



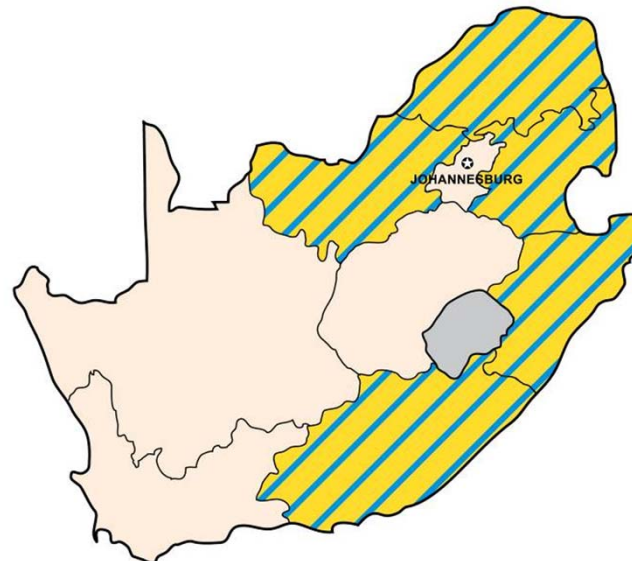
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South Africa

Tina Maartens



■ HIV/AIDS

■ TB



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URC SA

3 Projects:

- **HCI – Health Care Improvement Project**
- **National TB Project**
- **HCT Project**

Geographic focus:

5 out of 9 provinces, 170 facilities (7% of all PHC facilities in 5 provinces)

Number / percent districts covered by HCI: 12 of 52 (23%)

Number of total population covered by HCI: 1million

Number of HIV patients covered: 300,000

URC HCI Contribution towards MDG 4, 5 & 6: Reduce Child Mortality, Improve Maternal Health & Combat HIV/AIDS, TB and other Diseases

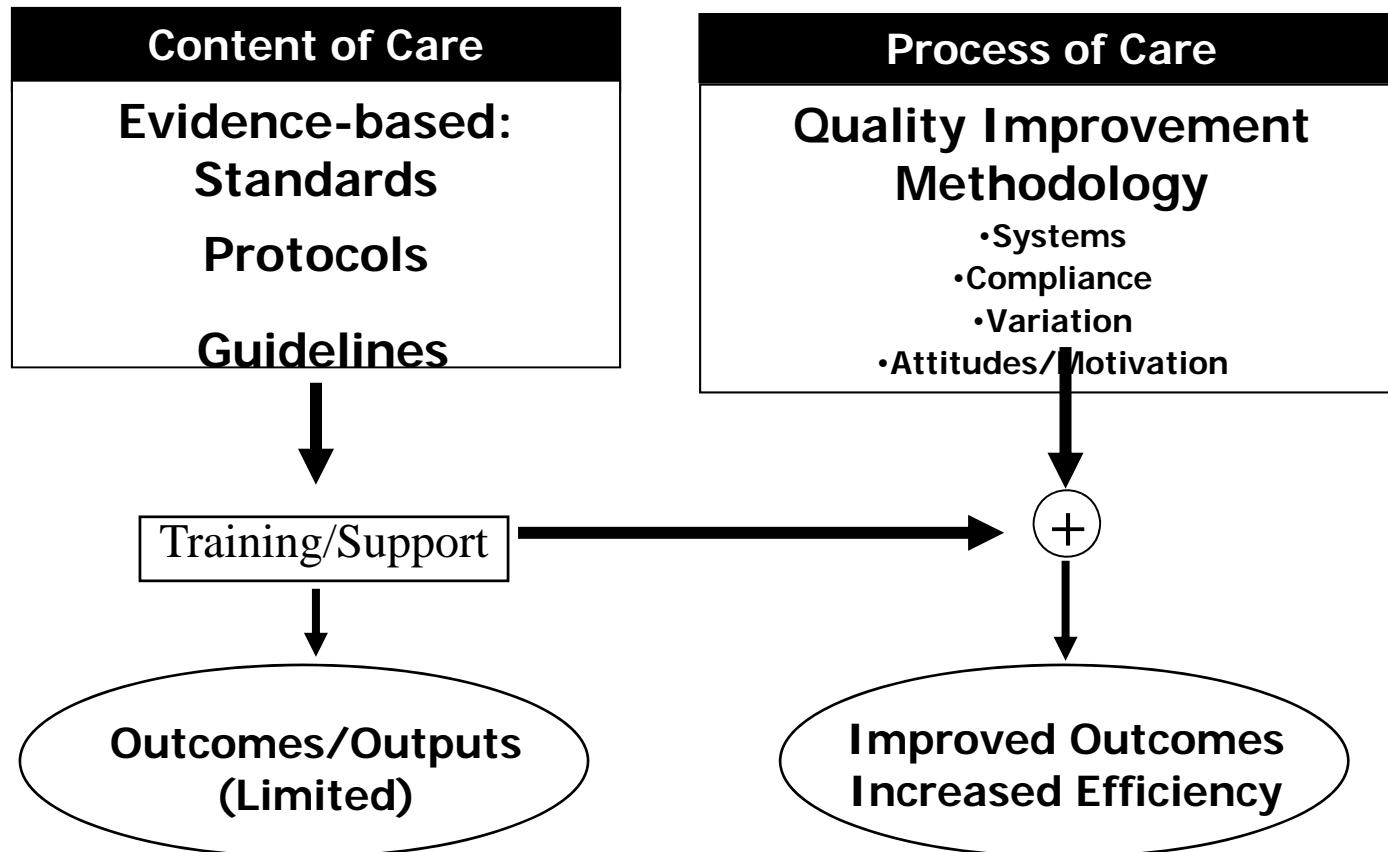
- Prevention
 - PMTCT; HCT
- Care
 - Basic Health Care; TB/HIV, ART
- Treatment
 - Promote early diagnosis and referral to ART sites (of pregnant women, children and mothers who are eligible for ART) and treatment.
- System strengthening
 - Training of individuals from DOH and PEPFAR funded organizations on QA methodology to build institutional capacity
 - Strengthen linkages between different levels of care to improve continuity of care.
 - Strengthen integration of different programmes
- Cross-cutting activities
 - PHC supervision
 - Infection Prevention & control
 - Clinical mentoring & Clinical audit
 - Appraisal of health care facilities (national core standards)



