



INSTITUTE FOR
HEALTHCARE
IMPROVEMENT

NDOH Accelerated PMTCT Plan

Interim Report on “Supply” Side

4 November 2009

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What is “Quality Improvement”

- Simple method to identify gaps in the healthcare system
- Systematic way to close those gaps and safely improving the process of care
- Principles:
 - Apply local wisdom
 - Focus on the data (stop the blame game)
 - Work “smarter” NOT just “harder”
 - Partnership is the only way forward

Pilot Phase Aims

- **Primary outcome measure:** Reduce MTCT rate to <5% in 5 priority districts
- **11 Process measures** to show interim progress
- Create a **system of work** with tools, methods, website that can be replicated
- Build **sustainability** through Partnership and training of DOH staff

Results: System of Work

Original Scope

3 Provinces

5 Districts

5 Subdistricts

98 Facilities

What We've Managed

5 Provinces

7 Districts

9 Subdistricts

161 Facilities

TRAINING OF DOH AND PARTNERS

1) Total number of all persons trained	676
2) Total number of District Office staff trained	115
3) Total number of facility DOH staff	473
4) Total number of NGO staff trained	88

- 4 Manuals / “How To Guides”
- Best Practice Guide
- 13 Implementation Checklists
- Integration Model Input
- PMTCT Indicators Input

Results: System of Work

The National Accelerated Plan - Mozilla Firefox

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A-PLAN

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Home

The NDOH PMTCT Accelerated Plan aims to rapidly improve the quality of PMTCT services across South Africa. The aim is to reach the NSP target of reducing mother-to-child HIV transmission to <5% by 2011. This website provides graphs, reports and maps of the key PMTCT information contained in the NDOH District Health Information System (DHIS).

Gauteng enlarged

INFO

KwaZulu-Natal Province

The largest province

kz KwaZulu-Natal Province

Percentage infants tested positive at 6 Weeks

Month	Percentage
Nov 2008	33
Dec 2008	45
Jan 2009	18
Feb 2009	12
Mar 2009	10
Apr 2009	11
May 2009	11
Jun 2009	11
Jul 2009	10
Aug 2009	5
Sep 2009	0

5 of infants born to HIV positive mothers

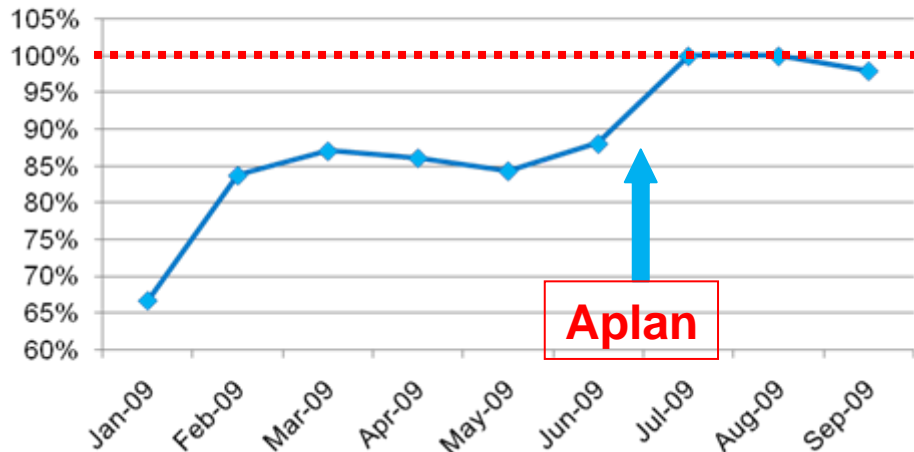
javascript:getEntity('kz KwaZulu-Natal Province','dashboard.asp','MAINCONTENT');

