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SA SURE PLUS

SA SURE PLUS PROJECT AND SUB-PROJECTS

PROJECT OVERVIEW

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NON-CDC-FUNDED HSS PROJECTS

- Unfinished business (UB) for adolescent and paediatric HIV, TB and malnutrition in KwaZulu-Natal
- Virtual Electronic Medical Records (VEMR) Project

PROJECT OVERVIEW

SA SURE Plus Project: Programmatic implementation and technical assistance (TA) for HIV/AIDS and tuberculosis (TB) prevention, care and treatment services throughout the health system in South Africa

Through technical assistance (training, mentoring and coaching) and direct service delivery, the SA SURE Plus Project strengthens and supports skills development among public health facility staff to provide sustainable HIV and TB-related care and treatment services in South Africa.

With funding from the US President's Emergency Fund for AIDS Relief (PEPFAR) through the US Centers for Disease Control and Prevention (CDC) Atlanta for October 2016 to September 2021, the project currently deploys over 300 staff members supporting over 600 facilities in seven districts across three provinces:

Eastern Cape: OR Tambo, Chris Hani

Free State: Lejweleputswa

KwaZulu-Natal: eThekweni, uThukela, uMgungundlovu, Zululand

To improve the quality of care in these districts, SA SURE Plus works closely with the Department of Health to strengthen health systems in the areas of:

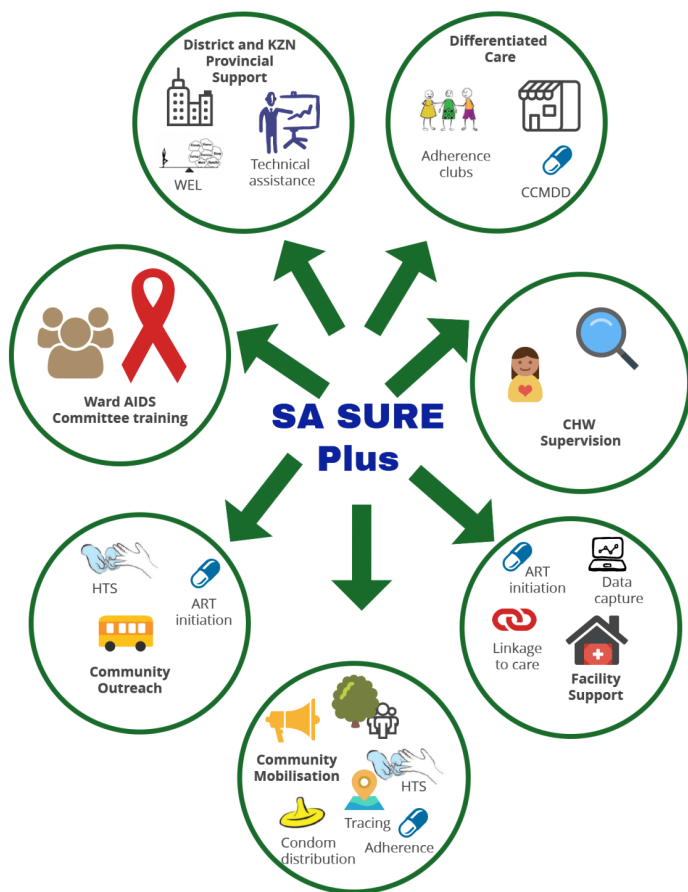
- technical and direct service delivery support towards achieving South Africa's 90-90-90 targets,
- Ideal Clinic Realisation and Maintenance,
- expanding the roll-out of differentiated care and alternative access to chronic medication,
- supporting Fast-track treatment initiation counselling (FTTIC) and same-day ART initiation, and
- implementing the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, Safe) programme for adolescent girls and young women in two supported districts.

This work is aligned with the aims of and guidelines for Primary Health Care Re-Engineering, National Health Insurance, and the National Core Standards for Health Establishments in South Africa.

We use a monitoring and evaluation framework to track changes in service delivery and assess the impact of our interventions. This allows us to adapt, improve and innovate, so that we can support the health system and improve patients' health outcomes through a commitment to sustainability and local ownership.

Our partners include a number of community-based organisations that complement our work in supporting HIV treatment management through adherence clubs and support groups for newly initiated, virally unsuppressed and vulnerable groups such as pregnant women, youth and children.

THE SA SURE PLUS APPROACH, SCOPE AND ACTIVITIES



SA SURE PLUS: CARE AND TREATMENT

Direct service delivery (DsD) and technical assistance (TA)

The project focuses at all levels of the health system – provincial, district, facility and community – to increase the number of clients initiated on antiretroviral treatment (ART) and TB treatment and retained in care (with a strong focus on community linkages), and to decongest facilities while strengthening the health systems supporting these programmes.