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Improvement Strategy



Adapted from:
Paul Balaldeen, Patricia Stoltz
A Framework for Continual Improvement in Healthcare
The Joint Commission Journal on Quality Improvement
October 1997



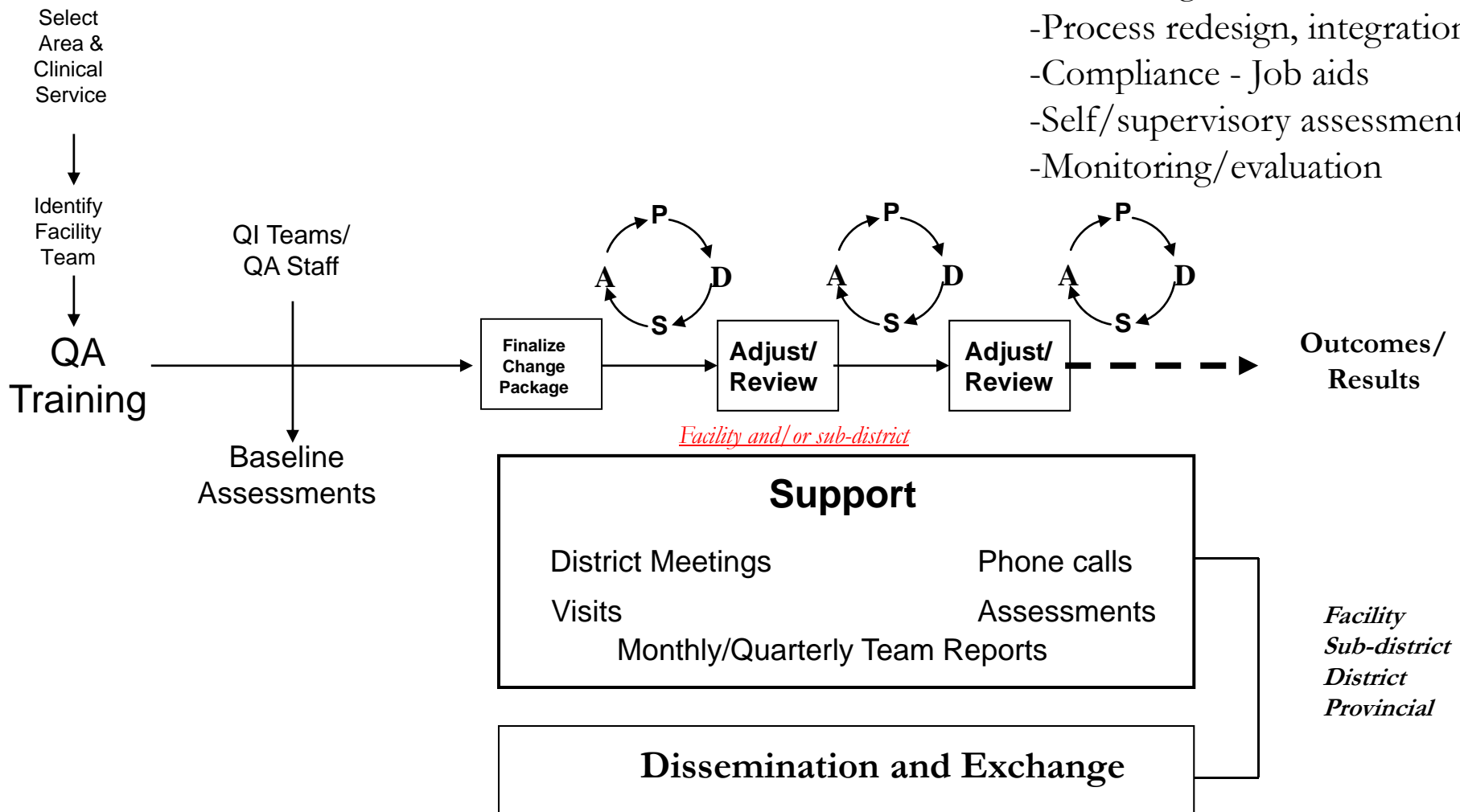
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Quality Improvement Model

