



South African health system



Question

"Why do we consistently fail to implement very good policies?"

Answer:

Breakdown in process of translation from policy to implementation

-2009 review commissioned by Minister Barbara Hogan







Breakdown in flow

Policy → Strategy → Operational Plans →

Budgets → HR allocation → M&E →

Implementation → Health Outcomes









Transition to Technical Assistance (TA)

Previous SAG focus:

SA model of HIV care and treatment:

- Centralised
- Hospital -centred
- Doctor-driven
- Stand-alone ART clinics

2010/11 Shift

Current SAG focus:

SA model of HIV care and treatment:

- Decentralised
- PHC-centred
- Professional nurse-driven
- Integrated into PHC package

Previous PEPFAR focus:

Direct service delivery:

- Focus on emergency response to address the immediate problem
- Secondment, infrastructure, equipment

2011/12 Shift

Current PEPFAR focus:

Technical Assistance*:

- Focus on country ownership, management, & strengthening to sustain the response
- Capacity development & systems strengthening

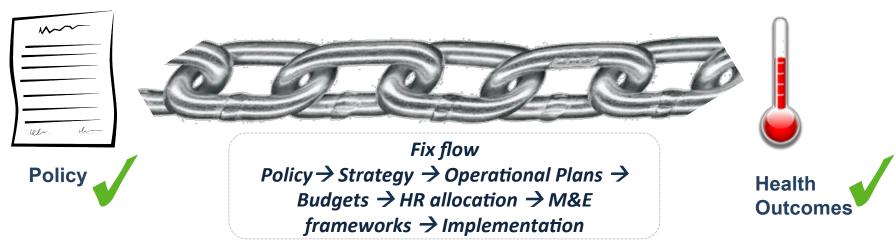






FPD's TA goal

- To foster a public sector health care management culture that is based on effective leadership by professional managers who are committed to providing:
 - integrated high quality services;
 - working in partnership with civil society; &
 - using information to guide decision making











Description

- FPD structured a NIMART training and mentoring program for implementation in 4 supported districts.
- DoH nurses were trained on ART initiation of children and adults.
- Previously employed ART clinic nurses were trained and qualified as mentors.
- Mentors visit facilities on regular scheduled intervals.
- Schedules are dependent on NIMART trained DOH staff and newly diagnosed HIV positive clients.









Description

- Mentors use the DoH NIMART mentor guidelines and logbook when mentoring facility based nurses.
- Proficiency is logged in logbook and NIMART certificate is awarded to nurses who have proved proficiency.
- Evaluate impact and effectiveness









Aim

The aim of the research was to evaluate the impact and effectiveness of the clinical mentorship programme as outlined in the Clinical Mentorship Guide for Integrated Services ('The Green Book') issued by the Department of Health (DoH 2011).





Method

- A mixed methodology approach, including quantitative and qualitative information guided the evaluation.
- Quantitative data was obtained from the Department of Health's District Health Information System (DHIS);
- and semi-structured interviews and focus groups yielded both quantitative data and qualitative information.









Lessons learned

- Scale up of NIMART is possible
- Yield increased number of ART initiations.
- 2009: thirty-seven facilities (37) initiated ART 26,652 patients on treatment.
- In January 2014: three-hundred-and-seventyeight facilities (378) initiated 238,366 patients on ART.
- Nurses feel confident enough to initiate newly diagnosed HIV patients on ART.
- Nurses appreciate being mentored to become confident, especially with peadiatric patients.









Lessons learned

- Nurses could become dependent on mentor support.
- Mentoring has a positive influence on attitudes of nurses.