Maluti-a-Phofung: Free State

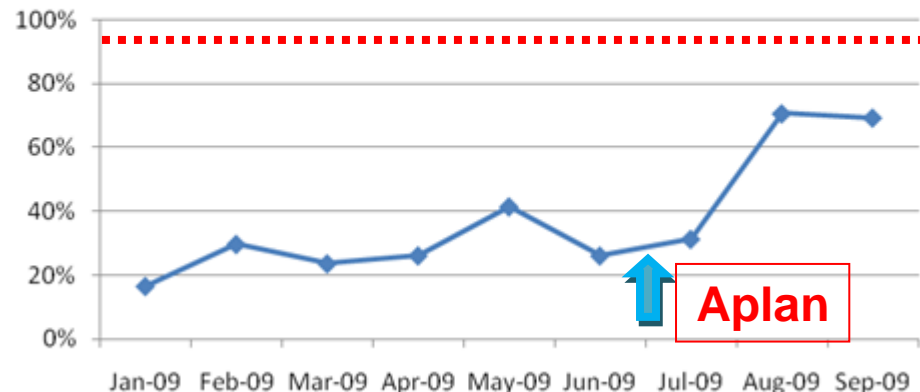
Improving All Steps of PMTCT Cascade



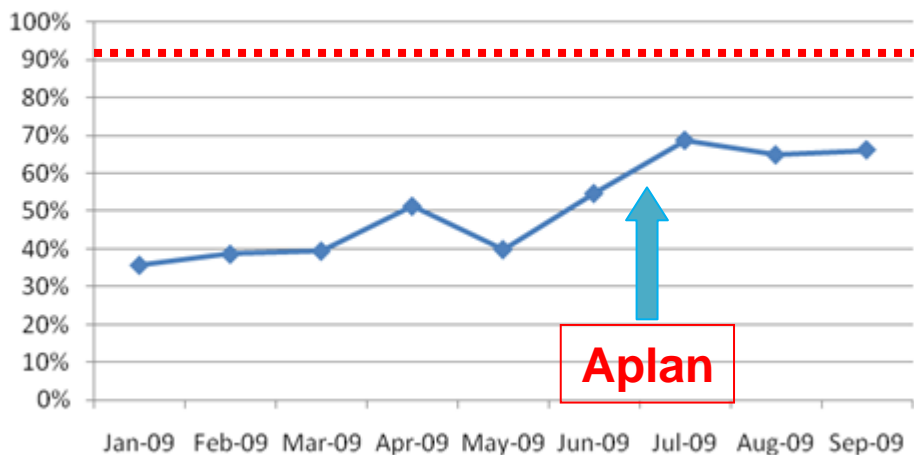
ANC Clients HIV Tested for HIV



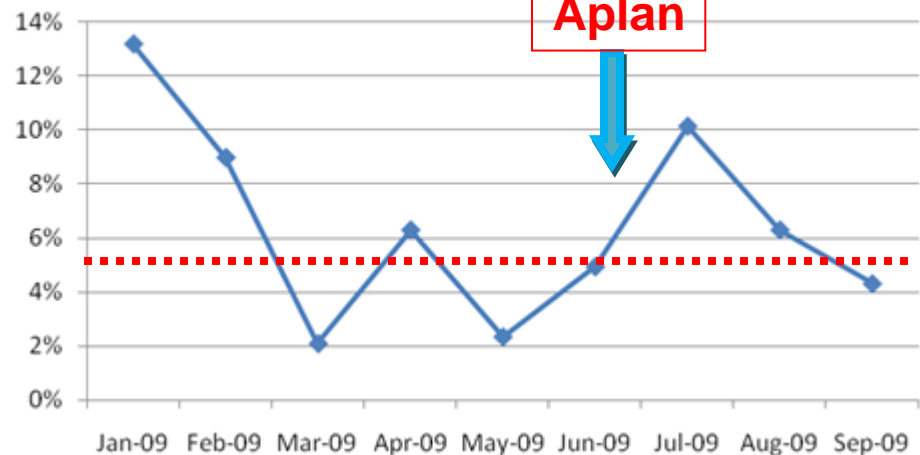
HIV Positive Clients with CD4 < 350 started on ART