Improvement package

- Knowledge/skills
- Refreshers
- Process redesign, integration
- Compliance - Job aids
- Self/supervisory assessments
- Monitoring/evaluation





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Facilitating Change in HIV/AIDS

Challenges before intervention:

- **Poor integration of services**
- **Lack of communication between different levels of care**
- **Lack of availability of National guidelines at facility level**
- **Organization of services not conducive to Quality Care**
- **Poor compliance to guidelines**
- **Limited access to HIV/AIDS services**



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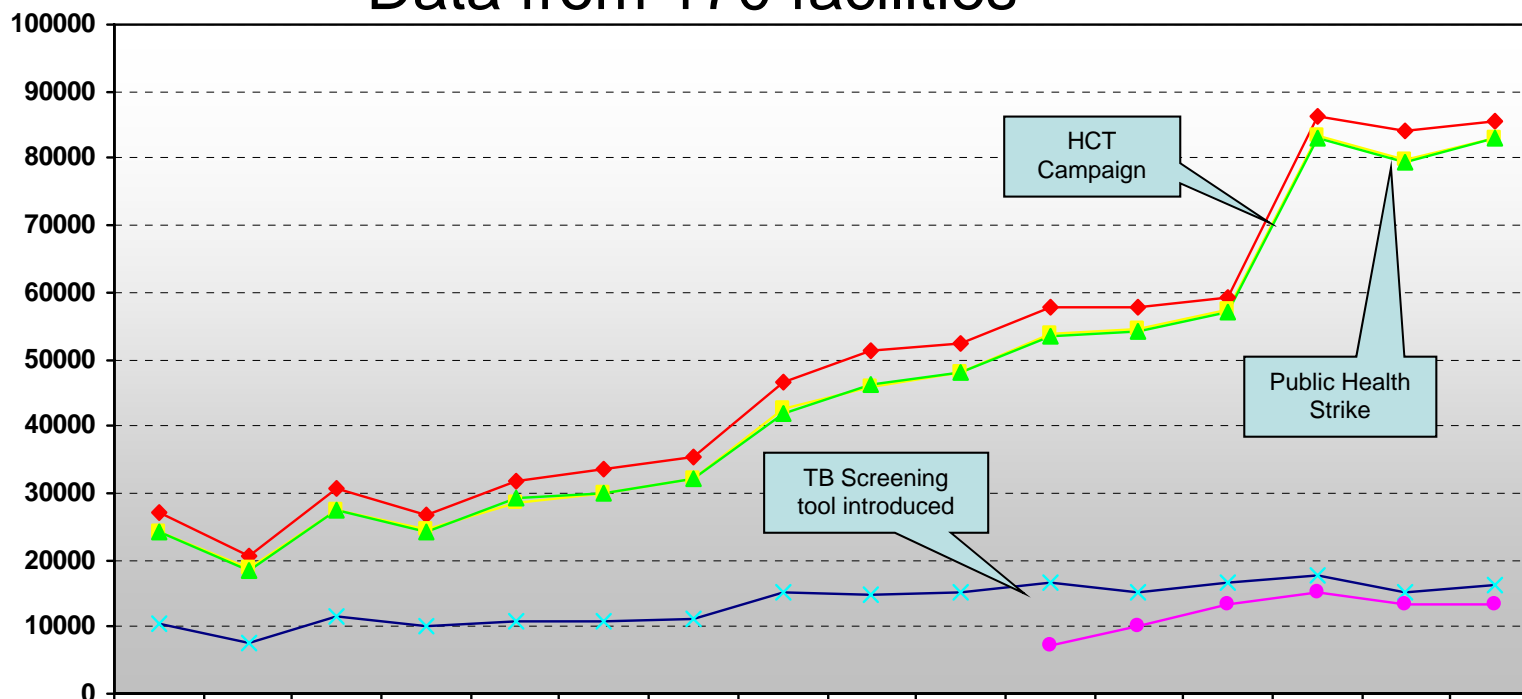
Facilitating Change

