

Using HIV as an Entry Point in Influencing the Outcomes across the Continuum of Care

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ISSUE:

South Africa is committed to working towards achieving the Millennium Development Goals (MDGs) 4 and 5 and 6 to reduce the impact of HIV and AIDS along the continuum of care for maternal, newborn, child and women's mortality.

During 2013 the National Department of Health commissioned a review of the HIV, TB and PMTCT program. This was followed by a mid-term review (MTR) of the maternal, newborn, women and child health and nutrition (MNCWH and N) programmes in the health sector conducted in 2014.

Both reviews evaluated implementation progress, identified and analyzed critical factors of success, best/promising practices and lessons learned for the effective delivery of service delivery along the continuum of care.

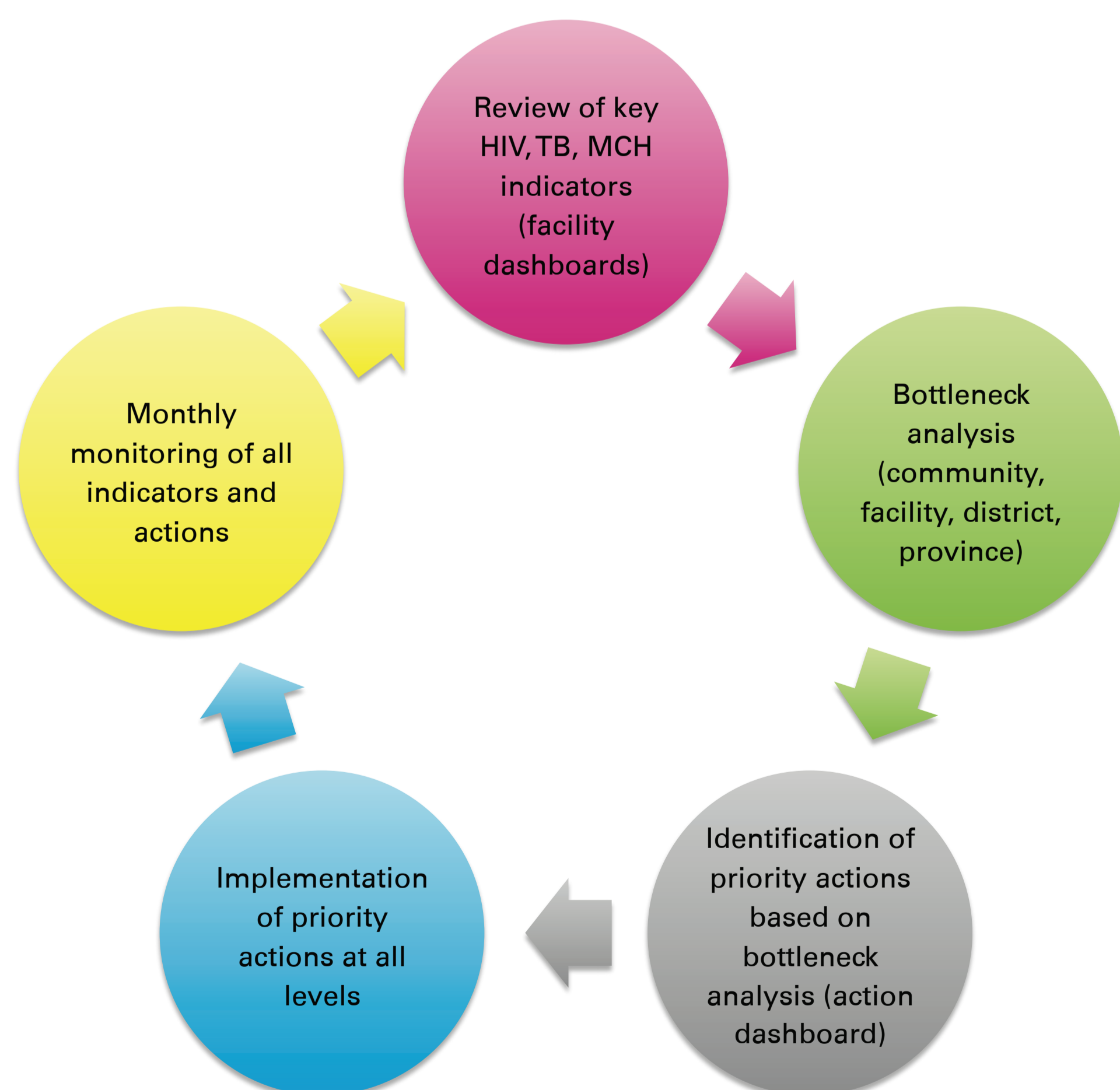
Based on the findings and recommendations of the MTR, and further analysis of key HIV Indicators in August 2014: 1) Loss to follow-up of ART patients and 2) Numbers of ART patients switched to the new fixed-dose combination (FDC) regimen, the Eastern Cape Department of Health initiated A Call to Action "to end preventable maternal, newborn, child and women's deaths in South Africa." This Call to Action initiated the **Implementation at 3 Feet** pilot using HIV as an entry point.