% PCR tested at 6 weeks



% PCR positive

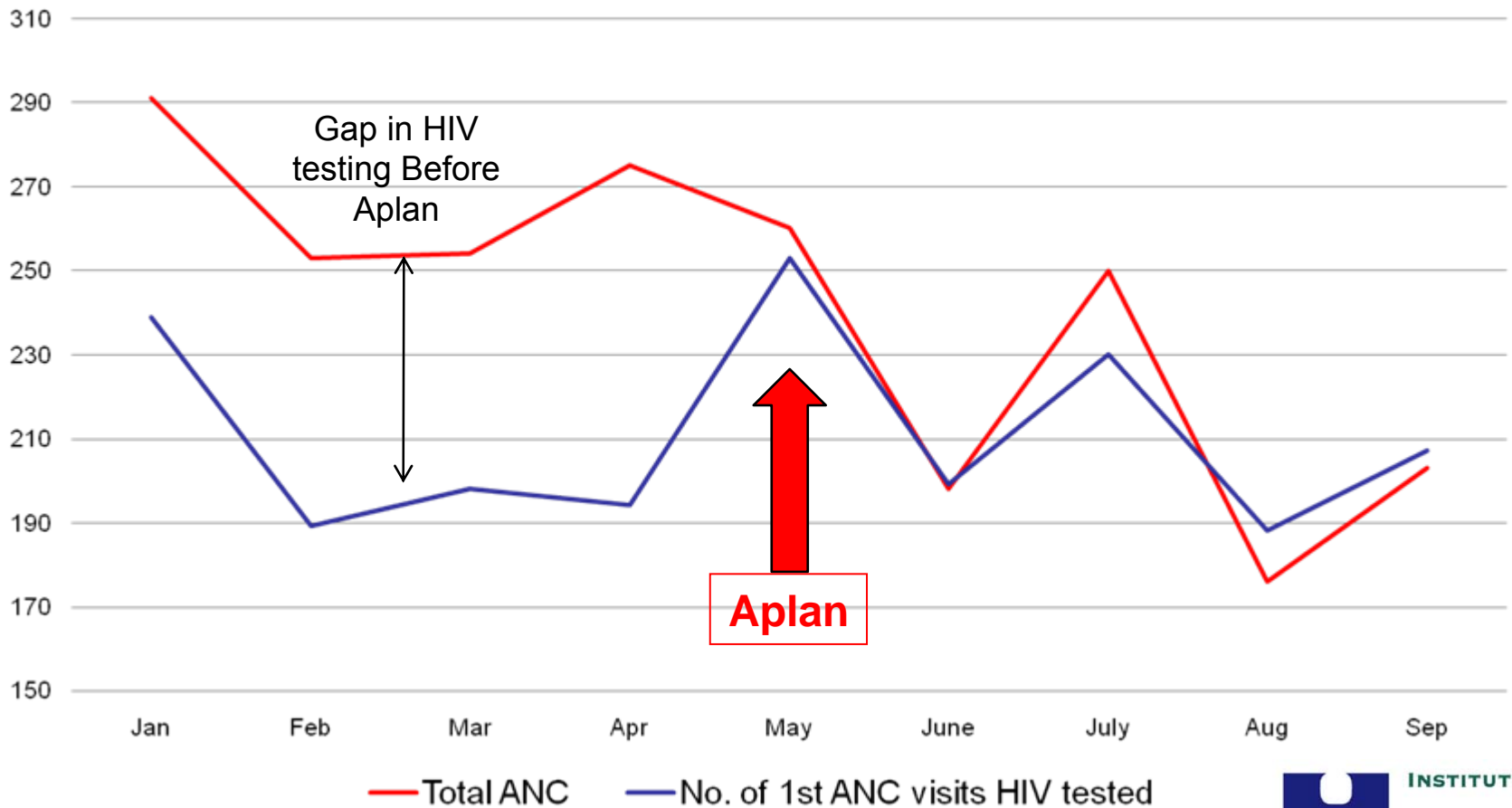


Ulundi, Zululand: KZN



Improving VCT coverage in the ANC

HIV Testing Raw Numbers



Aplan

— Total ANC — No. of 1st ANC visits HIV tested

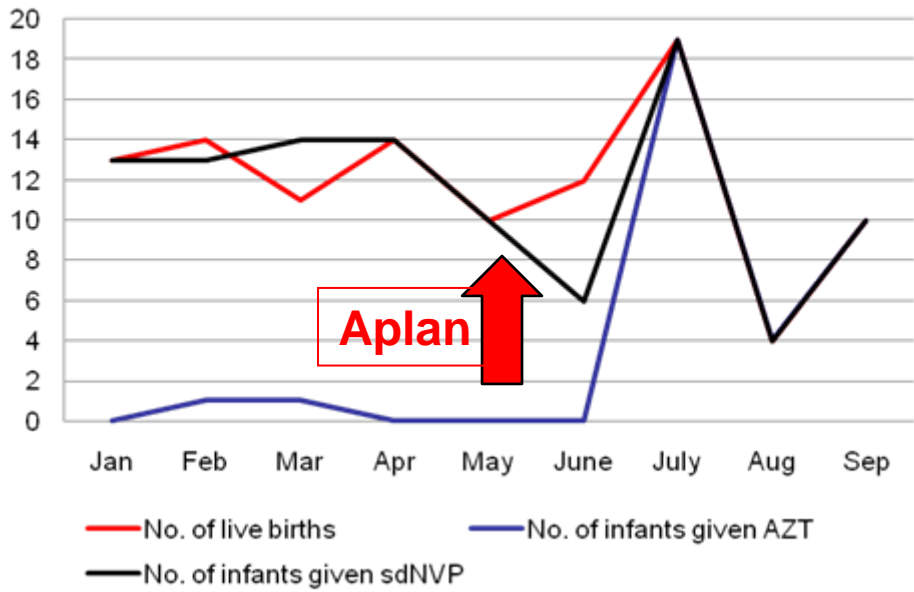


Ulundi, Zululand: KZN