Measures to Improve Quality:

- **Basic QA Training**
- **Baseline assessments, problem analysis and PDSA cycles**
- **Provided copies of National Guidelines to each supported facility**
- **In service training on guidelines and use of registers**
- **Established links between HBC and clinics for creating awareness, health promotion and follow up in the community**
- **Facilitated PCR and Elisa testing for exposed babies at vaccination visits**
- **Monthly record audits to monitor compliance**
- **Integrated HIV screening in ante natal and TB care**
- **Introduced TB screening tool at each supported facility**
- **Supported facility staff to develop TB IC plans**
- **Provided job aids, posters and leaflets on IC**
- **Negotiated with DM on problem areas: stock outs, turn around time, INH**
- **Monitoring and evaluation with feedback and PDSA cycle**

HCT Programme: 2007-2011

Data from 170 facilities



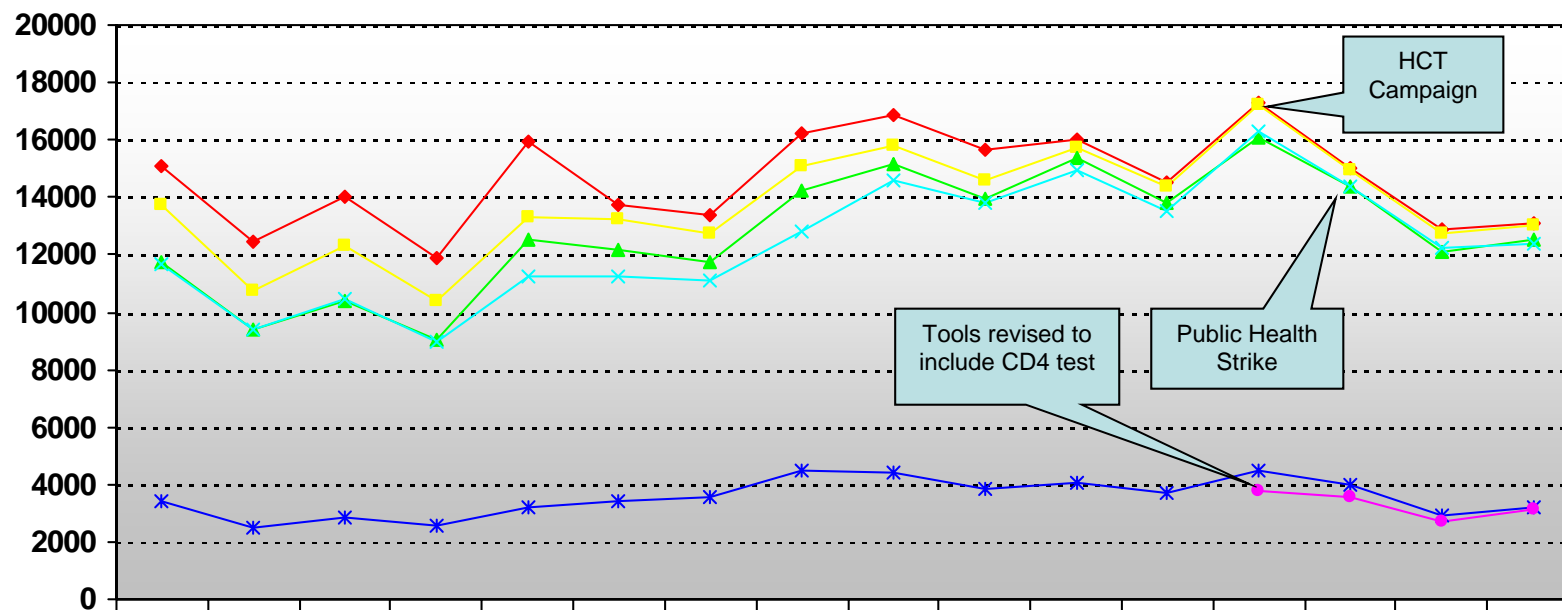
	Q2 07	Q3 07	Q4 07	Q1 08	Q2 08	Q3 08	Q4 08	Q1 09	Q2 09	Q3 09	Q4 09	Q1 10	Q2 10	Q3 10	Q4 10	Q1 11
◆ # Pre-test counseled	27065	20721	30773	26552	31691	33629	35481	46475	51132	52184	57790	57878	59193	86355	84100	85443
■ # Tested	24278	18718	27386	24383	28489	29943	32135	42657	45700	48147	53825	54404	57353	83277	79719	82990
▲ # Post-test counseled	24023	18575	27320	24065	29211	29916	32060	41890	46088	48022	53454	54202	56931	82886	79508	83095
✕ # Tested +	10569	7660	11444	9987	10735	10865	11345	15147	14940	15197	16457	15300	16661	17765	15289	16218
● # Screened for TB											7372	10255	13411	15249	13310	13224

