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Applying Science to Strengthen and Improve Systems

USAID ASSIST Project

South Africa Country Report FY14

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

Performance Period:
October 1, 2013 – September 30, 2014

DECEMBER 2014

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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
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
CDC	U.S. Centers for Disease Control and Prevention
DOH	Department of Health
EC	Eastern Cape
FDC	Fixed-dose combination
FP	Family planning
HAST	HIV, AIDS and Sexually Transmitted Infections Program
HCT	HIV counselling and testing
HCW	Health care worker
HIV	Human immunodeficiency virus
KM	Knowledge management
KZN	KwaZulu-Natal
M&E	Monitoring and evaluation
MP	Mpumalanga
NCS	National Core Standards
NGO	Non-governmental organization
NIMART	Nurse-initiated management of ART
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC	Primary health care
PMTCT	Prevention of mother-to-child transmission of HIV
QA	Quality assurance
QI	Quality improvement
STI	Sexually transmitted infections
URC	University Research Co., LLC

USAID	United States Agency for International Development
USG	United States Government
VMMC	Voluntary medical male circumcision

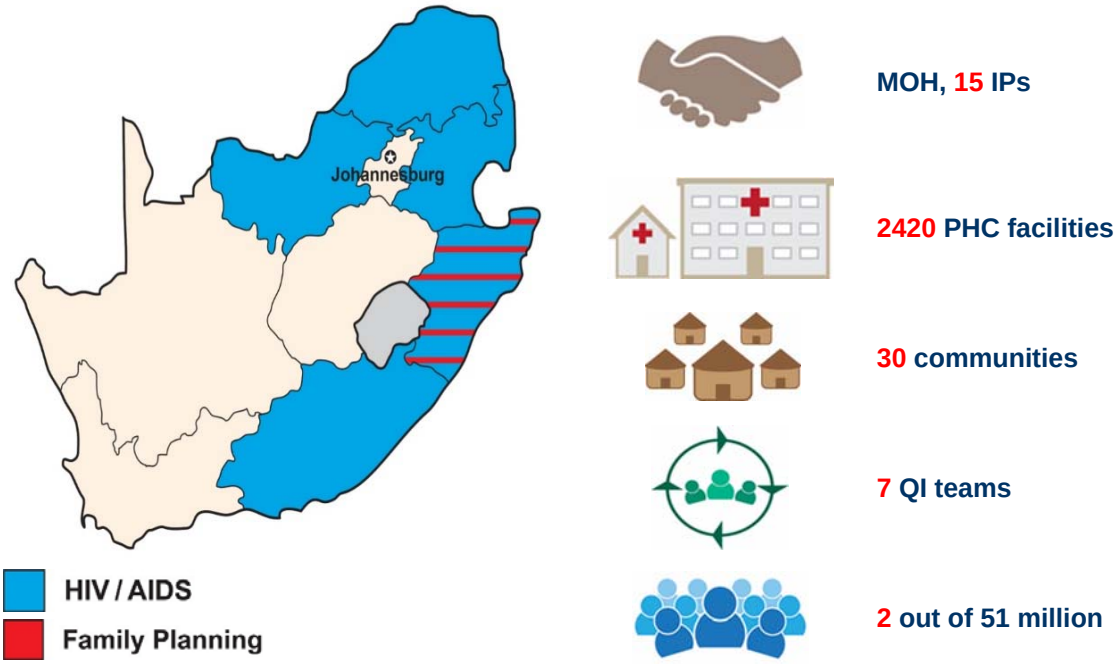
1 Introduction

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is working with provincial and district health authorities in five provinces in South Africa to increase the quality of HIV/AIDS prevention, care, and treatment services and to build capacity at all levels in strategic planning, supervision, program review, training and mentorship, development of clinical skills, and policy development. USAID ASSIST support to the South African health system is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through USAID.