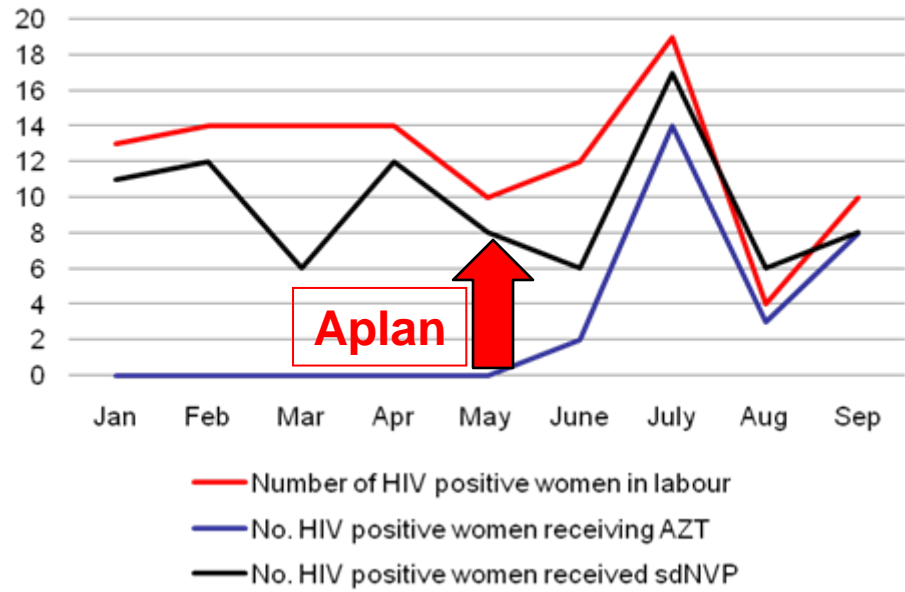


Improving Dual Therapy in the Labour Ward

AZT and NVP to Babies in Labour Ward



AZT and NVP to Mothers in Labour Ward



Dannhauser, Amajuba, KZN

Improving HAART and Dual Therapy



- Aim: On 16 Jul, Amajuba District committed to reducing MTCT rates beyond the NSP target to <3%

