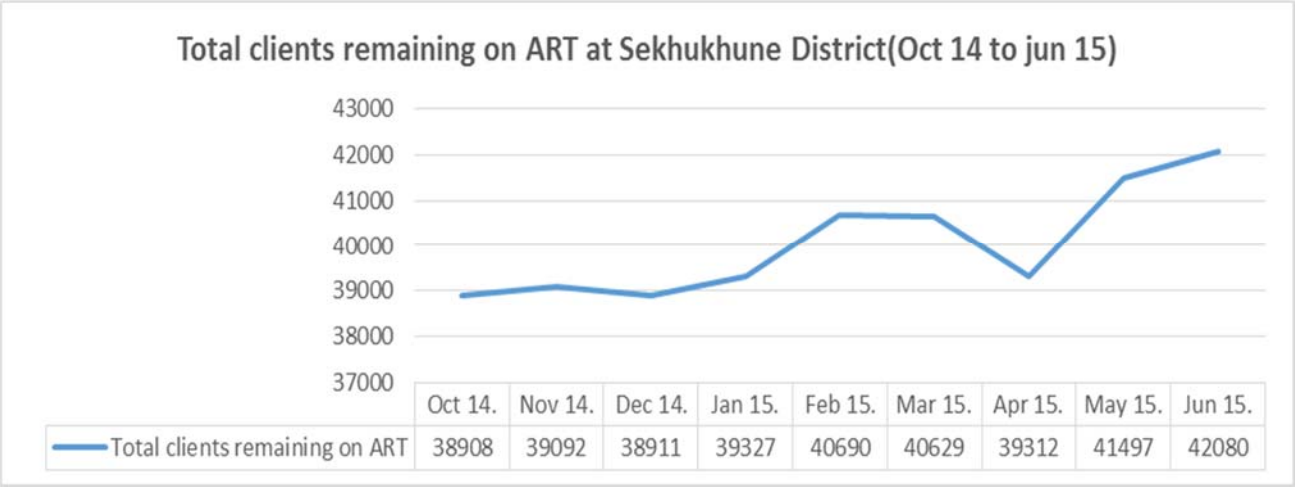
- shows the data reflecting the number of patients on ART in Mpumalanga and Limpopo as of December 2014. In brief:
  - The number of clients initiated on ART has been increasing at an average of 10% per quarter.
  - Although no data is shown, the TB/HIV co-infected on ART in LP improved slightly: In Sekhukhune District, the percentage on ART increased from 54.5% in Q1 to 57.2% in Q2, while in Waterberg District, it increased from 64.1% to 67.3% during the same time period. The target is 85%, and there is a concern about the recording of ART data in TB registers.
  - In MP, the viral load completion rate was 47%, and the viral load suppression rate was 76%.

Figure 1: Number of patients on ART (ART starts and remaining) in Mpumalanga and Limpopo (Apr 2012 - Dec 2014)



- **ASSIST provided support for mentoring visits in one district in one province (LP).** To improve ART uptake and retention, ASSIST continued to provide technical support at above-site level in the form of quarterly HIV, AIDS, HAST planning meetings, data reviews, and CQI plan development for HAST Program Managers at the district level. ASSIST, together with District HAST Program Managers, visited twelve of the sites in LP for support and coaching and data verification. **Figure 2** shows an increase in the number of clients remaining on ART in Sekhukhune District, LP, from October 2014 to June 2015.

Figure 2: Number of clients remaining on ART, Sekhukhune District, Limpopo Province (Oct 2014 – June 2015)



SPREAD OF IMPROVEMENT

As an above-site technical support partner for ART, ASSIST focused in the past two years on mentoring provincial and district level DOH staff in the five USAID priority provinces in quality improvement support as part of primary care supervision. In FY16, ASSIST will concentrate its technical support to District Management Teams in high-burden districts to support medical male circumcision supervision as part of overall primary health care supervision.

IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline	Last value
Increase quality of HIV prevention, care, and treatment services	Number of individuals remaining on ART at the end of the month (cumulative)	405,086 (October 2012)* Eastern Cape and Mpumalanga	554,745 (December 2014) ** EC and MP only*
Increase quality of HIV prevention, care, and treatment services	Number of individuals remaining on ART at the end of the month (cumulative)	38,908 Sekhukhune District (Limpopo)	42,080 Sekhukhune District (Limpopo)

Activity 2. Build capacity at all levels in strategic planning, supervision, program review, training, and mentorship

BACKGROUND

At the request of the DOH, ASSIST has been working to strengthen the capacity of district, sub-district, and facility staff to deliver good quality health care services through provision of ongoing participatory orientations and mentoring.

