Centres of Excellence Baseline Survey Facility Report

Ministry of Health Swaziland, UNFPA and UNAIDS

Background and Objectives:

The government of Swaziland has received EU funding to support a coordinated approach to integration of SRH and HIV services and information following the increased need for policy and programming to jointly address SRH, HIV and AIDS, particularly in the context of the commitment to universal access to prevention, treatment, care and support and the Maputo Plan of Action. A rapid assessment was conducted in Swaziland and findings indicate that there exists considerable strengths and opportunities for the linkage of SRH and HIV services. The National Health Policy and Health Sector Strategy allude to the need for integrated, collaborative and mainstreamed activities for provision of quality services and effective use of resources.

Through the EU project “Linking HIV and Sexual and Reproductive Health and Rights in Swaziland”, government is looking at strengthening 5 Centres of Excellence that will be strengthened to serve as models for integrated, interlinked SRH and HIV services. These centres are:

- Mbabane Public Health Unit
- Mankayane Government Hospital
- Matsanjeni Health Centre
- Siphofaneni Clinic
- Family Life Association Swaziland Manzini Clinic

The definition of a SRH and HIV Centre of Excellence is “a leading health facility that promotes collaboration and uses best practice in the provision of a comprehensive package of integrated SRH and HIV services as a model for other health facilities to follow”.

The facilities assessment had three primary objectives:

1. To provide a baseline across the five features of a centre of excellence namely:
   i. Provides services: Current integrated SRH and HIV services provided, level of quality and number of services provided.
   ii. Strengthens systems: Existing operational standards for integrated service provision and strength of referral systems to track client uptake of services.
   iii. Leads by example: Current management systems in place and whether caters for integrated services such as planning, client flow, logistics and supplies etc.
   iv. Monitors performance: Availability and use of data recording and reporting tools for integrated services.
   v. Shares learning: Systems in place to ensure staff are upskilled and remained skilled to provide integrated SRH and HIV services

2. To assess staff training needs for effective delivery of integrated SRH and HIV services and information

3. To build the existing capacity of the facility around integrating SRH and HIV services.

To support the objective of building existing capacity within the facilities, Champions for SRH and HIV linkages were appointed. Each Champion is an expert in an area of integrating SRH and HIV and their role is to provide on-going technical support to improve integrated service provision in the
facilities. The Champions include NGO staff and MoH staff in the programmes, facilities and regions. During each assessment, whilst conducting the baseline assessment, support was also provided by the Champions at each facility in the form of suggestions on how to strengthen systems around SRH and HIV integration.

The assessment was split into six key areas:

1. The level of integrated service provision currently taking place
2. Human resource capacity
3. M&E Systems
4. Commodities, Equipment and Supplies
5. Infrastructure
6. Quality of Care

The last five areas are closely interlinked as shown in the diagram below and depend on each other to ensure high quality and effective SRH and HIV services are able to be delivered. For example, with a lack of commodities, equipment or supplies, however well trained the staff are, they will not be able to provide a high quality SRH and HIV services. With a weak M&E system, it will be impossible to tell if a good quality of care is being provided. To strengthen any SRH service integrated into existing HIV services, or any HIV service integrated into SRH services, it is important to focus on all five of the above areas.

This report provides an overview of the results in each area for each facility and then provides recommendations for key actions to improve and scale up integrated SRH and HIV services in each of
the Centres of Excellence. It concludes with suggested next steps for strengthening the Centres of Excellence in 2012.
**Matsanjeni Health Centre**

*Date of assessment:* Thursday 15\textsuperscript{th} December

*Assessment team:*
- Nozipho Motsa (SRHU)
- Gcinile Nyoni (MoH)
- Rita Nunu (ICAP) - Champion
- Lungile Simelane (EGPAF) – Champion
- Nobile Mamba (Senior Nurse, Siphofaneni) - Champion
- Sister Cordella (Lobombo Regional Supervising Officer) – Champion
- Jon Hopkins (UNFPA)