Technical support for policy and planning is rendered to the NDoH Deputy Director-General and to the KwaZulu-Natal Provincial Department of Health. Targeted leadership and project management training to improve management efficiencies is provided to District Managers and District Management Teams. The project supports the NDoH District Implementation Planning process (DIP) at facility level to develop plans and address bottlenecks.

The scale-up of facility-based HIV provider-initiated testing and counselling (PITC) is strengthened at all entry points, which entails training, target-setting and performance monitoring. Tracking and tracing of patients lost to follow-up, viral load suppression, strengthening the testing of index-case contacts, and fast-tracking of paediatric ART initiations, are also key focus areas.

The project supports improvement of integrated HIV and TB case management, along with TB case-finding in facilities and through community-based screening, and preventative TB therapy.

Data capture processes are supported in facilities to implement timely and complete population of the 'Three Interlinked Electronic Register for TB and HIV' (TIER.Net) and the Electronic TB Register (ETR), and to reduce backlogs in the capture of patient records in these systems, often through secondment of HST Data Capturers. Towards better health information management, sub-district M&E Officers are assigned to improve validation of data quality from facilities across the seven districts.

The project team supports and monitors performance against the eight components of 'Patient Safety – Clinical Governance and Clinical Care', being Domain 2 of the Integrated Clinical Services Management (ICSM) framework as a key focus of the Ideal Clinic Realisation and Maintenance (ICRM) initiative towards quality assurance for health service delivery.

Differentiated care

Adherence clubs: The SA SURE Plus Project uses the services of 24 community-based organisations (CBOs) across the seven districts, towards the 'decanting' of patients from clinics in order to lighten the facilities' workload and reduce patient queues. This entails:

- forming cohorts to establish adherence clubs for stable patients on chronic treatment programmes;
- providing efficient community health services, and
- ensuring systematic layers of care through home visits to link clients and their families to health and social services.

Each CBO is linked to high-volume facilities in their sub-district and works with DoH Data Capturers and Nurse Clinicians to decant identified patients into the clubs. Facilitators mobilise the communities in which they live, 'marketing' adherence clubs as one of the treatment streams available to stable and chronic patients. Working through community structures such as imbizos, War Rooms and Local AIDS Councils and in facilities, the CBOs educate and inform people of their options for treatment. Each facilitator works with a CBO or facility nurse and/or HST outreach teams to consistently monitor the clients in the clubs, ensuring effective case-management and follow-up.

The CBOs are monitored and supported through HST-employed outreach teams, seconded nurses, District Co-ordinators and the Community Co-ordinators. For effective management and governance, the CBOs' expenditure is monitored by HST's Compliance Officer and their overall performance is assessed by HST's Community Development Manager.

The Central Chronic Medicine Dispensing and Distribution programme (CCMDD) - The CCMDD programme is a National Department of Health (NDoH) initiative to improve access to chronic medicines for stable patients by enabling them to collect their repeat medicines from a convenient pick-up point near their home or place of employment – which in turn reduces facility workloads and patient waiting times. Other benefits include improved availability of epidemiological and medicine utilisation data that can be used to formulate policy and improve quantification of medicine, and increased retention and follow-up of patients on treatment.

Private-sector service providers are contracted by the NDoH to dispense and distribute medication, and to provide pick-up point services (collection points for dispensed repeat medicines by patients). Launched in February 2014, the CCMDD programme was implemented in the 10 National Health Insurance (NHI) pilot districts in eight provinces, and has subsequently been extended to additional districts.

The SA SURE Plus Project has supported national and district health structures with guidance on CCMDD policy development and implementation, financial administration of the programme, support with drafting tender specifications and service-level agreements, decanting of patients from facilities, monitoring the programme's effectiveness and efficiency, and training and development by a team of pharmacy policy specialists and co-ordinators.

Synchronised National Communication in Health (SynCH) - An integral part of the CCMDD programme was the development of SynCH as a standardised web-based CCMDD electronic system that automates the CCMDD processes of online registration, electronically generated prescriptions and tracking of patient medicine parcels, and reporting. The incorporation of Standard Treatment Guidelines and Essential Medicine List into the system promotes compliance with treatment protocols and minimises medication errors. Through SynCH, patient-level epidemiological and pharmaco-economic data are available in real time – a 'first' for South Africa.

Spaced and fast-lane appointment system - The project supports application of the protocols for dedicated 'fast lanes' at clinic-based pharmacies or consulting rooms, where stable and adherent patients can collect pre-packaged medication. This strengthens implementation of the NDoH National Adherence Guidelines for HIV, TB and NCDs in terms of Repeat Prescription Collection Strategies (RPCS).

DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) implementation

DREAMS focuses on adolescent girls and young women (AGYW) and adolescent- and youth-friendly services (AYFS). Under a PEPFAR grant, the SA SURE Plus DREAMS programme operated in eThekweni District's Lamontville Clinic and in 26 facilities in uMgungundlovu District from March 2016 to March 2018, to implement proven interventions covering three key operational areas: supporting activities conducted by community-based partners, post-violence care (PVC), and sexual and reproductive health and rights (SRHR).

This work continues under the current SA SURE Plus project funding, and entails empowering girls and young women at high risk of HIV Infection, and addressing the clinical and social factors that undermine their health and well-being. These include HIV testing and counselling (HTS), enrolment and retention in treatment, screening and referrals for post-violence care and family planning, sexual and reproductive health screening, parent/caregiver skills-building, school-based interventions, and facilitating scaled-up access to youth-friendly public health services.

Strengthening the clinic-laboratory interface (CLI) in SA SURE Plus-supported sub-districts and facilities

In an effort to improve patient care in SA SURE Plus-supported facilities, HST has sub-contracted Strategic Evaluation, Advisory and Development Consulting (SEAD) from January to September 2018 to enhance clinic-laboratory interface efficiencies.

This entails conducting baseline assessments of facilities using the nationally mandated laboratory assessment tool to deliver targeted CLI capacity-building for facility staff. Aspects of this training include infection control; phlebotomy; recording and storage of samples; waste management; inventory/supply chain management, and results management, including turnaround times.

Facilities' point-of-care testing practices are strengthened, and monthly analyses of National Health Laboratory Service reports are undertaken to identify facilities with poor-quality lab specimens and to provide on-site mentorship in reducing sample rejection by the NHLS.

The district HST team works closely with SEAD to ensure the sustainability of interventions and ongoing mentorship of facility staff.

Nutritional Assessment Counselling and Service (NACS) eThekweni and uMgungundlovu Districts

Given the high level of HIV/AIDS infections in South Africa, poor nutrition has an adverse impact on the effectiveness of ART and other treatment, and can thereby accelerate the progression of HIV. Children and adults at all stages of HIV infection are at increased risk of nutritional deficiency and resultant acute severe malnutrition.

In eThekweni and uMgungundlovu Districts of KwaZulu-Natal, SA SURE Plus supports the implementation of the NDoH nutrition policy and NACS as a platform for integrating nutrition into the continuum of health care. The NACS process steps to be followed for all clients in facilities and communities are: nutritional assessment; classification of nutritional status; nutrition counselling and support; and referral and follow-up.

Community engagement, outreach and mobilisation

To increase HIV testing through community linkages, the project co-ordinates HTS community partners in the seven districts to align information flow and avoid duplication. To increase the number of patients who are linked to treatment from point of testing, Ward-based Outreach Teams (WBOTs) and community caregivers are engaged to align activities for promotion of linkage to care.

The project's Linkage Officers provide an interface between facilities, communities, partners and relevant officials from key Departments within the district, giving hands-on support to and engaging with community leaders, the DoH and other partners when mobilising for HIV/TB testing, linkages and related project services. These cadres also capacitate community members on effective participation in issues affecting their health.

SA SURE Plus Driver-Mobilisers are trained on and undertake community-based demand creation by spreading information to build awareness and encourage behavioural changes through daily contact points and loud-hailing at outreach events held at sites such as churches, sports competitions, shopping complexes and factories, and through assisting with community dialogues and health education sessions. They inform and refer clients for medical male circumcision and distribute male and female condoms. Using the names and addresses of patients lost to follow-up who are not contactable by phone, they conduct physical tracking and tracing at community level, and if required, transport patients to the nearest facility for care.

Community Health Worker Supervision Framework

It is critical that Community Health Workers (CHWs), as trusted health advocates, remain motivated, are managed and supervised in an enabling and developmental manner, and are supported in addressing their goals and challenges.

The Outreach Team Leader (OTL) Enrolled Nurse is tasked with this supervision, which involves not only administrative and clinical oversight, but also frequent mentoring and psychosocial support for the CHWs. However, in practice, supervisory staff shortages and demanding scopes of work have resulted in inadequate support and supervision for CHWs.

At the request of the NDoH during 2017, HST conducted an assessment of current CHW supervision practices in South Africa, studied available literature from other countries, and crafted a standard framework for the South African context. This framework was incorporated into a training package on CHW supervision to be piloted in the Ekurhuleni Metropolitan Municipality in 2018.

