



## DFID MSP PROJECTS: 20,000+

**PROJECT TITLE: 20,000+: Preventing mother-to-child transmission in KwaZulu Natal**

**Service Provider: University of KwaZulu Natal**

**Partner: KwaZulu Natal DoH**

**Aim:**

The aim of 20,000+ is to decrease mother-to-child- transmission of HIV to 5%, in line with the NSP target.

**Location:**

The project is situated in three districts of the province where HIV prevalence among pregnant women is extremely high (Ethekewini – 41.6%; Ugu - 37.3%; Umgungundlovu – 40.8%<sup>1</sup>), and covers 260 Primary Health Clinics and 16 hospitals delivering 82,000 babies a year.

**Project description**

Twenty thousand is the number of mother-to-child infections that could be prevented each year in the province if every mother receives care according to the national PMTCT guidelines. The ‘plus’ refers to the additional children that could be helped if infant feeding practices could be optimized in the same communities, thereby avoiding post natal transmission through breast feeding.

The main focus of the partnership is on improving the performance of local health systems to deliver the interventions *already* provided for in the South African national PMTCT protocol. It is not so much about innovation and new drugs, but about learning how best to deliver quality care in everyday settings. The partnership is using the Continuous Quality Improvement (CQI) methodology, which emphasizes systems changes and attitudinal changes. In this method staff plays a central role in planning and implementing ongoing improvements and monitoring their own performance with user-friendly data collection and feedback systems.

**Key project outcomes:**

AIMS	Progress
<b>1. To implement systems improvement interventions that will increase the effectiveness of current PMTCT sites across three districts.</b>	These have been launched in all three districts.

<sup>1</sup> National Department of Health. Antenatal HIV and syphilis seroprevalence survey 2007.

<p><b>2. To integrate three additional activities that will improve the effectiveness of the PMTCT programme. These are opt-out testing, rapid identification of women needing HAART and the dual therapy regimen (not protocol at the start of this project).</b></p>	<p>These have been implemented in a sample of facilities in each of the districts.</p>
<p><b>3. To monitor and evaluate the effect of these protocol amendments, and document health systems responses and obstacles to the quality improvement interventions.</b></p>	<p>Reports of the performance of each facility in districts are submitted to District managers each month. Obstacles to service delivery are dealt with in regular management team meetings. Supervisors in each district have been trained in quality improvement methods.</p>
<p><b>4. To implement health systems improvements in districts and provinces that initially improve PMTCT, but can be applied to improve broader health services</b></p>	<p>The project is leading to an improvement in completeness and accuracy of data, which has wider applications.</p>
<p><b>5. To disseminate findings rapidly in order to facilitate scaling up of similar approaches elsewhere.</b></p>	<p>The National Department of Health has requested that the 20,000+ team assists to train other staff from 18 districts in quality improvement methods.</p>

In the final twelve months of the project, core mentoring and support teams were trained and a database and web-based interface developed. The team has also devoted attention to building awareness around the need for prioritizing PMTCT and the potential gains for child survival. Bi-monthly newsletters, reporting on success stories of 'early adopters', are sent to managers and staff.

Part of the value of the programme is that the CQI methodology and the health workers trained in it, may be used to bring improvements to other programmes in the Primary Health Care package. The renewed interest in data management will also contribute to improved monitoring of programmes.

### **Broader outcomes**

The 20 000+ team has contributed significantly to the development of a new national plan for accelerated and improved PMTCT care. It will provide CQI training to the 18 priority health districts targeted by the NDoH . The database and reporting systems designed for the KZN partnership will be also be extended to these other districts.

### **Lessons learned**

One of the most important lessons learned in this pilot project is that there are many opportunities to improve health systems if there is the will to do so. Human resource constraints need not be the major cause of poor service delivery.