

2007 Semi-Annual Progress Report USG >> AID >> Malik Jaffer >> AED/CAP South Africa

Prevention

Prevention of Mother-to-Child Transmission

Number of service outlets providing the minimum package of PMTCT services according to South African or international standards

	Total	FY 2007 Target
	83	83

Number of pregnant women provided with PMTCT services during the reporting period

	Total	FY 2007 Target
Number of pregnant women attending first antenatal care visit		
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		
Number of infants receiving an ARV prophylaxis		
Number of infants tested by PCR at 6-14 weeks		
Number of infants tested at 12 months		

Number of pregnant women who received HIV counselling and testing for PMTCT and received their test results (indirect)

	Total	FY 2007 Target
	7898	16000

Number of pregnant women provided with a complete course of ARV prophylaxis in a PMTCT setting (indirect)

	Total	FY 2007 Target
	812	1600

Number of health workers trained in the provision of PMTCT services according to South African or international standards

	Total	FY 2007 Target
	196	387

Notes

Please provide a brief description of the activities conducted during the reporting period that support the direct number(s) provided in this program area. Note any issues regarding data quality here, including possible overlap with other PEPFAR partners and estimates of over/under counting. Please also include a brief explanation of reported accomplishments toward FY 2007 (September 2007) targets. Please pay particular attention to the following in your narrative: a)

Referral networks between PMTCT and treatment, care and support services. Please describe what progress has been made in ensuring pregnant women are being referred to other services. b) Infant follow-up c) Describe support or technical assistance provided to provincial and national departments of health. d) Describe what plans are being put in place to ensure sustainability of programs,

Service outlets

AED/CAP SA is providing technical assistance on the implementation of maternal nutrition and IYCF in the context of PMTCT of HIV in **83** sites in 4 provinces of South Africa. The sites are in 4 sub-districts: Umzumbe in Kwa-Zulu Natal province, Kagisano Molopo in North West province, Qaukeni in the Eastern Cape and Kabokweni in Mpumalanga. Each sub-district has one health facility identified as a central hub for all the other sites, and health care workers from the other sites in the sub-districts are invited to learn from the demonstration site and replicate in their own settings. These additional sites are counted. Therefore, there is no underestimation of the numbers of service outlets.

AED/CAP SA has reached its service outlet targets for FY 2007 (September 2007). Referral networks have been strengthened between care and support services by utilizing the community health care workers to ensure referral of pregnant and lactating mothers from community to facility and from facility to community and establish support groups for both mothers and Infants.

Indirect Support Narrative

Please provide a brief description of the activities conducted during the reporting period that support the indirect number provided in this program area. Please also include your calculation method. Please pay particular attention to the following in your narrative: a) Referral networks between PMTCT and treatment, care and support services. Please describe what progress has been made in ensuring pregnant women are being referred to other services. b) Infant follow-up c) Describe support or technical assistance provided to provincial and national departments of health. d) Describe what plans are being put in place to ensure sustainability of programs,

An indirect number of **7898** pregnant women were reported to have been seen in the service outlets where AED/CAP SA is providing technical support. The women were provided with PMTCT services, including HIV counseling and testing and maternal nutrition infant and young child feeding counselling in the context of PMTCT during the first semester of the programme. Out of a total of the 7898 women that were counseled and tested, 2098 tested positive and 812 pregnant women were provided with a complete course of ARV prophylaxis in a PMTCT setting. These are the actual number of clients that were reported to have accessed services in the service outlets supported by AED/CAP SA. Not all of the service outlets to which AED/CAP SA provides technical assistance provides ARVs. Some of the sites refer clients to the base hospitals. This poses a challenge vis-à-vis the indirect numbers reported on in relation to women who were actually put on a complete regimen of ARV prophylaxis. This indicates that only 39% of the women who were positive were put on ARV prophylaxis, but this is under-reported as some of the women received ARVs at the base hospitals.

As a result of the training of health providers in the 83 service outlets, each site is expected to reach at least 200 mothers. Training of 196 health care workers was completed, and these training activities support the indirect numbers in this program area. Assuming that each of the 196 health care workers trained has seen 200 women following training provided by AED/CAP SA, a total of 39,200 (196 X 200) women were reached with maternal nutrition, infant and young child feeding messages in the context of PMTCT of HIV.

Training Narrative

Provide a brief description of your training activities. Please include a description of training methodology and curriculum and how this is related to national training efforts in the area of PMTCT.

The total training target for this financial year is **387** participants and at the time of reporting AED/CAP SA has achieved 51% of the targeted number of participants.