KEY ACCOMPLISHMENTS AND RESULTS

- **Initiated the formation of adolescent support groups in one sub-district (EC)** (Nov 2014)**.** To date, there are eight facilities with adolescent support groups involving 2,810 individuals, including clients on ART.
- **Conducted two formal Sexual and Reproductive Health trainings in KZN, where 25 nurses were trained** (13 from UThungulu, and 12 at UMzinyathi) (Oct-Nov 2014). Trainings were 2.5 days each with a pre-test conducted on day 1 of the training and a post-test on day 3. The pre-training test score results were 26% at UThungulu and post-test score was 70%. At UMzinyathi, the pre-test score was 30% and post-test score, 90%.

- **Conducted pediatric and adolescent clinical stationery training (25 nurses) for Mbombela sub district managers in MP** (Oct 2014). The stationery training is aimed at providing guidance to nurses and enable them to manage ART patients well.
- **Conducted supervision training in Nkomazi sub district for supervisors and the program coordinators (total 14)** (Oct 2014). The practical supervision exercise in four primary health care (PHC) facilities was conducted using the following supervisory tools: Red flag, Regular review, HAST quarterly review, and the comprehensive HIV and AIDS treatment program support visit tool.
- **Supported and mentored 76 facility managers during training workshops on the development of operational plans at the following sub districts:** Bushbuckridge, Mbombela, Thabachweu, and Nkomazi (Nov 2014 – Jan 2015)**.**
- **Over the reporting period, at least 40 district management personnel have been mentored by ASSIST staff, and 20 PHC supervisors have been involved in supervision capacity building activities led by ASSIST.** The ASSIST staff have also participated in quarterly HAST meetings in all supported districts. (April 2015-Oct 2015)

Activity 3. Integrate continuous quality improvement (CQI) for MMC activities

BACKGROUND

ASSIST has been recognized by the DOH and PEPFAR as the partner specialized in quality. Throughout FY15, ASSIST has been focused on providing CQI support to strengthen the capacity of DOH and PEPFAR funded implementing partners (IPs) to deliver high-quality voluntary medical male circumcision (VMMC) services. Working with 127 health facilities, supported by nine PEPFAR IPs, significant progress has been achieved since the onset of CQI support in 2014.

KEY ACCOMPLISHMENTS AND RESULTS

- **ASSIST completed MMC baseline assessments at 127 sites, provided feedback to the sites and implementing partners, and supported the development of action plans.**
- **Two CQI VMMC learning sessions were conducted with DOH and IP staff (April and Sept 2015).**
- **The strong support from PEPFAR and the DOH has facilitated the success and uptake of CQI initiatives in facilities, with improvement in most indicators, such as leadership, management, monitoring and evaluation (M&E), group education, counselling, surgical performance, and infection prevention.** The VMMC CQI dashboards in **Figures 3-4** show results from June 2014 to October 2015 for sites supported by USAID and the U.S. Centers for Disease Control and Prevention (CDC), respectively. The data includes all 127 sites supported by both CDC- and USAID-funded implementing partners:

Figure 3: Dashboard for USAID sites receiving CQI support, 77 sites (June 2014 – Oct 2015)