Building on University Research Co., LLC's (URC) assistance to the National and Provincial Departments of Health since 2000, ASSIST's work began in South Africa in October 2013. The project provides technical assistance in health systems strengthening at national and provincial levels as a "Specialized Provincial Partner for Quality." ASSIST's scope of practice includes support for improving the quality of HIV and maternal, newborn, and child health services (including reproductive health and family planning), strategic planning, district development, and primary health care (PHC) clinic supervision in five priority provinces: Eastern Cape (EC), KwaZulu-Natal (KZN), Limpopo, Mpumalanga (MP), and North West. In this capacity, ASSIST works with the Provincial Departments of Health in the five provinces and provides support to United States Government (USG) implementing partners in the area of quality improvement.

In May 2014, USAID requested that ASSIST add a new activity: conduct a baseline quality assessment of voluntary medical male circumcision (VMMC) services supported throughout the country by USAID and CDC.

Scale of USAID ASSIST's Work in South Africa



2 Program Overview

Activities	What are we trying to accomplish?	At what scale?	Improvement Activity	Activity
1. Increase quality of HIV prevention, care, and treatment services	• Increase HIV counselling and testing (HCT) uptake by 20% in 12 months • Reduce time to antiretroviral (ART) initiation for HIV+ clients by 20% • Increase retention of HIV+ clients on ART in care by 30%	5 out of 9 provinces, (56% of all primary health care facilities in 9 provinces) 30 communities 7 QI teams	x	
2. Build capacity of Department of Health (DOH) staff	• Build capacity of key DOH staff (primary health care supervisors and facility managers) in all provinces in strategic planning, supervision, program review, training, and mentorship	5 out of 9 provinces		x
3. Conduct a baseline assessment of the quality of VMMC services in sites supported by USAID and CDC	• Determine the current quality of VMMC services being provided in US Government (USG)-supported sites to inform the selection of sites for subsequent support for continuous quality improvement of VMMC services	134 VMMC sites in 9 provinces 9 implementing partners (5 CDC and 4 USAID)		x

3 Key Activities, Accomplishments, and Results

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

BACKGROUND

HIV prevalence in South Africa is one of the highest in the world, second only to Swaziland. According to national 2013 data, the HIV prevalence is 17.3% in the general population and 29% in the antenatal population.[1] To address this epidemic, since 2004, South Africa and the international donor community are working to roll out large-scale, country-wide 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 Quality Assurance Project and its follow-on, the USAID Health Care Improvement Project—worked on HIV prevention, care and treatment, covering 214 facilities in five priority provinces – Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga, 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 (DOH) in 30 districts in the five provinces.

ACCOMPLISHMENTS

- **Conducted quality assurance (QA)/quality improvement (QI) learning sessions** (Q1). Conducted two learning sessions for health care workers (HCWs) in EC and MP implementing prevention of mother-to-child transmission (PMTCT) and HIV QI activities. Two parallel sessions were organized, and a total of 91 participants attended, including DOH staff, PEPFAR implementing partner

[1] StatsSA, Statistical Release P0302, Mid-year population estimates 2013.

organizations, and non-governmental organization (NGO) stakeholders. Conducted five learning sessions for health care workers in KZN on the newly launched National Contraceptive and Fertility Preservation Guidelines. Sequential training sessions were held in five different districts within KZN Province, and 103 primary health care nurses were trained.