HIV testing rate (%)	90	90	89	92	90	89	91	92	89	92	93	94	97	96	95	97
TB screening rate (%)											45	67	80	86	87	82

PMTCT: 1st antenatal clients: CT & CD4

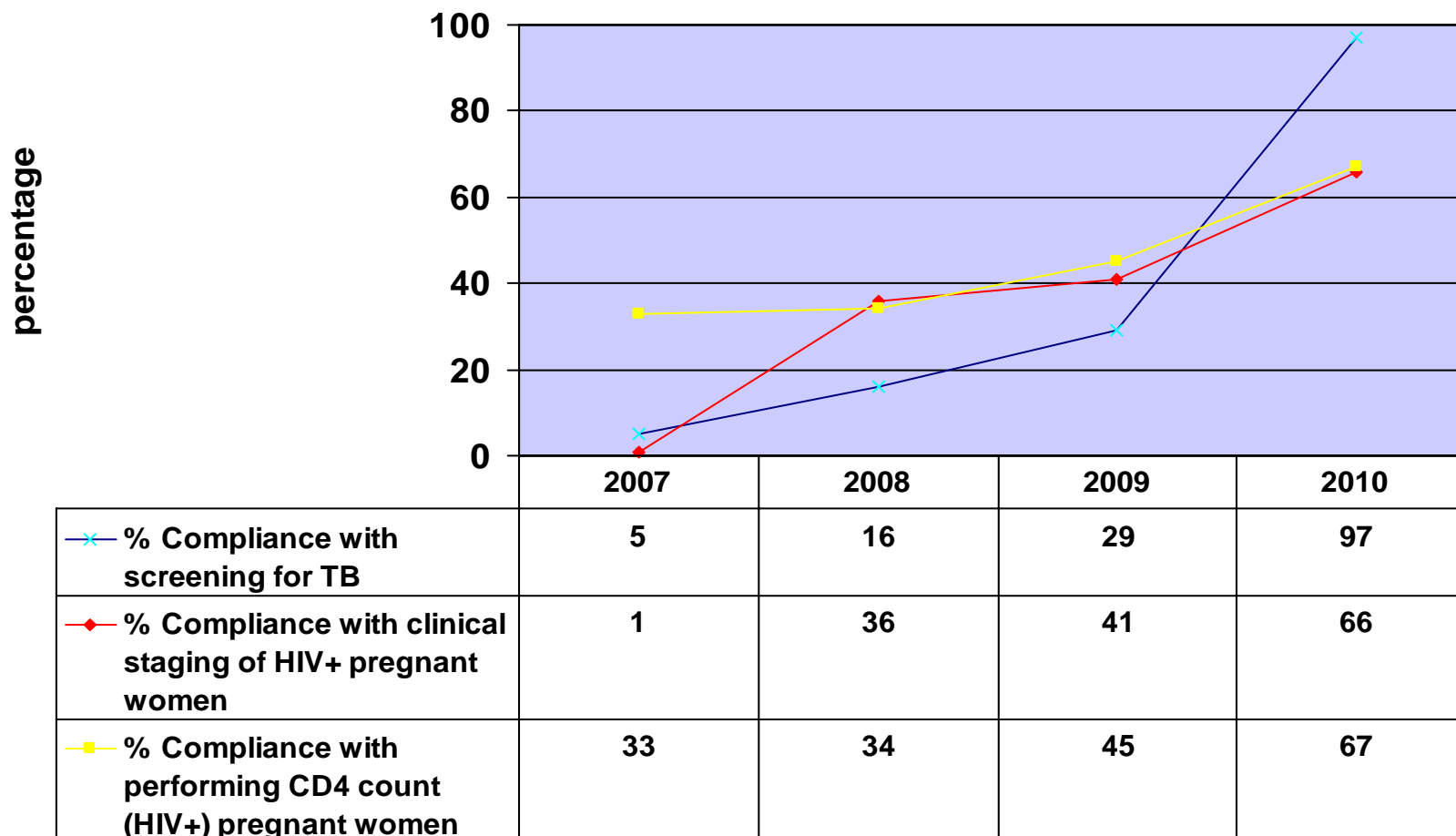
2007-2011

Data from 168 facilities



	Q2-07	Q3-07	Q4-07	Q1-08	Q2-08	Q3-08	Q4-08	Q1-09	Q2-09	Q3-09	Q4-09	Q1 10	Q2 10	Q3 10	Q4 10	Q1 11
—◆— # of 1st Ante natal visits	15058	12430	14051	11913	15909	13733	13412	16202	16885	15675	16008	14502	17279	15034	12852	13127
—■— # Pre test counseled	13718	10738	12284	10413	13287	13223	12734	15113	15773	14581	15743	14342	17206	14951	12729	13049
—▲— # Tested	11735	9425	10425	9011	12525	12141	11771	14252	15135	13932	15375	13789	16077	14393	12075	12509
—×— # Post-test counseled	11691	9383	10466	8946	11211	11231	11093	12800	14591	13813	14926	13501	16334	14388	12244	12410
—*— # Tested +	3407	2502	2862	2554	3202	3393	3535	4519	4407	3844	4081	3686	4498	3974	2920	3198
—●— # Provided with CD4 test													3779	3590	2724	3155
HIV test rate (%)	86	88	85	87	94	92	92	94	96	89	98	96	93	96	95	96
HIV positive rate	29	27	27	28	26	28	30	32	29	28	27	27	28	28	24	26
CD4 test rate													84	90	93	99