Baseline: Jun – Sep 2014

Site #	Leadership	Management	M&E	Group Education	Individual Councelling	Infrastructure	Surgical procedure	Infection Control
1	37.5	67.5	88	100	89.7	88.8	82.7	89.2
2	100	80.3	83.8	81	89.5	84.3	91	80.3
3	38	60	71	92	81	95	72	70
4	83	94.1	91.8	96.3	84.3	88.3	82.8	56.3
5	50	74.3	43.7	54.5	100	59.3	53.5	77.3
6	41.5	68.7	81.6	66	82.5	56.5	70.8	89.6
7	100	100	61.3	61.5	79.2	95.8	95	94.4
8	54	59.9	80					54.3
9	100	96	88	86	88	87	46	74
10	[illegible]	44.7	72.8	79.5	57.2	79.5	55.1	75.1
11	100	65.5	52.7	33.8	50	66	98	86.6
12	50	71.3	89.5	74.8	90.7	83.5	84	90.2
13	25	58.3	88.8	81.8	85.5	80.8	79.2	75.9
14	37.5	74.3	87.7					
15	63	83	90	89	75	81	75	76
16	25	29.8	87.3			90.3		
17	25	52.1	40	84.3	91.7	81.8	84.8	65.9
18	12.5	50.3	58.8	100	92.5	85.3	74.1	66.3
19	41.5	72.4	87.5	97	100	71.5	85.7	89.1
20	33	47.4	81.8	80.3	60.2	41.3	66.7	77.2
21	25	52	40	84	92	82	78	60
22	12.5	74.7	65.8	71.3	69	71.3	60.5	84.3
23	66.5	75.1	57.5	67.8	99.2	90.8	34.1	51.4
24	42	64	90	86	78	84	96	81
25	75	78	47	89	81	88	79	75
26	58	84.5	89.5	91.8	61.2	95		88.5
27	33	74.9	71.8	75	57.3	75.8	88.9	84.5
28	70.9	89.4	59.7	91.7	78.1	75.8	72.6	76
29	87.5	83.1	91.8	80.3	75.7	71.5	96.7	95.4
30	50	71.8	91.8	75	79.8	65.5	73.9	76.3
31	12.5	37.6	43.2			66.8		
32	29	72.6	70.5	77.8	95	72.5	56.5	91.5
33	12.5	70	70.5	100	91.8	72	86.8	76.4
34	25	73.7	74	37.8	85.5	82	80.8	62.9
35	13	48	55	94	82	15	70	85
36	37.5	53.9	76.2	76.2	97.5	100	58.2	67.1
37	85.7	68.2	70.8			85.3		
38	50	66.3	76.2	62	77.5	84.8	77.3	91.2
39	12.5	75.9	74.5	77	67	79.3	55.6	51.9
40	25	57.5	59	100	95.8	84.8	82.2	82.8
41	12.5	59.4	46.3	78.8	57.8	77.5	65.4	55.7
42	54	54	83.5					
43	13	68	71	98	89	58	94	95
44	54	74.4	67.3	79.3	84.2	98.3	68.5	53.8
45	66.5	51.3	57.7			94.3		
46	12.5	90.3	69.5	100	98.3	85.5	72.1	91.9
47	66.5	87.4	78.8	63.5	50	100	74.5	90.7
48	50	61	63	43	42	73	68	50
49	25	49.6	91.5	90.3	77	75.8	83.8	64.9
50	75	91.6	95.2	100	92.5	71.8	89.1	81
51	54	69	59.2	96.8	80.7	96.3	87.3	91.7
52	66.5	76.4	82.5	40	72.7	85.5	80.4	46.1
53	12.5	65.8	42.8	95	78.7	88.5	75.9	52.6
54	41.5	65.6	47.7	81	95.3	95	67.5	91.8
55	25	75.5	90.5	81.3	94.2	[illegible]	95.9	89.2
56	40	69	90	30	17	62	40	72
57	50	84.1	95	97.5	91.8	84.3	95.2	81.2
58	37.5	57.3	46.7	87.8	38.8	81.5	51.3	35.3
59	29	60.4	56	91.8	53	88.5		
60	66.5	69.9	68.2	61.5	55.2	67	46.3	47.7
61	66.5	81.5	82	81.8	75.7	86.5	78.8	82.1
62	50	84	95	96	92	75	84	84
63	25	78.1	76.8	89.8	98.5	85.5	69.2	71.1
64	24	32.9	44.3					
65	37.5	80	91.5	71.5	75.8	61	81.1	65.6
66	12.5	50	40	32	36	59	60	74
67	41.5	79.1	88.5	73.3	50.2	77.8	82.4	89.2
68	50	69.9	82.3	95	84.7	91.3	84	83
69	66.5	77.1	92.8	100	100	81.5	71.4	75.5
70	16	78.3	85.5	89.4	82.5	95.3	87.3	93.6
71	33	38	40			61.3		
72	12.5	77.4	72.7	96.3	97.7	86	80.8	80.2
73	25	83.3	91	75	76.7	88.3	86.2	83.1
74	83	85.7	87.3	94.3	82.7	70.8	63.1	79.4
75	83	85.5	91.8	90.8	88.5	69.5	85.8	96
76	66.5	83.3	87	62.8	73.3	91.5	91.2	86
77	[illegible]	85.9	82.4	83.3	84.1	88.8	91.1	81.5
Total	44.4	69.4	73.8	80.1	78.3	78.4	75.8	78.2