*Results by area:*

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<tr>
<th>Key area</th>
<th>Key components</th>
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<td><strong>Integrated service provision</strong></td>
<td><em>MNCH clinic:</em> HIV is well integrated into the MNCH clinic, especially PMTCT and HCT services.</td>
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<td><em>HIV clinic:</em> SRH services are not currently integrated into the HIV clinic with no SRH services provided in the HIV clinic and no internal referral system to the MNCH clinic in place.</td>
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<td><strong>Staff rotation:</strong> Staff are rotated between departments on a daily basis. Staff reported that this was too frequent and led them to feel that they do not belong to or have responsibility for any particular unit. Staff are not always placed to utilise their expertise. For example, the advanced midwife was not working in the maternity unit on the day of the assessment but was posted in one of the wards.</td>
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<td><strong>Staff complement:</strong> Due to long-term sickness, there is currently only one doctor at the clinic when there should be three.</td>
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<td><strong>Training systems:</strong> Monthly in-service training has been available in the past for all staff but is currently more irregular due to staff shortages. Mentorship on PMTCT, HIV (especially ART) and TB has been provided by EGPAF and MSF.</td>
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<td><strong>Training needs:</strong> The nurses, midwives who rotate between services need training/mentorship on a family planning and the provision of a comprehensive package of SRH and HIV care – i.e. how to view a client in a holistic fashion rather than just the one condition they have come to the clinic for which is the case at present. This will also include linking SRH issues to other health problems.</td>
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<td><strong>Management of human resources:</strong> Planning of staff and expertise for SRH and HIV services is integrated within the facility. Staff meetings happen every Monday morning but anecdotal evidence from talking to staff implies that staff morale and motivation is currently quite low. The reason for this was not given.</td>
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- **Data collection tools:**
  - *MNCH clinic:* The facility records whether SRH clients are receiving HIV services in a 2quire notebook designed by the facility. The facility needs more copies of the standard data collection tools e.g. family planning cards and child health cards. Systems around recording maternal deaths need to be strengthened.
  - *HIV clinic:* The data management systems for the HIV clinic need to be strengthened. There is no register where information on clients at the clinic and there is no referral form for clients who test positive.
- **Referral systems:**
  - *Internal:* An informal internal referral system in place in the MNCH unit using mentor mothers. There is no internal referral system in place in the HIV clinic.
  - *External:* Referral forms are used for referrals to other facilities and clients accompanied by a nurse when travelling in an ambulance.

- **Commodity supply systems:** There have been stock outs on certain commodities including FP commodities (the combined pill, emergency contraceptives, hormonal implants) and reagents (pregnancy test and CD4 reagents).
  - **Commodities available:**
    - *MNCH:* Full range of FP commodities (when no stock outs) as well as HIV testing kits and general supplies.
    - *HIV:* HIV testing kits and condoms.
  - **Equipment available:** Equipment needs highlighted in previous assessment (see attachment). The key area of need is a new delivery bed as the only delivery bed available is very old and rusted.

- **Quality of care system:** There is no system in place to monitor quality of care in the facility.
- **Client feedback system:** A suggestion box for clients does exist but it is not positive or constructive as most suggestions are expressed out of anger with no opinions for how to improve services. It was suggested that clients need to be educated on the significance of suggestions box for supporting the improvement of the health services they receive.
- **Client waiting times:** Reported as being 10-20 minutes for SRH services. Observations in HIV clinic show that waiting times for HIV services were 30 minutes or longer.
- **Guidelines, policies and standards:** Very short on guidelines, policies and standards. If there was a copy, generally only one copy existed or it was outdated.
- **IEC materials:** A broad array of visual aids are on the walls in the counselling rooms and in the waiting areas. There were printed materials on HIV for clients to take away with them.
Facility perspectives on SRH and HIV integration:

Constraints to offering integrated SRH and HIV services at the facility:

- **Large constraints**: None
- **Medium constraints**: Shortage of equipment; shortage of space
- **Small constraints**: Shortage of staff training; insufficient staff supervision; low staff motivation; shortage of supplies
- **Not a constraint**: Shortage of staff time

Impact of linking SRH and HIV services at the facility:

- **Increase**: Efficiency of services; need for equipment, supplies and drugs
- **Decrease**: Cost of services to facility and client; Stigmatisation of HIV clients; Workload for providers; Time spent per client
- **No change**: Stigmatisation of SRH clients

Next steps

Of the six areas that were looked at as part of the survey it was found that the existing infrastructure systems and equipment, commodities and supplies were the strongest in terms of implementing SRH and HIV services. It was also found that the MNCH department were already integrating HIV services into their service mix.