PMTCT: % Compliance Nkangala District

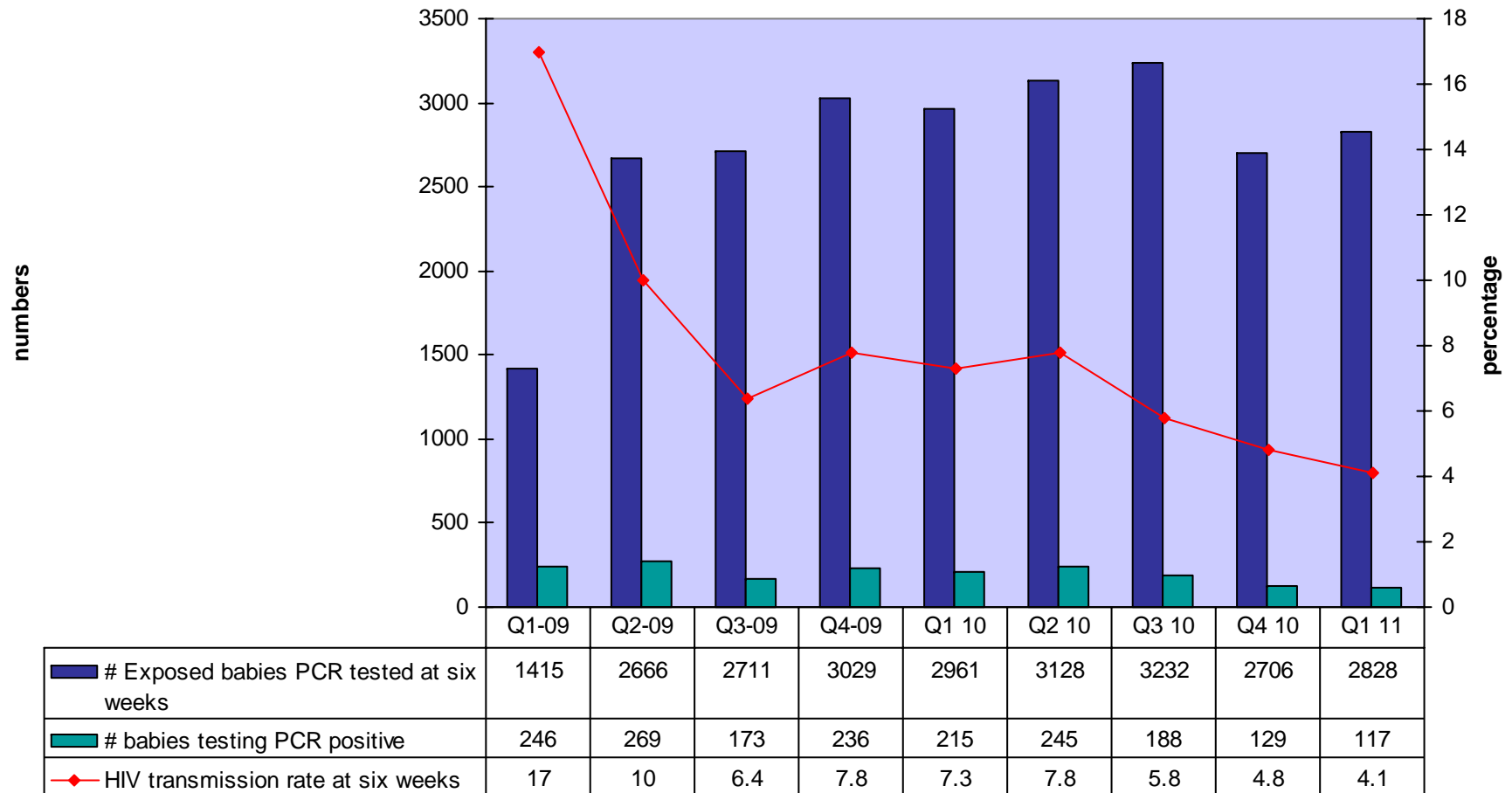


10 records audited per month