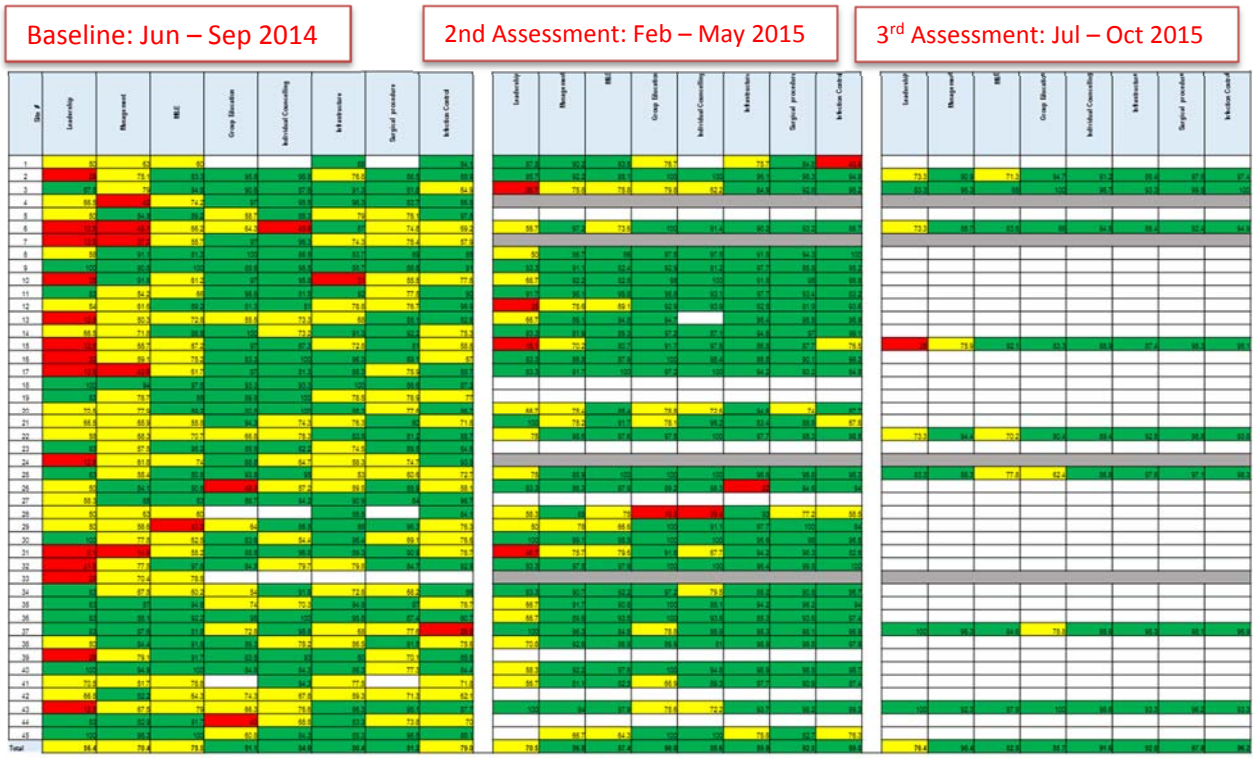
2nd Assessment: Feb – May 2015

Site #	Leadership	Management	M&E	Group Education	Individual Councelling	Infrastructure	Surgical procedure	Infection Control
1	41.7	84.8	88.9	100	80.5	98.8	93.8	99.1
2	33.3	74.3	77.1	96.9	63.8	64.3	94.8	73.6
3	83.3	96.9	93.3	86.7	85.8	98.9	89.1	98.1
4	50	81.3	95.8	97.2	91	90.6	95.1	99
5	28.6	66.2	77.4	72.2	90.7	91.7	79.2	73.6
6	16.7	89.8	91.6	80.8	98.6	87.8	89.7	73.6
7	100	99.1	93.8	95	86	93	92.7	98.3
8								
9	50	98.1	80.3	89.4	89.7	98.8	95.7	100
10	50	54.8	71.2	94.7	86	83.7	80.7	89.6
11	50	83.9	92.2			90.3		73.6
12	58.3	90.7	90.3	97.2	94.4	92.1	95.8	98.3
13	66.7	79.4	83.9	100	95.8	98.3	91.5	92.5
14	83.3	98.1	78.4	100	100	98.9	98.3	99.1
15	66.7	95	86.1	96.9	76.7	98.8	98.8	95.5
16	25	62	53.6	61.7	63.6	95.3	73.3	97.3
17	91.7	97.6	97.6	86.1	97.7	97.7	80.6	84.1
18	80	90.7	86.7	100	86.7	92.6	88.4	98.3
19	46.7	83.8	63	87.5	61	96.4	74	95.5
20	92.9	91.8	95.5	91.9	85.3	98.9	83.4	92.9
21	41.7	61.5	61.5	67.4	64.7	98.9	86.8	94.9
22	69	84	82	94.7	96.1	75.4	73.9	64.6
23	50	85	74.6	97.5	90	84.3	92.1	95.3
24	41.7	80	94.6	71.7	76.1	87.8	93.2	89.9
25	83.3	94.6	97.9	100	95	92.3	91.5	90
26	50	87	81.1	79.2	83.3	94.6	94.1	86.8
27	50	84.3	93.1	80	66.6	80.2	82.7	92.9
28	83.3	91.1	82.4	92.9	81.2	97.7	88.8	95.2
29								
30	66.7	94.6	76.7	96.9	96.1	95.3	99	100
31	25	62.6	54.6	88.8	59	97.7	85.1	96.4
32	66.7	95.6	89.9	100	98.6	98.2	95.1	94.6
33	66.7	90.4	94	89.7	59.5	94.2	95.5	97.7
34	83.3	90.6	94.8	94.7	88.6	97.7	95	95.9
35	50	78	53.3			92.9		
36								
