Towards 90-90-90: District Implementation Plan(DIP)

Strategic Health Programmes
TB, MCWH,HIV /AIDS and STIs Clusters

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Presentation outline

- DIP process
- Guiding principles
- Phase 1 process and lessons learned
- Phase 2 process and performance
- Phase 3 process
- Monitoring and successes

What is the District Implementation Plan (DIP)?

It is quality improvement process for HIV and TB health services focusing on:

- Improving health outcomes to achieve 90-90-90 targets by 2020
- Program priorities (Health policy implementation)
- Health system strengthening (Planning, M&E, HR, Finance)
- Integration of the HIV, TB ,Maternal and Child health clusters

Culminating in an annual district improvement plan

DIP basic guiding principles

- Improving health services & outcomes
- Strengthen existing health systems e.g. information
- Reinforce program integration
- Ownership and accountability (All levels esp facility)
- Skills and capacity building
- Evidence based decision making

HOW?

Applies critical thinking, encourages the use of data and a variety of problem solving tools to develop an effective and efficient operational plan addressing the following common performance areas:

- Data management
- Supply chain management
- Communication
- Human resource management
- Service delivery and quality of care.
- Linkages to care and referrals

Phase 1 Process: FY' 2015/16

Select 3 Poorly Performing Indicators from Tracer Indicator List for District

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Conduct Bottleneck analysis at District level

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Develop Remedial Action plans at District level

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Implement 3 feet facility approach using run charts and 90 Day action dashboards

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Monitoring:

At facility: Action dashboard fortnightly and indicator performance monthly

District: Action dashboard and indicator performance monthly

Province: Indicator performance quarterly

Lessons learned – Phase 1

- Initiated change process
- Introduced QI and critical thinking strategies
- Improved interest and focus on performance and use data for planning
- Sensitized managers at district and facility level to monitor own performance
- Highlighted the need to strengthen the quality of the plans
- Need for alignment of priorities at all levels in order to shift performance
- Large scale improvement is possible

Phase 2 Process: FY' 2016/17

Select 12 Poorly Performing Indicators from Tracer Indicator List for the Province

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Conduct Bottleneck analysis at District and Facility level

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Consolidate and cost plans at District Level and submit DIP to Province

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Province: Review DIPs and submit to NDoH

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NDOH: Review plans and provide feedback to Provinces and Districts on DIPs

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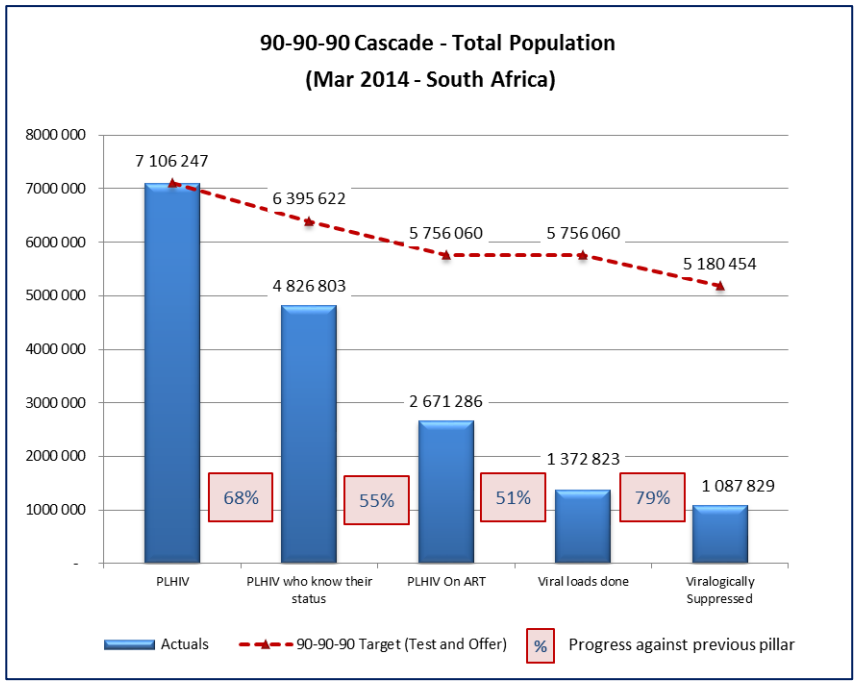
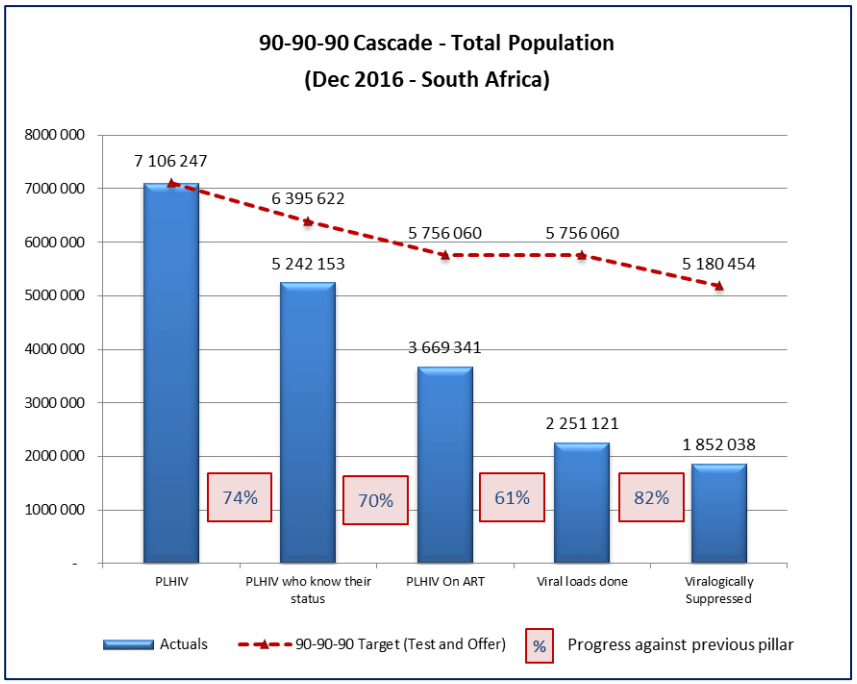
Apr 2016: DIPs begin to be actioned, monitored and evaluated