AED/CAP SA with cooperation and support from the DoH in provinces was able to train a total of **196** health care workers. The trainings conducted were distributed as follows: 3 Decision Makers' courses were conducted in Mpumalanga. The rationale for conducting the Decision Makers' course was to mobilize Program Managers, obtain buy-in and support for the program and sensitize them to the need for development of systems that will ensure sustainability of the maternal nutrition, infant and young child feeding in the context of PMTCT of HIV. A total of 53 Decision Makers were trained, including Assistant Directors, CEO's of hospitals, Program Managers and Facility Managers.

Training on maternal nutrition, infant and young child feeding was conducted in three provinces. The training was geared to achieving the following objectives: equip participants with knowledge and skills in PMTCT of HIV and Infant & Young Child Feeding; develop knowledge of participants in MTCT risk-reduction interventions, including anti-retroviral (ARV) prophylaxis and other related issues; create awareness of the integrated model of preventing mother to child transmission of HIV through sharing experiences and identifying strategies to integrate PMTCT of HIV and Infant & Young Child Feeding into existing Health Care and Community Services. A total of **64** Health Care Workers, including Dietitians and Nurses, were trained on the integrated course on maternal nutrition: **19** in Kwa-Zulu Natal and **23** in Northern Cape, and one abridged training was conducted in Mpumalanga where **22** Dietitians were trained.

The Department of Health uses BFHI as a National Strategy to implement maternal nutrition, infant and young child feeding in the context of HIV. AED/CAP SA conducted a total of 3 BFHI Assessors' trainings in the context of PMTCT of HIV. The training of the BFHI Assessors was a key strategy to ensure alignment with National Strategy and sustainability of the program in maternity facilities. Quality assurance and supervision is provided using the trained BFHI Assessors to conduct internal and external assessments. All BFHI Assessors trained are health care providers involved in day-to-day provision of service to clients, including maternal nutrition and infant and young child feeding. A total of **59** BFHI assessors were trained; **14** in Mpumalanga **14**, **23** in the Western Cape and **22** in Kwa- Zulu Natal.

20 health care workers, including Lay Counselors, Nurses and Community Health Care Workers were trained as interviewers and data collectors for the community-based household survey to evaluate the implementation process and assess the outcomes and implementation of the maternal nutrition and infant and young child feeding practices in the context of HIV and AIDS in Umzumbe sub-district. This training activity also strengthened implementation as the involvement of the health care workers enabled them to review and measure their own inputs (activities and involvement in the implementation process) into the program and ensured ownership and sustainability.

Training methodology used for all the trainings included participatory lectures, brainstorming, group work, role plays, demonstrations, observations, practical sessions and field visits to sites so that participants related theory to practice. The curriculum used for the maternal nutrition, infant and young child feeding was the National Department of Health PMTCT and Infant Feeding training guide that was conceptualized by the South African National Department of Health, U.S. Center for Disease Control and Prevention South Africa and UNICEF South Africa, with materials adapted from UNICEF, WHO, NDOH, Fanta and FHI used by the National Department of Health in their national training efforts in the area of PMTCT. AED/CAP SA, by using the curriculum, contributed to national training efforts to ensure national capacity building in the area of PMTCT. The BFHI curriculum used is a standard UNICEF guide used for TOT and assessor training.

Policy Analysis and System Strengthening

Number of individuals trained in HIV-related policy development

	Total	FY 2007 Target

Number of individuals trained in HIV-related institutional capacity building

	Total	FY 2007 Target

Number of individuals trained in HIV-related stigma and discrimination reduction

	Total	FY 2007 Target

Number of individuals trained in HIV-related community mobilisation for prevention, care and/or treatment

	Total	FY 2007 Target

Number of local organisations provided with technical assistance for HIV-related policy development.

	Total	FY 2007 Target

Number of local organisations provided with technical assistance for HIV-related institutional capacity building

	Total	FY 2007 Target

Notes

Please provide a brief description of the activities conducted during the reporting period that support the direct number(s) provided in this program area. Note any issues regarding data quality here, including possible overlap with other PEPFAR partners and estimates of over/under counting. Please also include a brief explanation of reported accomplishments toward FY 2007 (September 2007) targets. If you have provided technical assistance to the South African Government in this area, please include a description of the type of assistance provided.