37	83.3	94.6	72.2			98.9		
38	50	83.9	63.3	92.9	80.6	94.5	86.8	96.9
39	41.7	85	83.6	77.9	81.7	88.9	91.5	93.5
40	66.7	92.2	71.6	78.8	100	98.9	89.6	84.3
41	50	78.5	78.9	82.2	80.4	94.3	85.2	91.3
42	54	54	83.5	89.2	68.8	82.3	79.7	94.4
43								
44	46.7	89.1	71	60.6	66.2	72	86.2	73.6
45	41.7	81.3	75.2	95	86.5	95.3	91.3	96.2
46	58.3	88.9	87.2	100	99.3	92.9	97.8	94.7
47	25	95.4	96.3	100	95.8	95.8	96.6	96.1
48	69	70.8	76.5	72.3	81.5	88	76.9	59.2
49	33.3	90	96.7	91.7	100	84.3	85.1	97.3
50								
51	50	73.5	65.1	100	94.6	96.4	86.7	95.5
52	40	68.7	89.7	85	78.4	85.9	76.6	65
53	21.4	71.9	78	86.1	82.1	70.9	93.1	84.6
54	25	65.2	71.5	71.9	100	98	99.1	94
55	36.7	80.4	89.3	88.8	83.5	90.4	89.7	81.2
56	50	80.7	82.8	72.2	65.7	81.9	97	83.1
57	41.7	95.6	91.1	91.2	78	96.6	89.6	89.4
58	100	95.5	95.5	100	90.7	91.9	99	86.1
59	100	96.3	97.5	71.9	94.4	80.7	99.5	80.5
60	16.7	84.5	82.6	92.5	87.5	96.4	55.2	74.1
61	50	90	100	100	95	98.9	100	97.5
62	75	81.1	82.5	97.2	93.8	90.2	91.1	87.8
63	45.2	75	81.9	75	69	82.1	89.5	68.3
64	36.7	78.9	82.6	97.5	81.9	96.1		
65	33.3	88.5	90.8	97.5	92.8	94	91.9	85.6
66								
67	90	100	92.5	97.5	94.6	98.2	95.2	95.4
68	56.7	71.3	68.1	81.1	75.2	96.9	84.4	81.7
69	50	84.3	88.9	96.9	100	98.9	90.4	90.4
70	8.3	75.2	92.5	87.5	78.4	89.9	76.4	75.8
71								
72	41.7	89.4	80	97.2	100	85.2	77.9	83.2
73	58.3	96.3	81.1	80.8	68.9	93	96.7	91
74	83.3	87	87.5	97.2	91.3	88.1	87.4	98.4
75	58.3	93.5	97.6	75.1	67.3	83.7	72.7	84.9
76	69	90.7	93.1	100	87.5	94.6	84.4	97.9
77								
Total	55.1	84.3	83.3	88.9	84.5	91.8	88.8	89