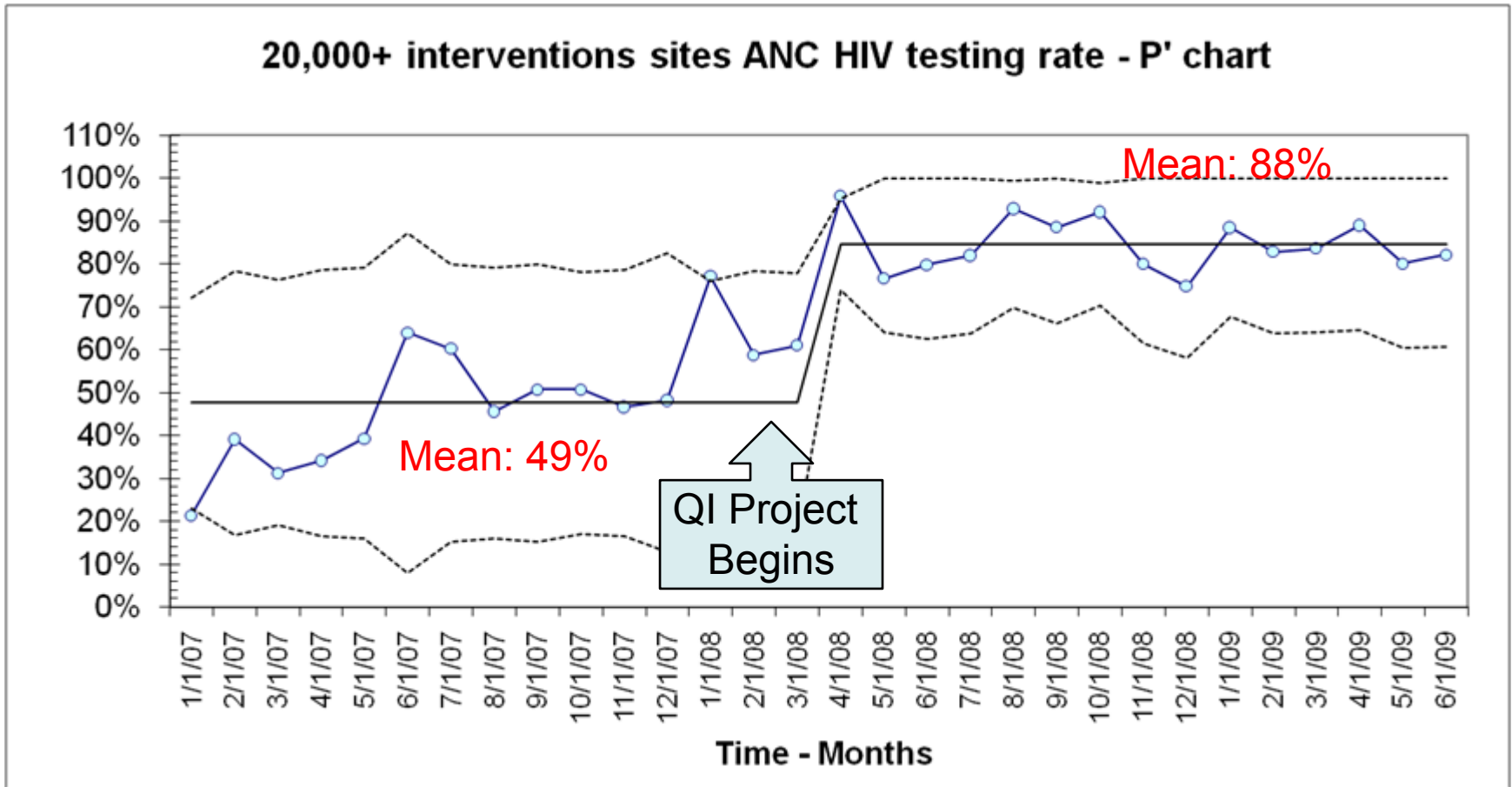
Indicator	Apr-Jun	Jul	Aug
% Pregnant women presenting to ANC before 20 weeks gestation	n/a	n/a	31%
% Pregnant women get an HIV test	102%	98%	99%
% Pregnant HIV positive women get a CD4 test	101%	100%	100%
% Pregnant women with CD4<200 are referred for HAART	n/a	13%	60%
% Pregnant women who need dual therapy receive sdNVP and AZT	71%	100%	100%
% Infants born to HIV+ women who need dual therapy to receive sdNVP and AZT	90%	100%	100%
% Pregnant HIV positive women get counseling on infant feeding options	n/a	100%	100%
% HIV exposed infants to receive PCR at 6 weeks	100%	100%	80%
% HIV exposed infants who are PCR positive	10.4%	2%	2%
% Infants born to HIV+ women receiving Co-trimoxazole prophylaxis	69%	100%	100%