Community based Household survey

Technical assistance was provided to the provincial KZN and Umzumbe sub-district to conduct a community-based household survey to evaluate the implementation process and assess the outcomes of the maternal nutrition and infant and young child feeding practices in the context of HIV and AIDS. 387 women were interviewed in the community survey conducted over a period of two weeks in three local service areas in Umzumbe sub-district. The findings and recommendations from the survey will inform the Department of Health's and implementing partners' future plans for widening implementation of the maternal nutrition and infant and young child feeding practices in the context of HIV to other sub-districts in Ugu district and other districts in the province and put into place systems that will ensure sustainability.

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Behaviour Change Communication

At the national level, AED/CAP SA provided support in the development of key messages for pregnant and lactating women. The “Mother, Child Health and Nutrition Booklet” was finalized with inputs from the National Department of Health. 1000 booklets are being printed for field testing which will be conducted in 3 provinces (Gauteng, Kwa-Zulu Natal and North West) between April and September 2007. The target population for the field testing is health care workers, pregnant women and women in the post-natal period up to 6 weeks and mothers with infants on complementary feeds. AED/CAP SA also provided support in the form of a Behavior Change Communication (BCC) consultant who will facilitate the field testing process.

Training Narrative

Provide a brief description of your training activities. Please include a brief description of your methodology and curriculum, and target audience.

No training activity during this period

Strategic Information

Number of local organisations provided with technical assistance for strategic information

	Total	FY 2007 Target
	3	

Number of individuals trained in strategic information

	Total	FY 2007 Target

Notes

Please provide a brief description of the activities conducted during the reporting period that support the direct number(s) provided in this program area. Note any issues regarding data quality here, including possible overlap with other PEPFAR partners and estimates of over/under counting. Please also include a brief explanation of reported accomplishments toward FY 2007 (September 2007) targets. If you have provided technical assistance to the South African Government in this area, please include a description of the type of assistance provided.

Technical assistance to NGO's

In order to assist the provincial NGOs to develop capacity-building and implementation plans using BCC strategies to integrate maternal nutrition and IYCF in the context of HIV into community activities, AED/CAP SA provided technical assistance to 3 local NGOs, one in Kagisano Molopo in North West, one in Umzumbe in Kwa- Zulu Natal and one in the Western Cape. The support provided was strategic information on the call for proposals for funding from the USA Ambassadors' small grants. The NGOs needed funding to continue implementation of the Behaviour Change Communication strategies they were trained on by AED/CAP/SA to improve maternal nutrition, IYCF in the context of HIV in the service sites they were in. This will ensure strengthening of referral networks for pregnant and lactating mothers and their infants. Provision of this information to the NGOs in the target provinces will ensure expansion and strengthening of HIV/AIDS activities at the community level, with an emphasis on women's nutrition and IYCF in the context of HIV and stigma reduction. This was also a strategy by AED/CAP SA to develop a continuum of local partners' sustainability levels by leveraging of resources and serving as a resource for others during program implementation.

Training Narrative

Provide a brief description of your training activities. Please include a brief description of your methodology and curriculum, and target audience.

No training activity during this period

Required Narratives

Narratives

Accomplishments

This narrative should explain what you accomplished during the reporting period (October 1, 2006 to September 30, 2007). Wherever possible, the narrative should include specific quantifiable results, both direct and indirect (if applicable). You may also include program activities and indicators not captured by PEPFAR indicators. Please also include examples of successes and innovations in the area of leadership, gender, networks, human capacity development, twinning, etc.

Accomplishments during the reporting period (October 1, 2006 to September 30, 2007).

- 3 Decision makers' courses were conducted where program managers were sensitized to support maternal nutrition infant and young child feeding in the context of PMTCT of HIV through the National Strategy of BFHI. A total of 53 decision makers attended (program managers, assistant directors, facility managers and chief executive officers of hospitals).
- AED/CAP SA provided technical assistance to 83 service outlets in 4 provinces to implement the maternal nutrition, infant and young child feeding in the context of PMTCT of HIV and AIDS through strengthening capacity of service providers through training.
- Training of 196 health care workers on the integrated maternal nutrition, infant and young child feeding in the context of PMTCT of HIV and training of BFHI assessors.
- Printing of 1000 of the "Mother, Child Health and Nutrition Booklet" with key messages to be used by health care workers and pregnant and lactating mothers for piloting in three provinces between April and September 2007.
- Technical assistance to the Kwa-Zulu Natal province to strengthen systems by conducting a community based household survey to evaluate the implementation process and assess the outcomes of the maternal nutrition and infant and young child feeding practices in the context of HIV and AIDS in Umzumbe sub-district in Kwa-Zulu Natal. The findings and recommendations from the survey will inform the Department of Health and implementing partners on future plans about widening implementation of the maternal nutrition and infant and young child feeding practices in the context of HIV to other sub-districts in Ugu district and other districts in the province and put up systems that will ensure sustainability in the implementing districts.
- Technical assistance and provision of strategic information to 3 local non-governmental organizations in 3 provinces, Kwa-Zulu Natal, North West and Western Cape was done
- Mobilization of communities by encouraging formation of support groups for pregnant and lactating mothers through training of community health care workers on behaviour change strategies to promote PMTCT and IYCF and maternal nutrition.