3rd Assessment: Jul – Oct 2015

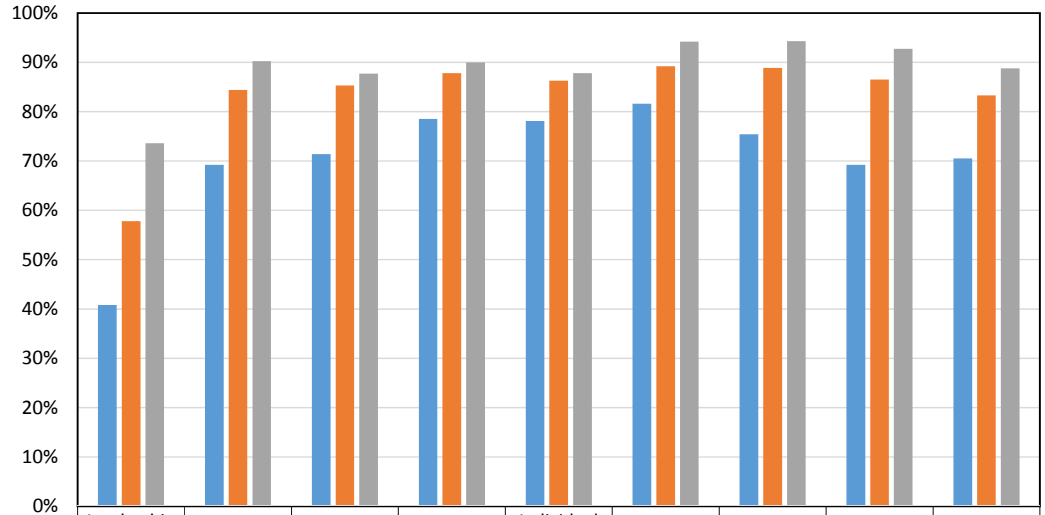
Site #	Leadership	Management	M&E	Group Education	Individual Councelling	Infrastructure	Surgical procedure	Infection Control
1								
2	83.3	86.7	88.4	89.2	70.4	94.2	95.1	92.7
3								
4								
5	73.3	86.7	92.1	97.2	95.2	92.9	96.6	96.4
6								
7								
8								
9								
10	83.3	93.1	93.1	82.5	70.6	98.8	91.7	97.4
11								
12								
13								
14								
15								
16								
17	83.3	89.1	92.1	79.2	80.2	89.4	87.5	73.6
18	83.3	94.6	93.8	97.5	100	98.3	97.4	97.4
19								
20								
21								
22	66.7	99.1	97.9	100	93.1	98.8	89.3	99.1
23								
24	56.7	97.2	93.6	97.2	95	91.3	96.5	79
25	66.7	94.4	93.9	97.2	94.4	100	96.7	91.1
26								
27								
28								
29								
30								
31								
32								
33								
34	90	95	99.6	100	98.6	98.4	95.3	95.1
35								
36								
37								
38	50	73.7	87.9	100	56.4	98.4	96.4	99.1
39	83.3	82.8	83.5	75.3	74.2	94.9	92.1	94.4
40								
41	56.7	83.5	93.9	86.5	85	93.8	96.8	87.4
42								
43								
44	75	93.5	79.3	91.9	69.2	96.1	92.2	98
45								
46								
47								
48	100	90.6	84.6	63.1	74.5	93.7	97.3	100
49	56.7	88	94.8	91.7	88.9	90.6	90.9	95.6
50								
51								
52	91.7	95	82.8	87.5	92.8	89.7	94.4	97.8
53	66.7	85.4	69.2	97.5	93.6	94.5	93.6	94.5
54	70.8	92.2	88.1	96.9	96.4	96.4	95.3	97.4
55								
56								
57	91.7	93.7	95	100		92.2	92.3	97.2
58	66.7	77.2	80.1	89.2	84.3	94.2	94.7	83.1
59	50	65.4	77.6	96.9	91.3	100	97	81.7
60	90	94.1	92.5	91.3		86.7	81.9	81.7
61	66.7	89.6	98.8	100	100	93.7	87.6	96.7
62	83.3	97.9	85	97.2	93.8	95.5	89.1	81.3
63	80	93.7	68.1	72.5	91.3	97	94.1	88
64								
65								
66								
67								
68								
69								
70								
71								
72	33.3	95	96	97	94.4	91	91.6	73.1
73	83.3	99.1	91.4	80.8	74.8	94.8	96.3	100
74								
75								
76	56.7	97.8	100	100	92.1	98.9	98.3	100
77								
Total	72.8	90.1	89	91.3	88.8	94.8	93.5	91.7

Figure 4: Dashboard for CDC sites receiving CQI support (June 2014 – Oct 2015)



- **Figure 5 shows baseline and re-assessment at 5-12 months for sites receiving three assessments between June 2014 and June 2015.** This data has been extracted from only the 36 sites that have completed all three assessments.