DESCRIPTION:

The paper describes the **Implementation at 3 Feet** pilot project in **Nelson Mandela Bay Health District (Eastern Cape)**; The objectives of the pilot are to assist the district in achieving the results for MDGs 4, 5 and 6 linked with the targets in the provincial Annual Performance Plan (APP), 90-90-90 initiative and principals of the "Ideal Clinic."

The approach used **HIV as an entry point in Nelson Mandela Bay Health District** to affect change along the continuum of care, while building on the programmatic successes and public health principals.

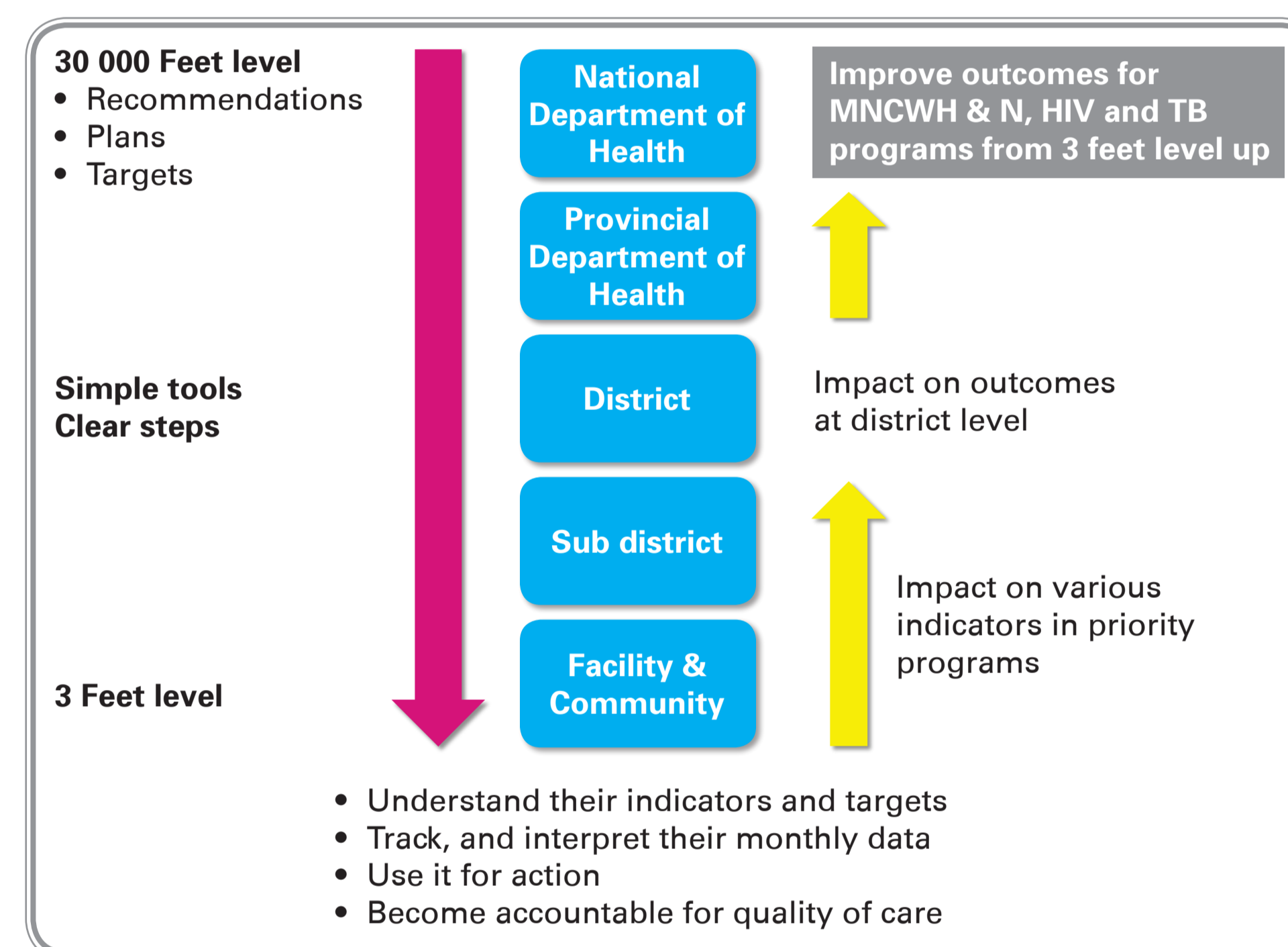
The focus of the **3 Feet** pilot is on **decentralized evidence based planning and monitoring**.