Success stories

A. Leadership, ownership and development of networks

Assisi is the demonstration sites for the maternal nutrition, infant and young child feeding in the context of PMTCT of HIV. Sites around Assisi were coming in to learn from Assisi so that they can implement in their own settings. One of the key activities for AED/CAP SA is follow up, mentorship and supervision of trained cadres in view of implementing integrated PMTCT and nutrition for pregnant and lactating mothers in the service outlets. Sister Chiya, a professional nurse at Assisi, identified the need to follow up with the service outlets that were participating in the AED/CAP SA activities. She contacted the program manager and indicated her desire to take on the role of coordinating activities with community health care workers in the communities and service outlets around Assisi. The major challenge she faced was accessing the sites due to transport issues. When she contacted the program manager, she already had communicated with the Primary Health Care services in the district office to make provision for her to be picked up when the Primary Health Care

supervisors were going on their weekly sites visits with the community health care worker facilitators so that she could be part of the team. She said to the program manager, ***“This is no longer your program but our program. We will call when we need you”.***

The professional nurse has developed a deep understanding of the community-centered approach to PMTCT, maternal nutrition and IYCF that AED/CAP/SA is implementing and promoting and is committed to providing support to communities to offer comprehensive services. In accordance with national policy, this has to do with care and support.

B. Human Capacity Development

For the maternal nutrition and infant and young child feeding in the context of PMTCT of HIV training sessions, the participants write a pre-training assessment/evaluation to determine how much knowledge and skills regarding the maternal nutrition, infant and young child feeding in the context of PMTCT of HIV they possessed, and after the training they write a post-training assessment/evaluation. The results of the pre-training assessment evaluation were used as a baseline and compared with the results of the post-training assessment/evaluation. The results are used to determine whether there is indication that the participants have acquired new knowledge and information. For the training that was conducted in Northern Cape in March 2007, 23 participants attended. The lowest pre-training assessment evaluation mark was 30% and lowest post-training assessment evaluation mark was 54%. The highest pre-training mark was 72% and the highest post-training mark was 88%. The average pre-training mark was 47% and the average post-training mark was 74%. Some of the participants had this to say about the training:

“This is the best course I have ever been on.”

“In this training, there is never a dull moment.”

“Today I realized how broad PMTCT is...I feel empowered.”

“This course is a learning opportunity to go and serve my community better, I like your style.”

“I enjoyed every moment of it.”

“It was very fruitful to be part of this training. I thank you all.”

“Overall this training was meaningful”

“Training well presented...it has improved my knowledge.”

“The training was an eye-opener and helped me to be 6 feet tall in improving my communication skills.”

“Overall training was significant, good and helpful.”

One participant gave vote of thanks on behalf of the participants at the closing of the course had this to say: ***“You were trying very hard to meet everyone half way in order to ensure that everyone in the class receives adequate knowledge to go and implement in their institutions, I came in as a dietician, and now I am leaving as a “nurse.”***

This highlighted the importance of health care workers understanding each other's roles so that they are able to appreciate the importance of integration.

C. System Strengthening

1. DoH Program ownership

AED/CAP SA provided technical assistance to the provincial KZN and Umzumbe sub-district to conduct a community-based household survey to evaluate the implementation process and assess the outcomes of the maternal nutrition and infant and young child feeding practices in the context of HIV and AIDS. The findings and recommendations from the survey will inform the Department of Health's and implementing partners' future plans for widening implementation of the maternal nutrition and infant and young child feeding practices in the context of HIV to other sub-districts in Ugu district and other districts in the province and put into place systems that will ensure sustainability in the implementing districts. The sub-district indicated ownership and faith in the technical assistance that AED/CAP SA provided to them to implement the program successfully in their area. The sub-district was willing to cost-share the activity with AED/CAP SA.