Clinics providing ART 2011-14, per district

	Tshwane	Capricorn	Vhembe	Nkangala
2011	39	94	123	
2012	58	98	126	
2013	68	99	125	86
2014	85	101	128	95





Adults on ART 31 January 2011-14, per district

	Tshwane	Capricorn	Vhembe	Nkangala
2011	29 726	11 871	9 544	
2012	35 364	20 381	9 128	31 893
2013	88 999	30 900	11 062	41 821
2014	117 295	35 279	37 341	48 451









FPD Roving Mentor Team NIMART coverage

Indicators	Tshv	shwane Ni		Nkangala		Capricor n		Vhembe		Total	
# facilities (PHC, CHC, District H)	85		95		101		128		409		-
# NIMART nurses being mentored (avg # per fac).	417	4.9	209	2.2	260	2.6	723	5.6	1609	3.9	4
# DOH NIMART nurses initiating (avg # per fac).	235	2.8	250	2.6	385	3.8	723	5.6	1593	3.9	4
# DOH NIMART nurses graduated (avg # per fac).	122	1.4	7	0.1	0	0.0	0	0.0	129	0.3	3
# (%) facilities covered by FPD TA RMT	85	100%	93	98%	99	98%	128	100%	405	99%	95%
# (%) facilities initiating adults	74	87%	91	96%	99	98%	128	100%	392	96%	100%
# (%) facilities initiating peads	62	73%	90	95%	97	96%	128	100%	377	92%	95%









Professional nurses' expectations of mentoring

- "I am empowered to handle patients with care and love"
- "It's better than cascading challenging cases to a doctor and never knowing how that patient was managed. This way I know what to do next time"
- "HIV is always changing so mentoring will always be needed"
- "Without the mentors we would be experiencing big problems"

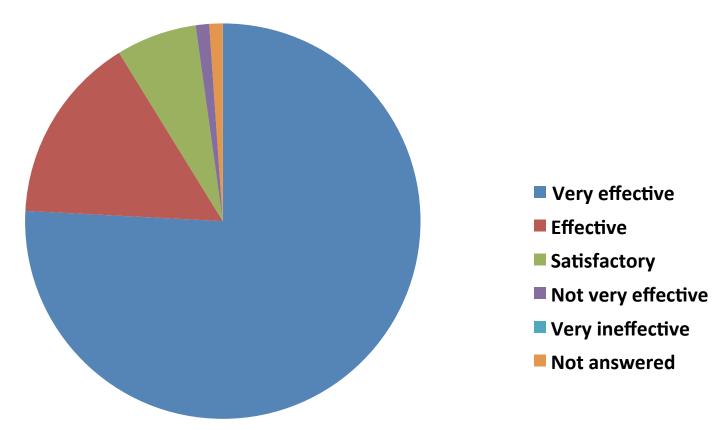






The relationship between professional nurses and their mentors

How would you describe the relationship between yourself and your mentor?



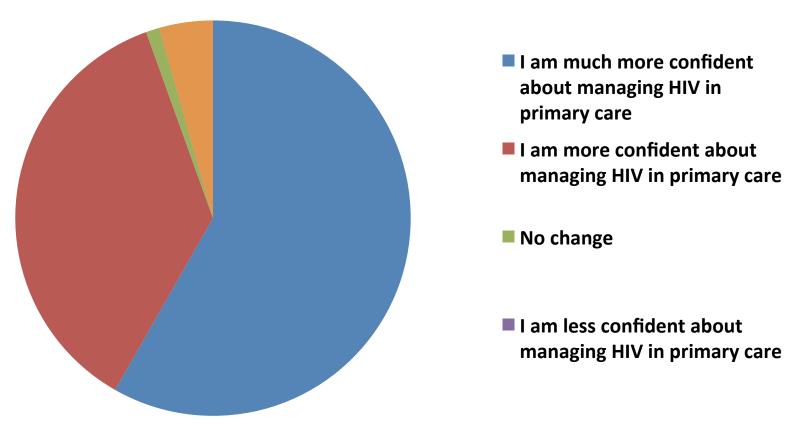






The impact of mentoring on professional nurses' confidence

To what extent has mentoring changed your confidence in managing HIV care in primary care?