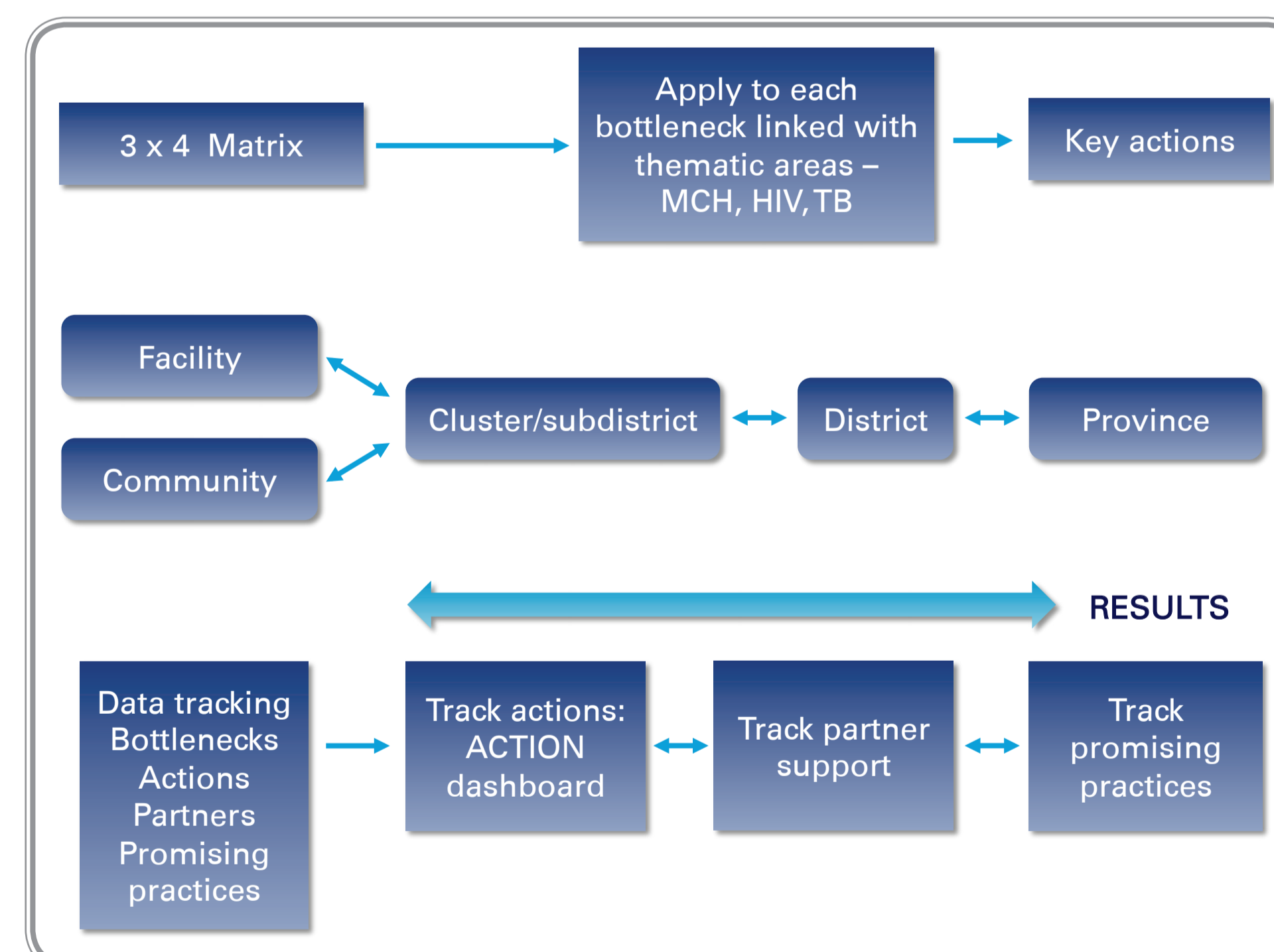
The bottleneck analysis is conducted using a 3 x 4 matrix which unpacks the recommendations of the both the HIV and MTR review using a standardized set of questions for each block within the matrix and ensures that all aspects of program effectiveness and the recommendations of both reviews can be addressed.

