



health

Department of
Health
FREE STATE PROVINCE

STRATEGIES TO ENGAGE DISTRICTS IN HIV MANAGEMENT IN FREE STATE

Innovative Health Care Management 30 JUNE 2011



health

Department of
Health
FREE STATE PROVINCE

Presentation outline

1. Background
2. Structure of HIV/AIDS Program
3. Responsibilities of HIV/AIDS directorate
4. Situation
5. Challenges identified
6. Strategies to engage districts
 - Policy legitimization
 - Constituency building
 - Resource accumulation
 - Organizational design and modification
 - Mobilizing resources



Outline cont...

- Monitoring progress and impact

7. Where are we now?

8. Lessons learnt

9. Acknowledgements

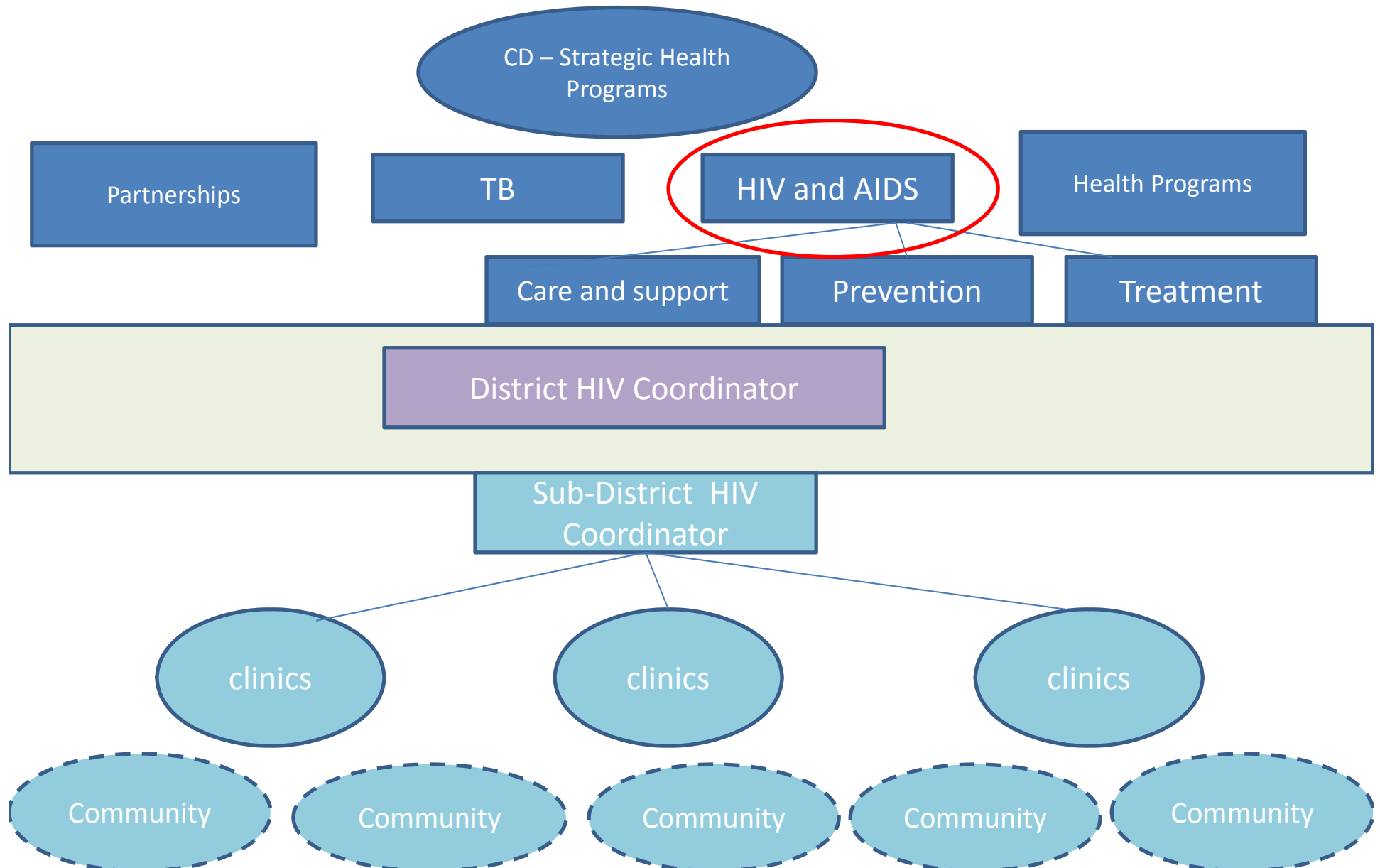


health
Department of
Health
FREE STATE PROVINCE

1. Background

- Free State Province with a population of 2,9 million
- Divided into 5 districts subdivided into 19 sub districts and a metro.
- Province was expected to provide HIV Counseling to 1 057 000 and testing to 957 889 people during the same period (HCT).
- Presentation will focus on the implementation of HCT campaign which started in April 2010 till June 2011

2. Structure of HIV/AIDS Program



3. Responsibilities of HIV/AIDS Directorate

- Develop provincial policies
- Provide technical support and capacity building for implementation
- Monitoring and Evaluation
- Facilitate and promote partnerships
- Resource mobilization for HIV/AIDS related programs.