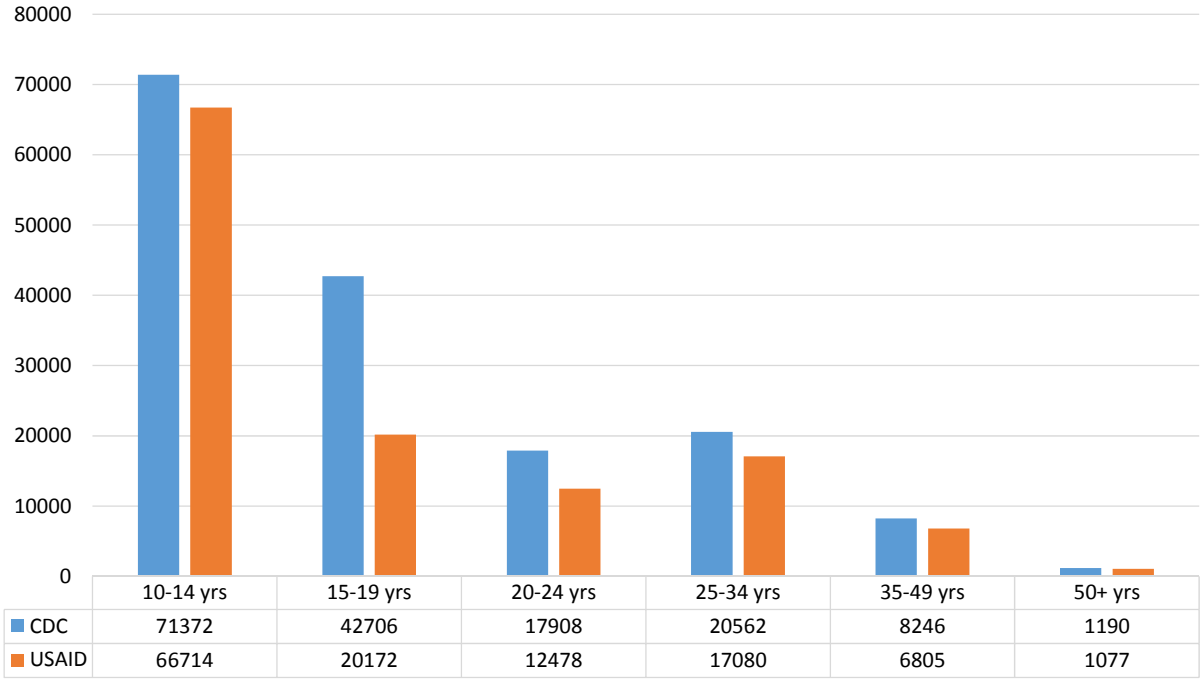
Figure 5: Baseline and re-assessment at 5-12 months for sites receiving three assessments (n=36) between June 2014 and June 2015



	Leadership and Planning	Management systems	M&E	Group education	Individual Counselling &HCT	infrastructure	surgical procedure	Infection Control	Overall
Baseline	40.8	69.2	71.4	78.5	78.1	81.6	75.4	69.2	70.5
2nd Asessment(5-9 Months)	57.8	84.4	85.3	87.8	86.3	89.2	88.9	86.5	83.3
3rd Aessments(8-12 Months)	73.6	90.2	87.7	90	87.8	94.2	94.3	92.7	88.8

- **Figure 6 shows the number of clients circumcised at approximately 122 sites supported by USAID and CDC IPs between June 2014 and June 2015.** This data has been extracted from the Department of Health's District Health Information System (DHIS) and is used on a monthly basis to make correlations between CQI support being provided and site level increases in numbers of MMCs provided.

Figure 6: Number of clients circumcised in USAID and CDC sites, 122 sites (Oct 2014 - June 2015)



SPREAD OF IMPROVEMENT

In the space of one year, ASSIST has succeeded in scaling up CQI in VMMC programming across all nine provinces. While ASSIST's CQI support emphasized certain facilities for intensive (monthly) support and others for quarterly or annual support, all PEPFAR implementing partners are now engaged in CQI activities and supporting site-level improvement in all PEPFAR-funded sites.

IMPROVEMENT IN KEY INDICATORS

Activity	Indicators	Baseline (July-Sept 2014)	Last value (Sept 2015)	Change
Improve the quality and safety of MMC services by applying CQI methodology	No. of MMCs performed Aggregated quality standards score	42,278 73.6%	155,677 (cumulative) 87.7%	14.1 percentage points
Build capacity of key DOH staff and implementing partners on CQI	No of individuals trained on CQI	0	136	136

Activity 4. Application of WHO's PCIHS Strategy

BACKGROUND

USAID ASSIST works strategically in South Africa building on existing platforms to promote patient-centered integrated health services, working in partnership with the Department of Health and the WHO Service Delivery and Safety Department.