The key areas which should be focused on to strengthen SRH and HIV services in the Centre of Excellence are:

1. **Integrated service provision**: Strengthen provision of SRH services in the HIV clinic. Look into introducing the provision of Family Planning information and counselling into all of the
consultation rooms and the provision of FP services in one of the consultation rooms in the clinic.

2. Human resource capacity:
   a. Decrease the frequency of rotations to help increase ownership and motivation to make improvements in the department working in. This could also help to increase staff motivation and morale as staff will be able to feel they are making a positive difference in their department by increasing the quality of services and client satisfaction.
   b. Re-institute the monthly in-service training programme for all staff and increase mentoring provision, especially to increase skills around family planning and the provision of a comprehensive package of SRH and HIV care.

3. M&E systems:
   a. A formal internal referral system needs to be set up to ensure out-patients receive the full range of services they need when they visit the facility. This is especially the case for clients attending the HIV clinic. There is the potential to use expert clients and mentor mothers as part of this system.
   b. To strengthen data collection in the HIV clinic, set up a client information register and ensure that the SRH services the clients are receiving can also be recorded. The format can be adapted from the data collection methods currently being used in the MNCH department.

4. Quality of care:
   a. A quality of care system which monitors the quality of care in the facility needs to be implemented. This should include reforming the client feedback system to garner constructive feedback on the quality of services and patient care.
   b. Copies of a full range of up to date SRH and HIV guidelines, policies and standards need to be provided to the facility as well as IEC materials on Family Planning, STIs, PMTCT, pregnancy and breastfeeding.
Siphofaneni Clinic

Date of assessment: Friday 16th December

Assessment team:

- Nozipho Motsa (SRHU)
- Gcinile Nyoni (MoH)
- Sister Cordella (Lobombo Regional Supervising Officer) – Champion
- Jon Hopkins (UNFPA)

Results by area:

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| Integrated service provision | - As this is a small clinic, VCT is integrated into all the services the clinic provides  
- **MNCH services:** As well as SRH services, a full range of HIV services are also available in the same room with the same provider.  
- **HIV services:** PMTCT is integrated into HIV services and FP and STI services are referred internally. Physically ART is next to the maternity ward and just down the hall from the FP/ANC room so referrals between rooms is simple and facilitated by an expert client or mentor mother. |

- **Staff rotation:** takes place on a monthly basis requiring staff to know how to provide a full range of services as well as having time to settle into each department/rotation.  
- **Staff complement:** Lacking a doctor.  
- **Training systems:** Most training is in-service and provided by ICAP and EGPAF. Staff occasionally attend external workshops.  
- **Training needs:** Identified training needs for medical staff were: NARTIS, family planning, emergency maternal and neonatal care, cervical cancer screening using the VIA, STIs, and documentation.  
- **Management of human resources:** Staff meetings happen once a month. The senior nurse at the facility oversees all the services and the integration between them. The current staff rotation system, together with an effective internal referral system supports the delivery of integrated services. The facility also receives frequent visits from external supervisors to check records, discuss problems, discuss technical practice and conduct staff observations. |

- **Data collection tools:**  
  - **SRH:** The facility records whether SRH clients are receiving HIV services. More copies of some data collection tools are required e.g. the new family planning cards and ANC cards.  
  - **HIV:** The facility does not currently record whether HIV clients receive SRH services but there is a referral form for VCT clients who are HIV-positive. |

- **Referral systems:**  
  - **Internal:** An informal internal referral system in place. If a
patient requires a referral to another service within the facility an expert client is buzzed to come and take the patient to the other service.
  o External: Standard referral forms used for referrals to other facilities.

• Commodity supply systems:
  o Stock-outs: There have been no stock outs on FP commodities over the past year but there have been some stock outs on reagents such as CD4, syphilis and HBV.
  o Ordering system: Monthly orders are placed using stock cards but FP and ART stocks ordered from 2 different places – FP stocks from Siteki and ART stocks from Sithobela Health Centre. Also two stocks of CTX currently are used – CTX for HIV use is free from CMS but CTX for curative use need to pay for.