per facility per month

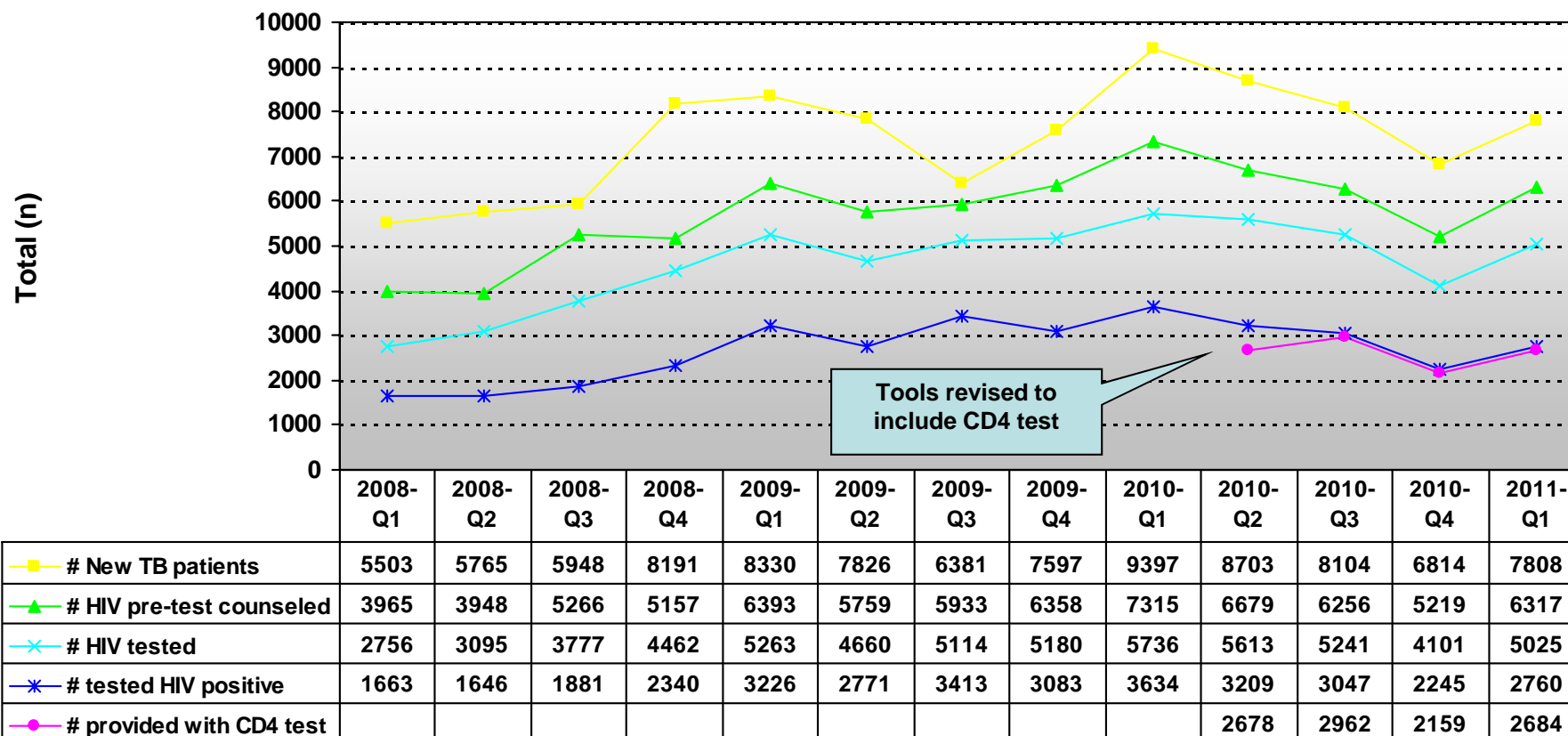
Data for 9 facilities performing deliveries