3 x 4 Matrix			
Know your issues, track your response, accountability	Target setting at all levels	Data management (recording, analysing, use, monitoring)	Communication (Strategy, key messages, feedback loop)
Getting the basics right	Infrastructure, medicines, equipment	Human resources (quantity, capacity), supervision and mentoring	Service delivery platforms defined and linked with communities
Connecting the dots	Cascades and pathways (continuum of care)	Referrals and transport (mapped, available and skilled)	Inter-sectoral coordination

This approach takes place at the facility level where service delivery is rendered rather than at 30 000 feet; where policy/guideline development and oversight take place.

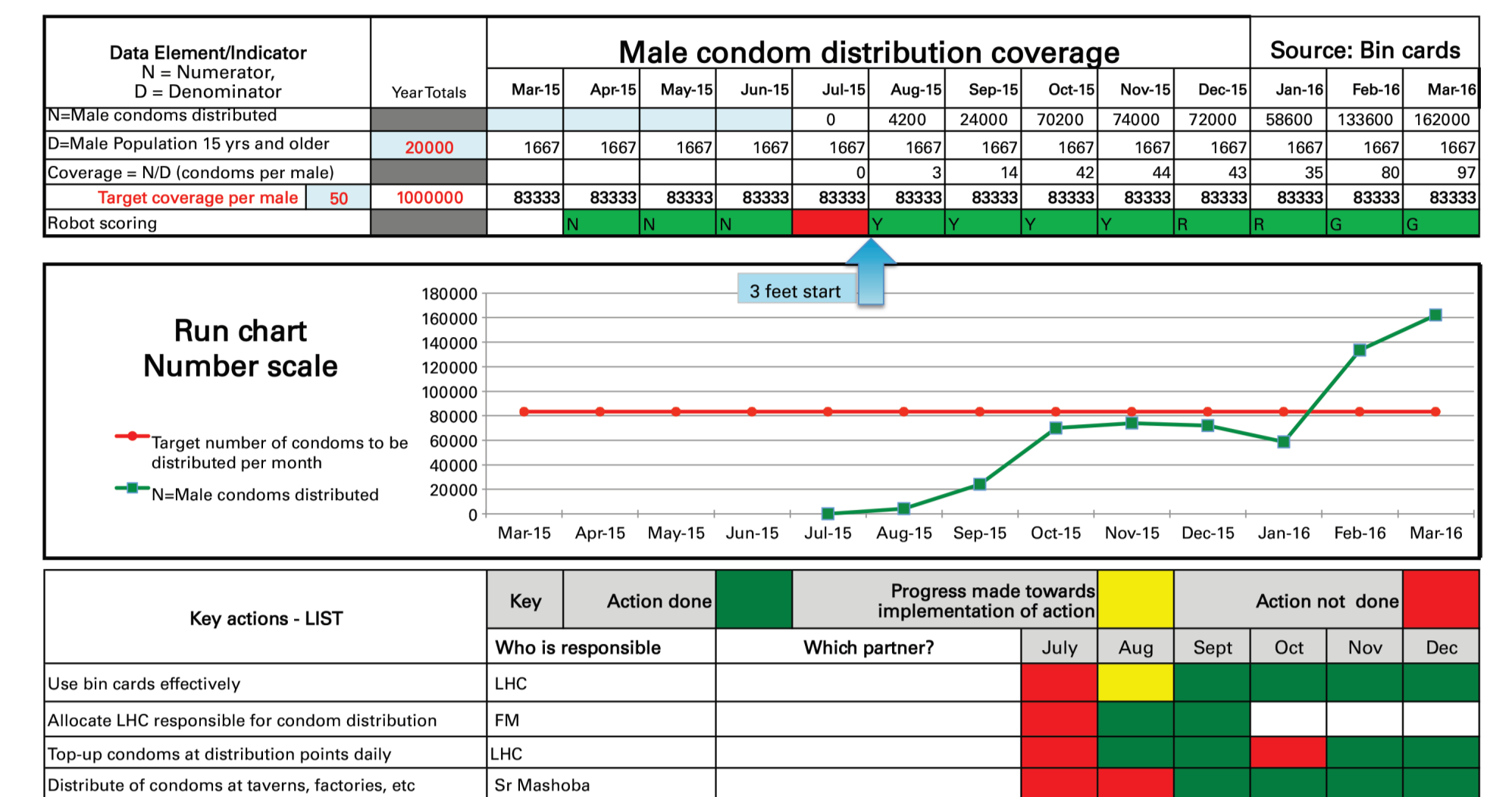


The **3 Feet approach** uses routine HIV performance (indicators) at the facility level to inform action, prioritize what needs to be done, monitor actions and leverage partnerships for improved results.



Facilities develop performance indicator dashboards, linked with run charts that capture and describe the data over time.

The dashboards provide a holistic view and performance snapshot across the continuum of care, and guide facility teams to identify areas of improvement and test whether changes/actions to address bottlenecks are leading to better results.



LESSONS LEARNED:

Although implementation is in the early stages, initial findings highlight that progress is being made towards achieving results and targets. Lessons learned to date include:

- The use of the simple monitoring framework using HIV as an entry point to track and monitor results at the service delivery site engages ownership of performance at the facility level.
- Facility managers are gaining insight into clinic performance and the use of data for action.
- All levels of clinic staff (nurses, assistants, data capturers, managers) are working together towards a set of targets and improved performance.
- Teamwork at all levels is critical to success of the approach.
- The HIV indicators, dashboards, and run charts have become a mirror that informs the facility, community, and district about performance.