• Commodities available:
  o MNCH: Full range of FP commodities as well as HIV testing kits and general supplies.
  o HIV: In ART clinic, only male and female condoms available. Reagents for HIV related tests found in the lab. HIV testing done throughout the facility.

• Equipment available: Equipment needs highlighted in previous assessment (see attachment). The key areas of need are sterilisation equipment and blood pressure apparatus.

• Quality of care system: There is a quality improvement team at the facility which is made up of both facility and regional staff. The team is not currently functioning.

• Client feedback system: A suggestion box for clients does exist and some changes have been made due to suggestions such as spending less time on health education and the clinic gate being opened earlier in the morning for clients to start queuing.

• Client waiting times: Reported as being 15 minutes for STI services and 30 minutes for ANC/PNC and FP services due to one nurse providing all these services. VCT is done in every consultation room so done at the same time as providing other services. ART services have the longest waiting times at over 30 minutes as no nurse is scheduled for this so clients have to wait until a service provider is available.

• Guidelines, policies and standards: Generally short on up to date guidelines, policies and standards, especially HIV counselling and testing guidelines, up to date ANC guidelines and Essential Obstetrics Care guidelines.

• IEC materials: There were not many posters displayed throughout the facility as the facility were recently told to take down any that were not laminated for infection control reasons. There were no printed IEC materials available for clients to take away with them.
Facility perspectives on SRH and HIV integration:

Constraints to offering integrated SRH and HIV services at the facility:

- **Large constraints:** Shortage of equipment; shortage of space; shortage of supplies
- **Medium constraints:** Shortage of staff training
- **Small constraints:** Shortage of staff time; insufficient staff supervision; low staff motivation
- **Not a constraint:** None

Impact of linking SRH and HIV services at the facility:

- **Increase:** Efficiency of services; time spent per client; need for equipment, supplies and drugs
- **Decrease:** Stigmatisation of HIV clients; stigmatisation of SRH clients
- **No change:** Cost of services to facility and client; Workload for providers; Space and privacy

Next steps

Of the six areas that were looked at as part of the survey it was found that SRH and HIV services are well integrated within the facility, with VCT being offered in all of the consultation rooms, a referral system that meant that clients were taken between service delivery points within the facility, and a strong management of human resources with functioning staff rotation system.

The key areas which should be focused on to strengthen SRH and HIV services in the Centre of Excellence are:

1. Infrastructure/Equipment, commodities and supplies:
a. Provide sterilising equipment and other essential equipment and supplies requested.
b. Align procurement systems for SRH and HIV supplies to reduce the time it takes to order SRH and HIV commodities from separate places.

2. Quality of care:
   a. Provide copies of a full range of up to date SRH and HIV guidelines, policies and standards as well as laminated posters and IEC materials on Family Planning, HIV, STIs, PMTCT, pregnancy and breastfeeding.
   b. Support clients living with HIV by reducing waiting times for the ART clinic. This could be achieved by offering ART services on certain days and dedicating one member of staff to provide these services at these times. Alternatively, ART services could be integrated into one/all of the other services being offered at the facility.

3. Human resources:
   a. Provide training and increase mentoring provision on NARTIS, family planning, emergency maternal and neonatal care, cervical cancer screening using the VIA, STIs, and documentation.

4. M&E:
   a. Supply the facility with more copies of data collection tools, especially the new family planning cards and ANC cards.
   b. Support the development of a system to record whether HIV clients receive SRH services.
Key next steps for Phila Uphephe in 2012

1. Supporting integration of SRH services (especially FP) into HIV services
2. Strengthening referral systems within facilities
3. With the champions and key partners, build staff capacity through:
   a. External training – especially on Family Planning, RHCS, Cervical Cancer Screening and STIs. Potentially link in with other training courses already taking place to save on costs.
   b. Setting up an in-service mentoring programme to provide bespoke support to each of the facilities.
4. Work with Health Information Unit to provide missing policies, guidelines and protocols and laminated posters and other IEC materials.
5. Document best practice to support rolling out of integration to other facilities.