The District Managers, Primary Health Care Manager and the Community Health Care Worker Facilitator were instrumental in facilitating the following: selection of interviewers and compilation of their bio data, transportation of interviewers and field supervisors during the training and field work, accommodation of interviewers, training site identification and logistical issues, printing of the survey materials (questionnaires and other training materials), obtaining district health information on utilization of ANC, PMTCT services and population estimates of the sub-district, and communication to the community leaders and the clinic managers. The District Manager visited the Ugu district municipality office Geographical information systems (GIS) to access the sub-district map and information on enumerations areas (wards) of the sub-district together with the M&E consultant and the AED/CAP SA program manager.

The ownership and involvement of the district management team ensured a smooth process for the community survey and all logistical preparations they were involved in ensured that the survey was completed on target.

2. Community ownership and involvement

During the community survey conducted in Umzumbe in February 2007 data from 387 women had to be collected. This was a household survey and women had to be found in their houses which were not easily accessible; each of the 20 data collectors had to interview 19 women. The data collectors willingly gave up their weekends and put in extra hours in the mornings collect data so that the target could be reached. The field supervisors were amazed by their dedication. One data collector told it was time to go home exclaimed, ***"Why are you in a hurry to go because I am still busy?"***. This indicated dedication and commitment to the process as by that time everybody had a long day and could not wait to end the day.

After the survey, the data collectors had this to say about their experiences: ***"To me it was very difficult to ask questions, but with this training I feel very confident and as I am going back to the clinic I am going to use my skills and I believe many clients will benefit a lot from us."***

"My job is to educate patients, during the data collection, as I was in other areas I was happy as I experienced that people understand what they had been educated on in the health care facilities."

"I learnt that people in the rural area I was, were more knowledgeable, health care workers and lay counselors and community health care workers had done their job, those who were positive accepted their status."

The data collectors all indicated that they will use the experience they gained during the activity to

benefit their communities in the following ways:

“This experience is a chance to put more effort when I attend to the community during my work because I now know where the lack is.”

“I will continue to use information I have in PMTCT as clients were interested in it.”

“This work will benefit me a lot as a counselor as I have learnt some skills about probing.”

“Actually when given a chance to exercise the skills I have gained in my own community, I am sure to collect an award winning data which can help give direction as for where the weaknesses are and what needs room for improvement and highlighting the strong points of service delivery within the health sector.”

Challenges to implementation

This narrative should explain any challenges that you faced during the reporting period (October 1, 2006 to September 30, 2007). In addition, you may want to address particular constraints, such as issues related to public sector policies or capacity or complementary activities that were not undertaken.

1. Capacity building

- **Monitoring and tracking of training**

Currently the sub-districts do not have a database on how many courses (by training center/facility, district or province) have been held, how many people were trained with each trained persons skills, current facility, along with courses taken, which people are trainers and where are they based, and how many are still to be trained. This is having implications on capacity building as some people attend same courses more than once, where others could have benefited. Hence, there is a need to work with other PEPFAR partners, e.g., JHPIEGO, who have a Training Information Monitoring System in provinces where they are functioning. This will ensure that National efforts to provide capacity building are effective.

- **Mentoring and supervision of trained cadres**

Due to the high staff mobility and turnover in the sub-districts, it becomes difficult to move or cascade trainings as people capacitated find better positions and leave the health care facilities. This has a negative impact on program implementation and sustainability. There is a gap in mentorship and provision of supportive supervision for program implementation once people are trained. There is a need to locate master trainers in sub-districts and work in collaboration with the sub-district and provincial staff development and human resource departments to put systems in place to follow up on training and health care workers trained.

2. Systems strengthening

- One challenge that was experienced during the period was sub-districts canceling trainings due to other events that conflicted with the AED/CAP SA planned activity in the area. This has affected program strengthening in the 4 existing sub-districts and made some of the provinces to lag behind in implementation.
- The request by the Umzumbe sub-district for AED/CAP/SA to conduct the community household survey before conducting any activities in the province also has delayed activities and expansion within the sub-districts.

3. Service delivery

- Not all of the service outlets that AED/CAP SA provides technical assistance to provide ARVs.

Some of the sites refer clients to the base hospitals. This poses a challenge of indirect numbers reported on in relation to women who were actually put on a complete regimen of ARV prophylaxis. Of a total of 2098 women who tested positive, only 812 were put on ARV prophylaxis, which would seem to indicate that only 39% women actually got prophylaxis; this is under-reported, however, as some of the women receive ARVs at the base hospitals. There is a need to continue strengthening referral networks between hospitals and clinics, between clinics and communities and vice versa.

- Data collection including general monitoring and evaluation of the program needs to be strengthened in collaboration with other PEPFAR partners, e.g., FHI, which have M&E as strength.