- The run charts are powerful tools for improvement as they describe a process over time and reveal any trends that may be occurring, as opposed to being a single sample. When combined with careful annotation they track the impact of change.
- The bottleneck analysis reflects the continuum of care and facilitates the identification of delays, losses, gaps and problems and links the data to guidelines and objectives.
- It is imperative to ensure that the dashboards (performance and action) and run charts are displayed visibly in the facilities and are at the frontline of care.
- Data monitoring must matter, routine data review should take place at the monthly facility management meetings and the overall process should drive change through ongoing feedback and tracking of actions and performance. Ongoing support and mentorship for data management is needed throughout the process for continued engagement with actions and performance.
- Fast tracking towards results also needs coordination and synergy in the response across multiple stakeholders. Ongoing support and mentorship for data management throughout the process is needed to ensure actions generated effect performance indicators.
- Engagement of all stakeholders and partners is critical to success.

NEXT STEPS:

Based on the preliminary findings, the **3 Feet** pilot has been used as the basis for scaling up the 90-90-90 initiative throughout South Africa. The 90-90-90 initiative has adopted the 3 Feet approach and is using all tools to ensure the targets, data review, bottlenecks, actions, and partner support are all realized at the facility level. Continued support will be given to the implementation of this process.

Further work with the 3 feet involves focusing on the maternal and newborn and child health and mortality indicators and linking with the District Health Plans (DHPs) and Annual Performance Plans (APP). Bottlenecks, actions and promising practices will be included and costed for implementation in the DHPs 2016/17 and APP 2016/17. This is currently being done by the development of District Improvement Plans (DIPs) that are being linked with the DHPs.