In South Africa, ASSIST will accelerate morbidity and mortality reduction by improving access, client utilization, and satisfaction with essential HIV services. Specifically, ASSIST staff will leverage the principles of the 2015 WHO global strategy on People-centered and Integrated Health Care to strengthen this approach in one district in Eastern Cape Province, as a pilot for integrated health services focusing on people-centered care. ASSIST will assess and improve the promotion of patient-centered approaches in clinical consultations by health providers during provision of care to HIV-infected clients on ART at 10 public health facilities. The facilities chosen for this activity will be a mix of primary health clinics, community health centers, and district hospitals.

ACCOMPLISHMENTS AND RESULTS

- **Determined sites** (Sept 2015)
- **Enhanced the PCIHS concept with DOH partners at national and regional level (orientation of DOH on the concept)** (Aug - Sept 2015)
- **Developed indicators** (Sept 2015)

Activity 5. Global Leadership for PHFS

BACKGROUND

ASSIST is responsible for managing a six-country cross-country learning platform for the Partnership for HIV-Free Survival (PHFS), which has selected the quality improvement methodology to close the gap in prevention of mother-to-child transmission of HIV (PMTCT). While ASSIST is not directly supporting PHFS activities in South Africa, South Africa is part of the learning network. ASSIST has used several mechanisms to disseminate information, including quarterly webinars and monthly updates. The quarterly webinars are facilitated by ASSIST staff members with presentations provided by in-country staff who are leading PHFS activities for their respective ministry or organization.

ACCOMPLISHMENTS AND RESULTS

- **Conducted a webinar with staff from two South African organizations as part of PHFS' global quarterly webinar series** (Q3). In July 2015, representatives from two South African organizations — South to South and 20,000+ — shared their experiences on how they used the improvement approach to address gaps in the postnatal PMTCT care path. Change ideas and results to improve uptake of postnatal mother-baby pair visits and retention as well as increases in postnatal retesting were highlighted.

Activity 6: Improving the quality of point-of-care HIV testing in South Africa

BACKGROUND

ASSIST has proposed to employ a quality improvement approach to improve the process of care so that patients are more likely to receive correct test results from point-of-care rapid HIV tests in three high HIV prevalence provinces in South Africa. Long valued as the primary gateway to treatment, care, and support, HTC has assumed even greater importance in recent years with the discovery that effective HIV treatment also reduces transmission of the HIV virus. Currently, the advent of test-and-treat approaches, and especially Option B+, places quality concerns front and center, as patients are placed on ART often based solely on POC rapid tests.

ACCOMPLISHMENTS AND RESULTS

- USAID and ASSIST have reached consensus on this activity to improve the quality of POC HIV testing and counselling. USAID has identified a critical need to improve the process of care so that tests are conducted in accordance with national protocols and guidelines. A protocol has been drafted and revised through a series of discussions with USAID. A final draft protocol is currently under review by USAID. South Africa has been proposed as the country for this work, and three provinces have been selected. Site selection discussions are underway.

4 Sustainability and Institutionalization

The USAID ASSIST Project is building the capacity of Department of Health staff at district, provincial, and national levels to continue with quality work through formal QA/QI training sessions and provision of mentorship and technical assistance in HIV prevention. In support of MMC programs, ASSIST is working with DOH and District Management Team in each of the nine provinces to build DOH capacities in order to be able to utilize continuous quality improvement methodologies and programmatic data to identify priority areas, gauge performance, and plan for scale-up of services. ASSIST is also supporting the DOH and nine PEPFAR implementing partners to standardize MMC tools and develop QI indicators. In addition, ASSIST is working with District Management Teams to support MMC supervision and advocate for the integration of the MMC program into overall primary health care service provision.

5 Knowledge Management Products and Activities

- CQI in VMMC programs: 145 baseline assessment reports submitted (1 USAID report, 1 CDC report, 9 IP reports, and 134 VMMC partner site reports)
- Prepared and disseminated locally two reports on VMMC CQI learning sessions (April 2015 and September 2015)
- Dr. Donna Jacobs and two ASSIST-supported implementing partners from South Africa (Dr. Shepard Maphisa of Shephard Maphisa and Partners and Dr. Cephas Chikanda of Anova Health Institute) participated in a PEPFAR-sponsored webinar on CQI in VMMC programming on July 7, 2015. The recording is available at: https://www.usaidassist.org/content/webinar-rolling-out-continuous-quality-improvement-voluntary-medical-male-circumcision.

6 Directions for FY16

- Continue CQI support to PEPFAR VMMC implementing partners and supported sites
- Continue provision of CQI trainings to 400 staff of the DOH and IPs
- Complete the VMMC external quality assessment (EQA) mobile/tablet application with local software developer
- Development of a CQI tool kit
- Conduct a VMMC client satisfaction pilot study at 20 sites

USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

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