KZN: 3 Districts

Massive Improvements in HIV Testing



20,000+ Partnership



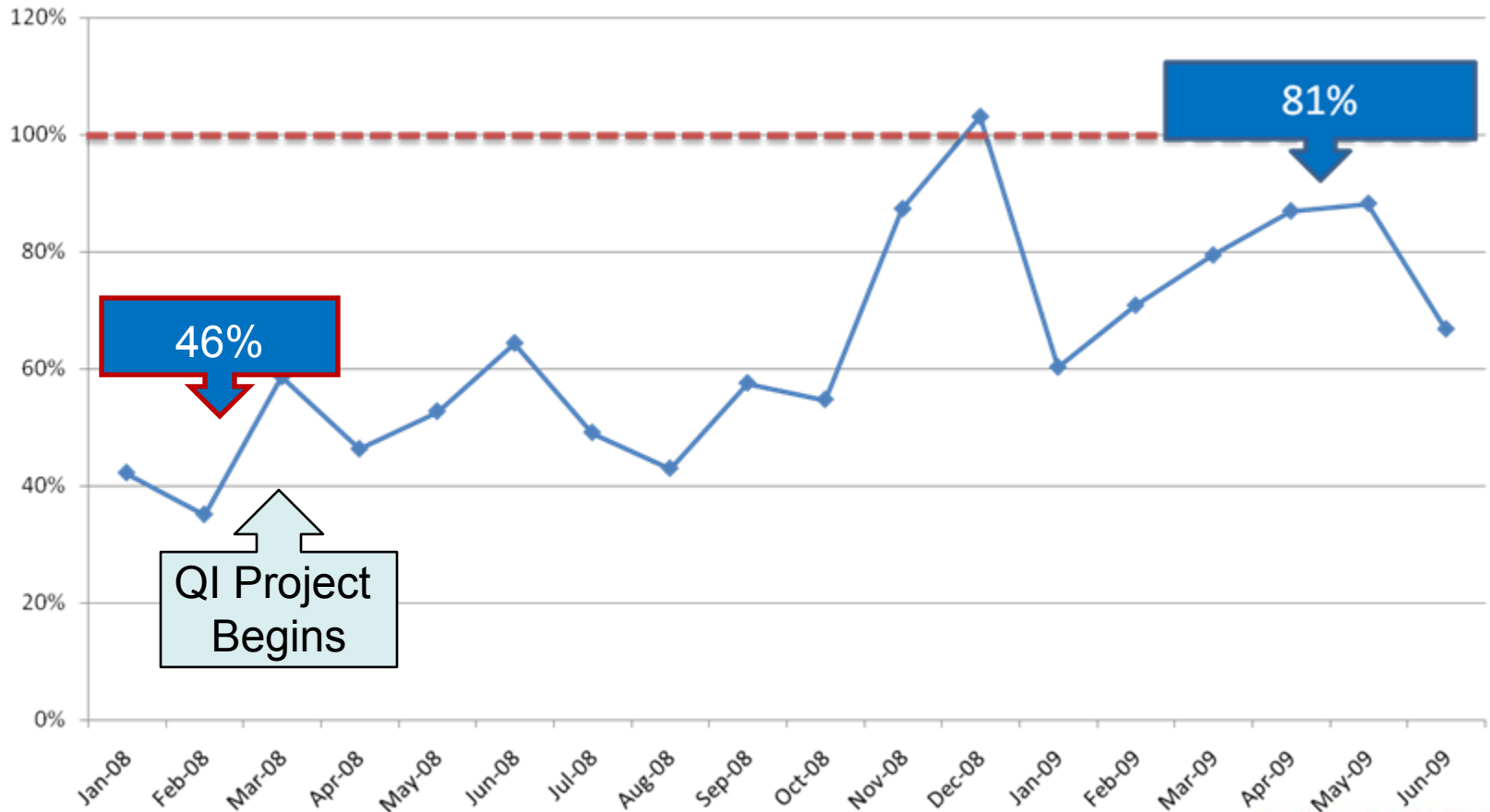
KZN: 3 Districts

NVP Uptake in Labour Wards



20,000+
Partnership

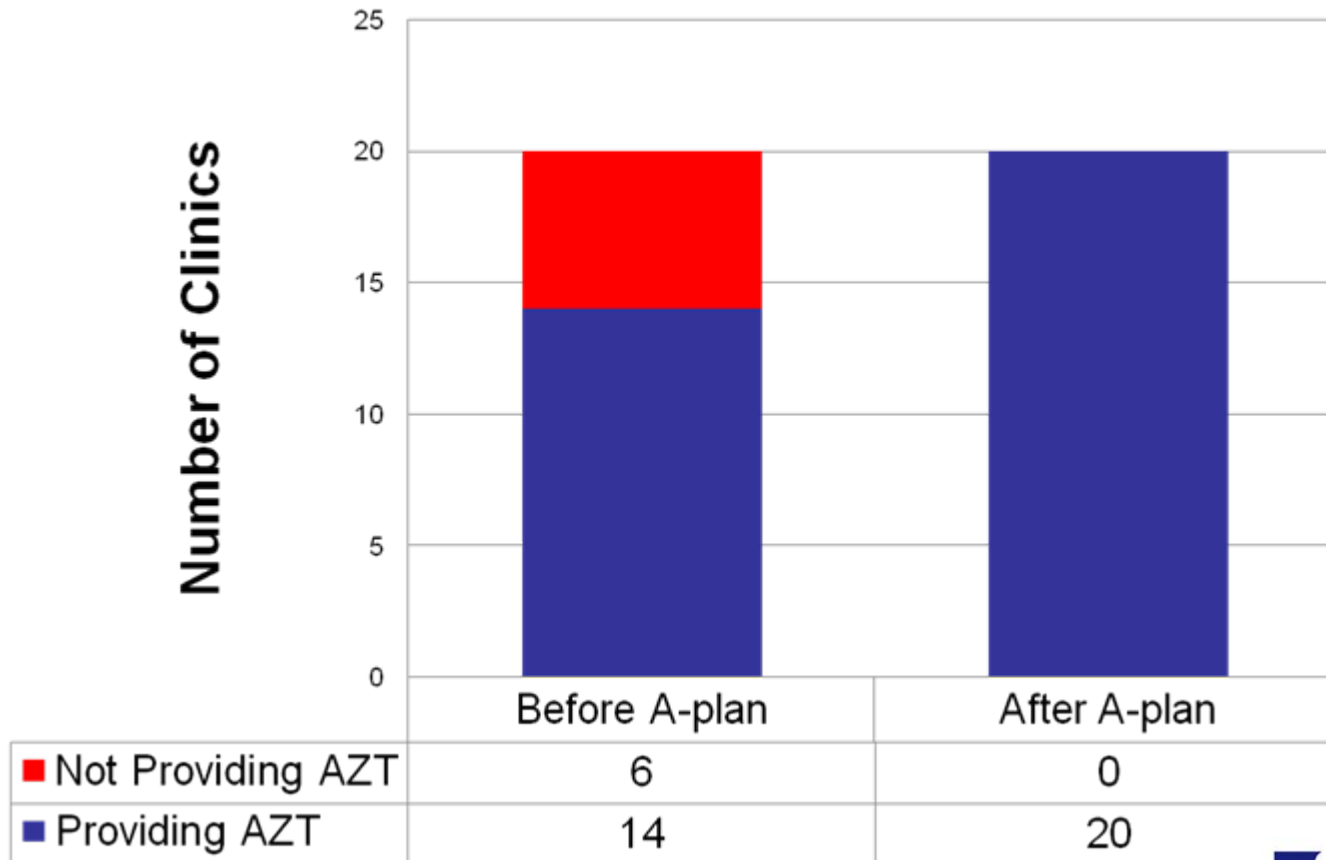
NVP Uptake Total (Intervention and Control)



Senqu, Eastern Cape

Increasing Access to AZT

Antenatal Clinics Dispensing AZT



Lessons

- QI methodology *does* work to improve PMTCT and it can work quickly
- Data feedback is a powerful mechanism to identify gaps and drive change
- Natural spread of ideas
- Partners enjoy working together – we are stronger together

Challenges to Implementation

- PMTCT Data & Indicators
- Districts/Provinces on board from start
- Coordination between all levels of DOH & Partners
- Finding QI Partners in each district
- Funding uncertainties

Recommendations

- Strengthen **M&E** systems and **disseminate final PMTCT indicators**
- Engage Provinces & Districts & establish National **leadership coordination for full scale**
- Spread QI methods to **other programmes** (CCMT, TB, MCWH)
- **Reprioritize**: Integrate the role played by the Quality Mentor into the roles of others in the DOH
- Link to other **National Quality Initiatives**

Next Steps

- Consolidate early wins
- Spread to full districts
- Develop MCWH/ CCMT/ STI /TB change packages
- Capacitate DOH at all levels to run and manage this effort
- Secure funding till end 2011 and beyond

Thank You!

- “Yesterday was one of the best days in my career doing QI. It showed the impact that this program can bring and I am excited. It’s great to be part of this team.”

One of the QI Partners
30 October 2009