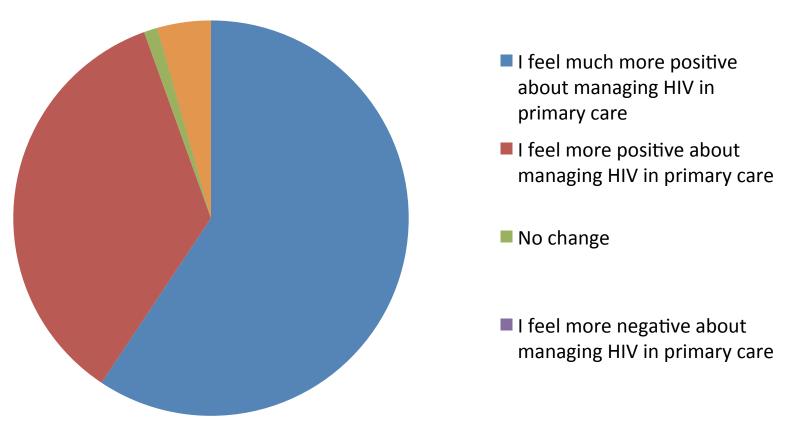






The impact of mentoring on professional nurses' attitudes

To what extent has mentoring changed your attitude towards managing HIV care in primary care?



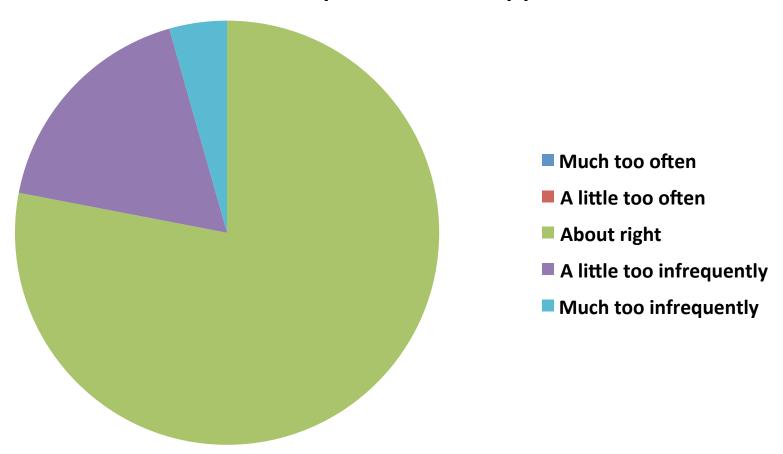






Professional nurses' ratings for frequency of mentoring visits

Was the number of times that you were visited by your FPD mentor





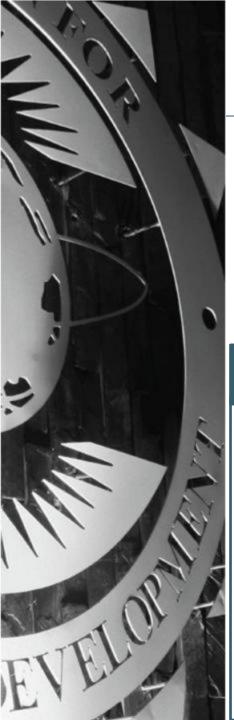






Recommendations

- Move towards needs assessment, TA to smaller # facilities with
 - intensive phase (3/12) and
 - Transition phase (3/12)
- Continuous updates re developments in HIV policy guidelines
- Multidisciplinary discussion groups with clear plan of self sustainability
- Further develop effective ways of identifying, discussing and addressing gaps in patient records, registers and data
- Similar process can be adopted for multidrug resistant tuberculosis management in SA and other resource constrained countries with high TB/HIV burden of disease.



Acknowledgement

- Department of Health (National, Provincial and Districts)
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- FPD management, mentoring teams, evaluation unit and co-authors

Vision

 To build a better society through education and development



Mission

 To catalyse social change through developing people, strengthening systems and providing innovative solutions.

Focus Areas

- Teaching and Learning
- 2. Community engagement
- 3. Research

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