PMTCT: MTC HIV Transmission 2009 - 2011

Data from 169 facilities



TB/HIV: TB patients offered HCT services, FY08-11



HIV Test Rate (%)	70	78	72	87	82	81	86	81	78	84	84	79	80	80
CD4 Test Rate (%)										83	97	96	97	98



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ART Service

- **Supported Districts to Establish Multidisciplinary PHC ART teams in 2008:**
 - Chris Hani
 - OR Thambo
 - Uthungulu
- **ART teams were linked to Hospitals and the referring clinics**
- **ART teams have been taken over by Districts in 2010**



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Strengthening of systems ART

- **Pharmaceutical service:** Establish a sustainable supply of drugs to the outreach clinics. Containers for transporting of drugs, safe storage for ART drugs and a functional ordering, supply and management system has been established.
- **Laboratory service:** Teams have negotiated with District and Hospital management to improve turn around times for laboratory test results. Turn around time has improved to 48 hours and results are more readily available
- **X-ray service:** Access to x-ray services has improved significantly. Clients referred to hospital are using their Clinic files which reduces waiting time.
- **Transport;** Transport for supply of drugs has improved as well as transport for referrals to hospital.
- **Equipment:** District and hospital management provided essential equipment to the supported clinics.
- **Referral system:** The referral system between clinics, hospitals and community levels has improved significantly due to the collaboration between the teams, district, hospitals, clinics and community.
- **Patient load:** Patient load has decreased significantly at hospitals. Patient load has increased at clinics.



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Impact of ART outreach services

- **Significant reduction in waiting time for ART initiation from on average 6-9 months to 2 weeks at PHC.**
- **Improved ART accessibility for eligible client at local clinics.**
- **Improved Compliance on HAART since clients were monitored at clinics by team.**
- **Significant improvement in TB/HIV collaboration services.**
- **Improved referral linkage between the local clinics and Hospitals.**
- **Strong linkage between local Clinics, Community Health Workers and Traditional Health Workers**
- **The financial cost for clients to access ART has been reduced significantly due to a saving in travelling costs as well as time away from work.**

Key Results:

- **Improved access to services** – reorganization and integration
- **Improved Technical performance** – capacitated staff
- **Improved Efficiency** – better utilization of resources
- **Improved Effectiveness** – better health outcomes
- **Improved Staff Motivation** – capacitating, feedback & recognition
- **Improved compliance with guidelines**
- **Improved continuity of care** – better linkages

Challenges

- High staff rotation
- Changes in Management
- Sustainability

Discussing Programme Performance with Facility Staff



Margaret Madigage at Belfast Clinic

“There are two primary choices in life: to accept conditions as they exist, or accept responsibility for changing them”

Denis Waitley

Thank You