- **Supported provinces to develop action plans** (Q1). Developed suitable implementation plans and information, education, and communication materials to improve HIV counselling and testing (HCT), PMTCT and maternal health care in EC, MP, and KZN.
- **Conducted community dialogues in EC and KZN** (Q2) to encourage women to attend antenatal care (ANC) early, test for HIV during their first ANC visit, and consider family planning (FP) options in the postnatal period.
- **Conducted PHC facility assessments** (Q1)**.**
  - Provided lead mentorship and technical assistance during assessment of 16 PHC facilities in KZN to gauge progress with implementation of national FP guidelines and quality of FP services.
  - ASSIST staff formed part of the team selected to assess four KZN facilities on the quality of ART and maternal, child, and women's health services.
- **Supported the Eastern Cape with data validation and verification, during the quarterly "data mop-up" exercise** (Q2)**.** This resulted in verification of over 20,000 HCT clients who had not been formally recorded.
- **Participated in provincial assessment of anti-retroviral therapy (ART) programs,** which showed that accurate and timely recording and reporting has improved by 40%.
- **Development of an overall quality strategy for HIV and AIDS programs, Eastern Cape** (Q2). This is an ongoing activity which involved various consultative meetings with the province to review HIV and AIDS program reports and strategic plans and develop a set of standardized quality improvement indicators which will be monitored on a quarterly basis by all districts.
- **Provided support for ART data verification, Eastern Cape** (Q2). Provided support to the DOH to convene a workshop for all sub-district information officers and HIV program officers, in order to verify and correct missing ART data for all sub districts.
- **Participated in HIV and AIDS program quarterly review meetings, Mpumalanga (Q2).** ASSIST provided ongoing mentorship and technical assistance to all three districts in the province during the quarterly program review meetings. The main strength of these quarterly review meetings has been that they allow all stakeholders to assess the HIV program performance against the set targets on the strategic plans and make the necessary amendments.
- **Participated regularly in District and Provincial HIV, AIDS and Sexually Transmitted Infections (HAST) Program quarterly review meetings** (July – September 2014). The objectives of the reviews included HAST program performance, implementation of the fixed-dose combination (FDC) antiretroviral (ARV) policy, challenges, ART data management, sustainability, QI plans, learning and sharing best practices, as well as development of intervention strategies in areas where the districts are not performing well.
- **Developed an EC provincial QI strategy and mentoring for the HIV and AIDS program** (July – September 2014). ASSIST staff worked on developing this strategy, in collaboration with Eastern Cape DOH provincial managers, and significant progress was made. A draft QI strategy was presented to the province for inputs. ASSIST is expected to take a lead in the province in disseminating and implementing the strategy, once finalized.