4. Situation

- No HIV director in the province since time of announcement of campaign December 1st 2009 till May 2010.
- Province was having a bad reputation in the media due to ARV drug shortages (pressure groups) – morale among employees affected.
- CEO's, district managers, heads of Clinical Services in hospitals were instructed by Minister of Health to implement policy urgently
- Shift from traditional Voluntary Counseling and Testing (VCT) to Provider Initiated Counseling and Testing.

5. Challenges identified

- Coordination roles at different levels not clarified – who should do what ?
- No buy-in as campaign was seen as additional responsibility with no additional resources – legitimization
- Implementation of policy not given enough time for planning
- “Top down approach”

6. Strategies for engaging districts

- Brinkerhoff and Crosby (2002) framework was used to come up with strategies to engage districts
- This framework outlines tasks that need to be undertaken during the process of policy implementation
- The tasks are :- policy legitimization, constituency building, resource accumulation, organizational design and modification, mobilizing resources and actions and monitoring progress and impact.



Brinkerhoff & Crosby framework

Policy Legitimization

- Policy champions, political support, ownership for change to change

Resource accumulation

- Securing initial funding, assuring place in future budgets

Constituency building

- Market and promote, stakeholder mobilization

Organizational Design and modification

- Modifying internal arrangements, change in what organization does and how

Mobilizing Resources and action

- Entails planning and doing, clarification of performance targets

Monitoring progress and impact

- As evidenced by transformed behaviour, greater or improved benefit to consumers or clients

6.1 Policy legitimization

- Involvement and support of districts and hospital institutions was key for the implementation to succeed as key decision makers in the operations
- Meeting was called with the district managers, program coordinators, CEOs to discuss the policy and clarify roles of different levels.
- Champions were selected (HIV director, district and hospital coordinators supported by other managers)

Policy legitimization cont...

- Districts were encouraged to supported to conduct campaign launches led by politicians and other influential community stakeholders in each district.
- **Benefit : There was buy-in and support at this level**

6.2 Constituency building

- Selected champions had to meet with the Clinic Managers, NGOs, partners that operate at facility levels.
- Strong support was needed from the implementers and other stakeholders with influence towards change
- Members of the pressure group invited to be part of the team at facility level that will market the campaign
- **Benefit : Strong buy-in for implementing and marketing of the program**

6.3 Resource accumulation

- The policy champions, supported by district managers and hospital CEOs had to look within existing budgets where funding could be obtained for the implementation of the HCT.
- An exercise was done to determine the additional resource requirement to reach the targets
- Reprioritization of HIV Conditional grant budget was done with the involvement of the key decision makers (district managers and CEOs) and this encouraged buy-in and support

Resource accumulation cont...

- The districts were able to include the activities of the HCT campaign in their budget allocations for the new financial year since the campaign would still be continuing.
- **Benefit: This provided districts with a sense of secured funding to continue with implementation.**

6.4 Organizational design and modifications

- HCT was done in facilities but mainly in the community with facility personnel taking turns to accompany outreach teams
- Non professional staff viz lay counselors were trained to perform pricking
- District encouraged to engage with private institutions to assist them with HCT (e.g Clicks group pharmacies)
- **Benefit : Morale of district personnel was improved as they had the ability to participate**



6.5 Mobilizing resources and actions

- Districts and hospitals developed operational plans and submitted them to the provincial office.
- Targets were set and clarified from facility – sub district – district levels
- Districts were allowed to appoint HCT Roving teams according to the needs analysis that was conducted
- Vehicles ,equipment procured by the provincial office to support teams during campaigns
- **Benefit : There was ownership to the plans and enthusiasm to achieve the targets**