Training for Ward AIDS Committees

This work, conducted in all seven SA SURE Plus-support districts, seeks to increase the effective grassroots co-ordination of the response to HIV, AIDS and TB by ensuring that every ward in the province has a Ward AIDS Committee (WAC) that is capacitated to function effectively.

Ward AIDS Committees support stakeholder co-operation at ward level to guide and promote HIV and AIDS awareness, protect the rights and serve the needs of those living with HIV and AIDS, and mobilise and co-ordinate related campaigns.

Appropriate and ongoing capacity-building and strengthening are crucial to enable the committees to participate meaningfully as health sector structures. Facilitators are trained on the *WAC Capacity-strengthening and Learning Programme* developed by HST, giving them the required facilitation skills, adult education and background knowledge on health governance.

NON-CDC-FUNDED PROJECTS

The 'Unfinished business for adolescent and paediatric HIV, TB and malnutrition in KwaZulu-Natal' Project

Funded by ELMA Philanthropies for the period October 2016 to December 2018, this is a consortium-partnered project, led by Zoë-Life, which aims to improve case-finding to reach 90% of children and adolescents living with HIV, TB and malnutrition and to ensure that they are initiated on treatment. Capacity-building support for the KidzAlive model has been provided.

Implemented in the eThekweni, uMgungundlovu and Zululand Districts of KwaZulu-Natal, the Unfinished Business project seeks to achieve three objectives:

- Improve earlier diagnosis of children and adolescents with HIV, TB and malnutrition by increasing testing, screening and case-finding to reach 90% of children living with HIV
- Improve linkages to treatment and support to ensure that 90% of children and adolescents identified as HIV-positive are initiated on ART and TB prophylaxis/treatment
- Increase access to quality HIV treatment for children and adolescents to ensure 95% retention in care at 12 months for children and adolescents initiated on ART, and that 90% of children and adolescents on ART are virally suppressed.

Following provision of training and capacity-building on the Zoë-Life KidzAlive model, the key project activities in all 62 supported facilities are:

- Continuous mentoring on the KidzAlive model
- Case-finding of children by preparing adult index caregivers to bring them into the facilities for testing or to gain consent for home/community testing
- Roll-out of a family screening tool to enhance case-finding
- Ongoing mentoring for quality improvement (QI) and implementation of QI plans
- Establishment or revival of QI and Nerve Centre teams
- Monthly review of patient lists
- Viral load testing and monitoring of suppression levels
- Facilitation of support groups to enhance disclosure and adherence to care and treatment in 62 supported facilities

In all three supported districts, all children and adolescents on ART are monitored weekly to ensure adherence, monitoring of co-infection, and dosage adjustment through the Nerve Centre meetings. HIV PCR tracing using National Health Laboratory Service dashboard results is conducted in two of the three supported districts.

Virtual Electronic Medical Records (VEMR) Project

Despite policies and facilities conducive to improving antenatal care, the AIDS pandemic and the inadequate implementation of existing maternal, neonatal and child healthcare programmes mean that South Africa still faces preventable maternal and child morbidity and mortality.

With public healthcare facilities in South Africa managing around 100 to 300 patients each day, the use of paper-based filling systems has created significant loss of patient data, inaccurate reporting, and low tracking of patient adherence throughout their care and treatment.

The Virtual Electronic Medical Record (VEMR) enables health workers to document clinical encounters more quickly than it takes to create a paper-based medical record, along with greater clarity in patient demographics and clinical data. It also enables the generation of patient prescriptions without the need for time-consuming transcriptions which lengthen patient waiting times. The system provides discreet and modulated data for all clinical information captured, ensuring patient information confidentiality.

Funded by the KwaZulu-Natal Department of Health for the period December 2017 to March 2019, this project entails implementing the VEMR system. Its focus is on updating and improving application of the Virtual Maternal and Child Health Module and the Medico-legal Claims Module in five hospitals and feeder clinics in the province, through training of health facility staff towards competent use of these modules.

This intervention serves to improve clinical case management and the security of all mothers' and babies' health facility records at the selected facilities. The project also draws on lessons learnt thus far, as well as implementation of an earlier MomConnect project.

Improved adherence to clinical management guidelines and protocols, and proper completion of medical records leads to better clinical management of and health outcomes among mothers and babies.

Maintenance of high-quality medical records, with optimal record security and retrieval, enhances clinical governance, reduces the number and risk of adverse incidents, and lowers the likelihood of medico-legal claims. To this end, the VEMR Project institutes rigorous monitoring and reporting of medico-legal cases to detect root causes based on known and emerging trends.



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