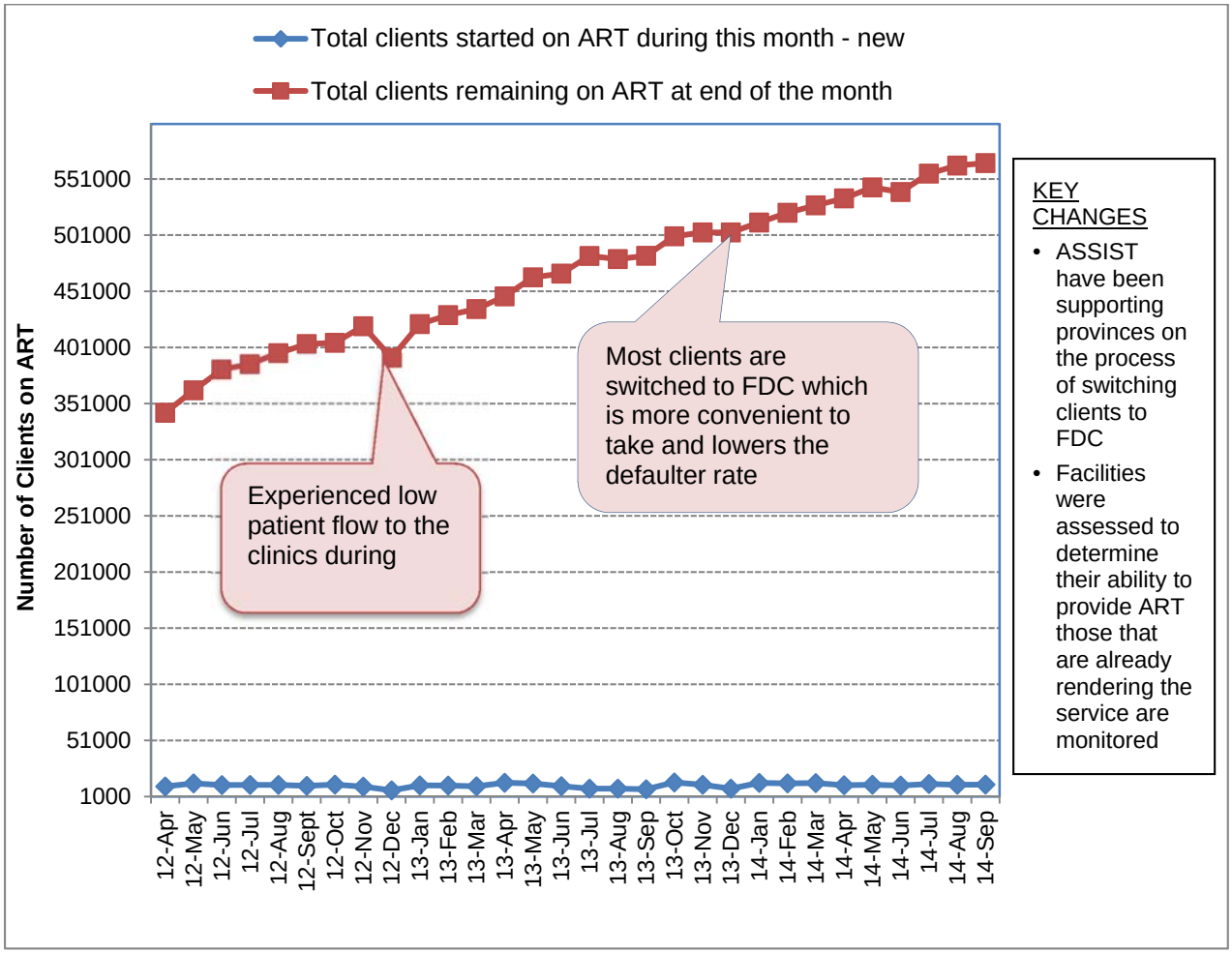
RESULTS

Improvement in Key Indicators

Activity	Indicators	Baseline	Last value	Magnitude of improvement
Increase quality of HIV prevention, care, and treatment services	HCT uptake (general pop.)	105,365 (April 2013)*	2,215,910 (Sept 2014)*	2,110,545
	No. of individuals remaining on ART at the end of the month (cumulative)	405,086 (October 2012)*	869,205 (Sept 2014)*	464,119
		** EC and MP only*	** EC and MP only*	

- **Overall improvement in access to in ART services:**
  - Results show increased number of patients on ART in supported districts, reaching 869,205 (Sept. 2014)*. PMTCT programs reveal improving Nevirapine uptake rates (99%) and declining PCR positivity rates (<3%).
  - ART access is improving steadily, as evidenced by the number of individuals initiated on ART each month. The number averaged 10,901 per month between October 2012 and September 2014 (Figure 1).
  - In Limpopo, ART support commenced in July 2014. To date, 112,844 HIV-positive patients have been successfully switched from triple therapy to fixed-dose combination ARVs.

Figure 1: Number of clients on ART in Mpumalanga and Eastern Cape (April 2012 – Sept 2014)



SPREAD OF IMPROVEMENT

ASSIST supported provinces and districts to spread improvement in ART services through providing mentorship during assessment of facilities for readiness to provide nurse-initiated management of ART (NIMART), implementation of NIMART and pharmacological vigilance at the facility level, roll-out of FDC, and training on new ART policies and guidelines as well as training in quality improvement technology within the ART service. In Mpumalanga Province, supervision for ART services was strengthened through the establishment of supervision teams consisting of program managers. Supervision teams conducted in-depth reviews of ART services. The in-depth reviews were followed by QI implementation. The in-depth reviews and QI process was scaled up to all PHC facilities within the province. In the Eastern Cape, ASSIST staff are engaged in the development of a Quality Strategy for HIV, STI, and TB programs, with specific emphasis on the ART program. This initiative has been designed to build capacity for quality, scale up QA/QI interventions in all eight districts, and ensure sustainability within all HAST programs.

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

BACKGROUND

Over the last five years, the South Africa National DOH has spent an inordinate amount of time and money providing training and mentorship to senior provincial managers. However, this has resulted in few, if any, gains in overall programmatic performance. Analysis of key competencies among junior managers and key program staff, conducted by Health Systems Trust, revealed competency gaps in several areas, notably strategic planning, supervision and program review.