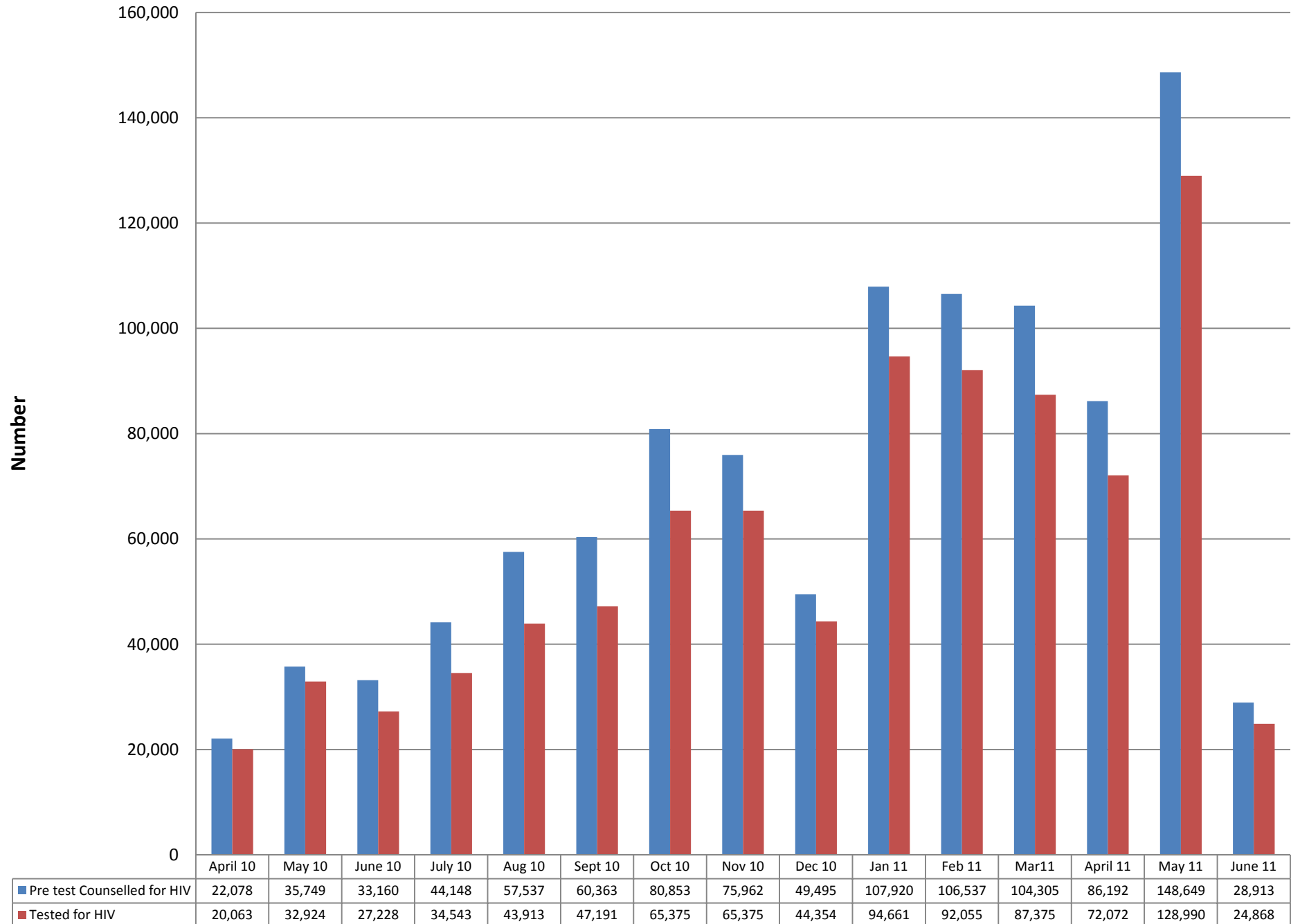
6.6 Monitoring progress and impact

- Districts had to submit weekly reports of the progress every Monday
- Weekly teleconferences were held every Friday to discuss progress, challenges and remedial actions.
- Monthly support visits were provided by the provincial champion and supporting teams to the districts
- **Benefit: -**
 - **Two way feedback - prompt response to identified challenges,**
 - **Districts and hospitals felt a sense of strong support from the provincial office**

7. Where are we now?

- Enthusiasm among institutions resulted in positive competition to achieve targets – more people accessing HIV care and treatment
- The province has managed to provide HIV pretest counseling to 1 037 018 and HIV testing to 878 948 (11/06/2011)
- Have achieved 91,76% of the campaign target – 2nd highest in the country
- Districts operating at different levels with one having already achieved 100% target

FS HCT Progress (April 2010 to June 2011)



8. Lessons learnt

- Involvement of district management is crucial in every program/project to ensure buy-in and support for it to succeed
- It is important to ensure that resources are available for policy implementation where needed
- Support to districts by the provincial managers plays a vital role to monitor implementation and identify challenges in time.
- Two way feedback allows an opportunity to address challenges promptly
- Lessons learnt during this experience are being used to engage districts in other aspects of management of the HIV program

Acknowledgements

- Employees of the FSDOH
- Developmental Partners supporting the department
- Civil Society
- OTFP for opportunity to present our experience and for building capacity of managers in health care management to bring about change in working environment