A further evaluation of PHC supervision within Mpumalanga Province, conducted by ASSIST staff with involvement of the National and Mpumalanga DOHs, as well as other development partners, confirmed these findings. This led to a request from the National DOH to ASSIST to support it with development of a National Supervisory Policy and a capacity development framework for PHC supervisors and facility managers, in addition to further providing technical assistance, training, and mentorship to the National DOH and Provincial Department of Health staff.

ACCOMPLISHMENTS

- **Provided lead mentorship and technical assistance during** (Q1)**.** Training of 25 PHC supervisors in two provinces; data verification process in five sub-districts in one province; and inspection of two private facilities for licensing and accreditation.
- **Finalized data collection and data analysis for the 'Evaluation of PHC supervision in 96 facilities' in all three districts of Mpumalanga Province** (Q1).
- **Developed a draft National PHC Clinic Supervision Policy and Capacity Development Framework for PHC supervisors** (Q1).
- **FP: Trained 68 HCWs on "Implanon insertions and theory" at UThungulu District, KZN** (Q2)**.** This resulted in over 30 clients receiving "Implanon inserts" at ASSIST-mentored facilities.
- **Coordinated and facilitated a workshop on National Core Standards for Health Establishments (NCS) in MP that was attended by 40 participants** (Q2).
- **National Core Standards** (Q3). Orientation and mentorship provided to 14 District Managers with regards to the NCS and their roles and responsibilities in relation to the district health management team.
- **Provision of support for monitoring and evaluation (M&E).** On a quarterly basis, project staff participated in "data mop-up" exercises in the supported provinces. Over the reporting period, data verification was conducted at 91 facilities from five sub-districts of Sekhukhune District, including cross system-check of register, monthly summary, and district health information system data. Conducted training and mentoring to 16 senior sub district managers in the use of their respective district health information system data.
- **Quality assurance/quality improvement training** (Q3**).** Mentored 11 facilities on quality improvement strategies. Facilities have completed their quality improvement plans, which have been presented and reviewed by various provincial managers.
- **Built capacity of DOH staff** (Q3).
  - **ART:** Provided capacity to and mentored 19 professional nurses on the new FDC guidelines, in order to strengthen ART monitoring in Joe Gqabi District (August 2014). One of the main challenges identified was the fact that some nurses trained in nurse-initiated ART were reluctant to prescribe FDC, leading to high defaulter rates.
  - **National Core Standards:** Conducted two NCS sub-district trainings in Ehlanzeni District, for 75 participants (July 2014). Over 90% of the district management team has been introduced to the NCS. One of the gaps noted, however, is that presently there are no systems in place to monitor and evaluate the impact of the training.
  - **QA/QI:** Development of QI plans (July – September 2014): Provided technical support to Umjindi sub-district QA managers in developing their QI plan using challenges identified through health establishments' self-assessments on performance to the NCS. Provided technical support in developing the Ehlanzeni District QA operational plan.
  - **M&E:** Conducted HAST data verification visits in OR Tambo District in the EC (July – September 2014). The exercise included capacitating staff from all the sub districts (KSD, Nyandeni,

Qaukeni, and Mhlontlo) to verify and check missing data. Some of the data quality issues necessitating the verification exercises included the following: data inconsistencies at all level of reporting, no data verification exercises taking place, and incomplete information from the registers.

- **FP**: Provided ongoing mentoring sessions to 24 health facilities in KZN (July – September 2014). At the site level, the ASSIST coordinator provided practical trainings to health providers on family planning methods, including FP heath talks to clients. Over the quarter, 349 clients had Implanon or intra-uterine device insertions performed, and 703 clients were reached through FP heath talks.

Activity 3. Conduct a baseline assessment of the quality of VMMC services in sites supported by USAID and CDC

BACKGROUND

A unified HIV prevention strategy is needed to guide prevention response and reduce new infections. Voluntary medical male circumcision is one of the strategies for preventing new HIV infections. However, the South African National Department of Health's Annual Report 2012/13 has reported that from the target of 600,000 voluntary medical male circumcisions, the country managed to perform only 422,262 (70.4%). Challenges cited were lack of capacity and that the time to perform the circumcision procedure took longer than was expected.

The National Department of Health developed guidelines and protocols for VMMC in 2010 encompassing minimum standards for the procedure, to guide the health facilities in conducting safe VMMC as part of a comprehensive HIV prevention strategy. It is envisaged that strengthening VMMC implementation and maintaining a high level of quality of the VMMC program will enable the National Department of Health to roll out the VMMC program and to reach 80% of HIV-negative men aged between 15 – 49 years (4.3 million men) to avert new infections by 2016.

To facilitate scaling up of VMMC, the Minister of Health re-launched the HCT campaign with the theme: "Get wise, get tested, and get circumcised." While increasing access to the VMMC program, there is also a need for continuous quality improvement to ensure infection prevention and control; reduce the rate of complications; maintain accurate and complete data for programmatic planning and budgeting purposes; and provide skills transfer in both public and private facilities for sustainability of the program.

In May 2014, USAID requested that USAID ASSIST begin providing quality improvement support at sites providing VMMC services supported by PEFPAR implementing partners (IPs) in all nine provinces. As a pre-requisite to providing technical support in quality improvement, ASSIST conducted a detailed baseline assessment of USG-supported VMMC services in all nine provinces.

ACCOMPLISHMENTS

- **Designed an assessment tool based on the WHO VMMC Quality Assessment Toolkit.** The ASSIST team piloted the assessment tools in two facilities and made revisions based on the pilot test.
- **Completed baseline data collection in 134 sites in nine provinces.** ASSIST mobilized 25 staff from URC's South Africa office to carry out the baseline assessments in 134 out of the expected 160 USG-supported VMMC sites across all nine provinces of the country. This involved coordinating with both USAID and CDC as well as nine implementing partners (five CDC partners and four USAID partners). Data were collected during June through August 2014.
- **Began data analysis and reporting**. Each ASSIST assessment team provided a verbal debriefing with each site immediately after the assessment. Written assessment reports using a color-coded dashboard and detailed findings are in process; reports are in preparation for individual sites, each implementing partner, CDC partners as a whole, and USAID partners as a whole.

4 Sustainability and Institutionalization

Over the year, the USAID ASSIST Project has worked to ensure sustainability within the following areas:

- **Quality assurance/ quality improvement**. Collaborating with other implementing partners, providing regular technical assistance, data quality audits, and building QA/QI systems is necessary to maintain the quality and appropriateness of HIV care services.

- **PHC supervision.** Effective supervision is key to improving quality of services. Working with national and provincial DOH staff, ASSIST is ensuring that PHC supervisors have the necessary skills, time, and resources to supervise effectively.
- **Data management**. Data management should form part of all improvement projects. Quality of data management impacts heavily on recorded program outcomes. In order to ensure sustainability. ASSIST staff worked with provincial staff in the five provinces to implement 'data mop-up' and data verification activities on a quarterly basis.
- **HIV and AIDS services**. ASSIST staff have worked with the EC DOH on developing a provincial strategy for HIV and AIDS programs, in order to ensure sustainability and institutionalization of QA/QI initiatives.

5 Knowledge Management Products and Activities

- Provided knowledge management (KM) refresher training to ASSIST provincial coordinators and new staff (July 2014).
- Developed ASSIST-specific KM strategy for medical male circumcision and FP/HIV integration (Sept 2014).
- Completed a draft of the PHC supervision evaluation report for Mpumalanga Province (Sept 2014).

6 Directions for FY15

- Strengthen collaboration with other developmental partners and improve coordination on HIV and maternal, child, and women's health program
- Continue to ensure a stronger health systems strengthening approach including ensuring HIV and AIDS are addressed and improvement plans are implemented wherever practicable at all level of care
- Continue to strengthen monitoring and evaluation of the HAST program at all levels and access to and use of Tier.net data
- Continue to build capacity of health program managers at both provincial and district levels
- Present VMMC baseline findings to individual implementing partners and sites and begin support for implementing partners and site-level improvement activities to address gaps identified in the baseline assessments

USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

University Research Co., LLC
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814

Tel: (301) 654-8338
Fax: (301) 941-8427
www.usaidassist.org