DIP progress: 90-90-90





South Africa has seen an improvement across all pillars of the cascade and is progressing well to achieving 90-90-90 targets
The cascade in South Africa has an additional pillar indicating the numbers and proportions of viral load tests done and recorded in the Health Information Systems
If trend continues, South Africa will most likely achieve targets for the first and second 90's. The third 90 may be more challenging as we approach the target.0

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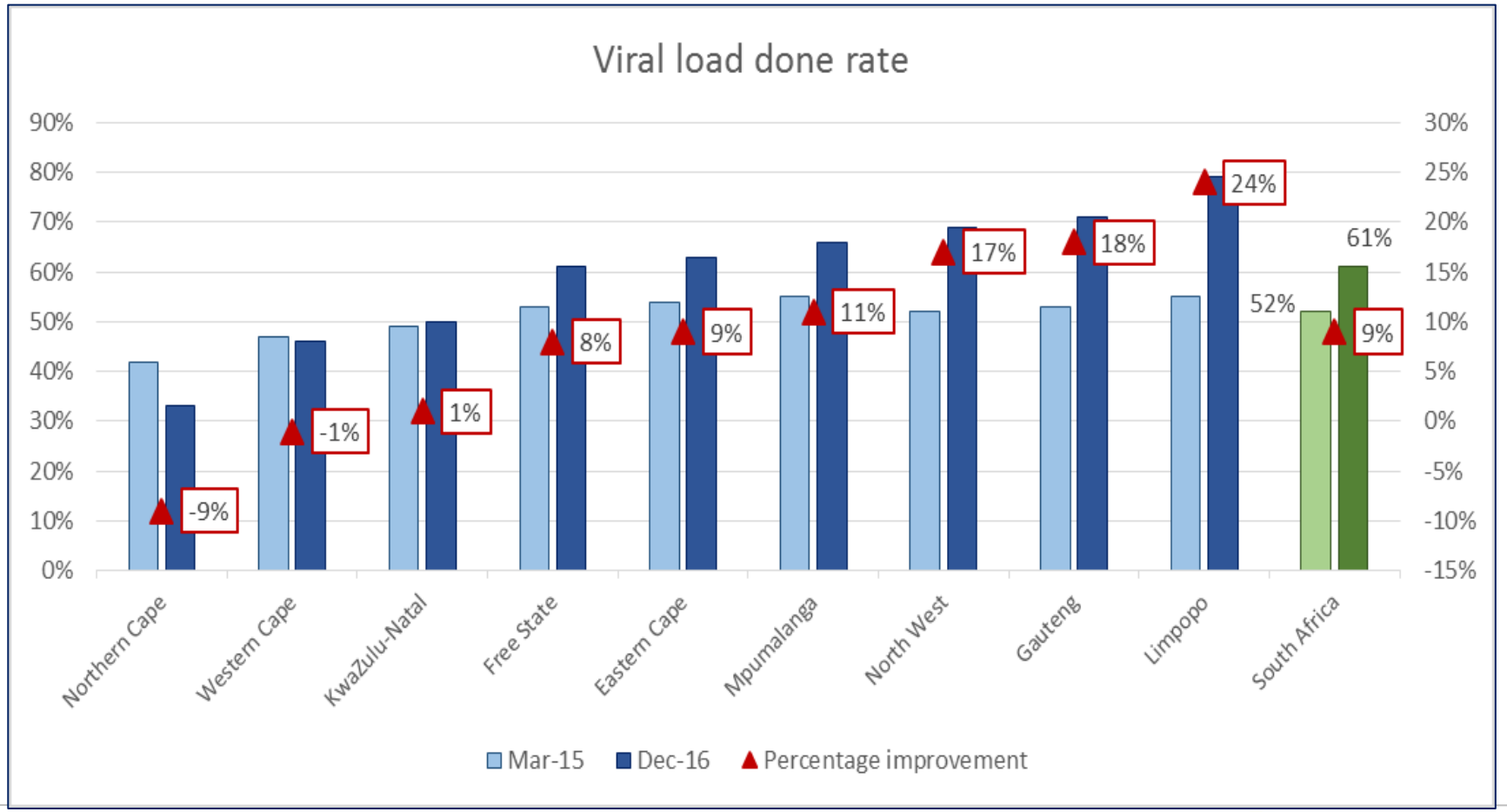
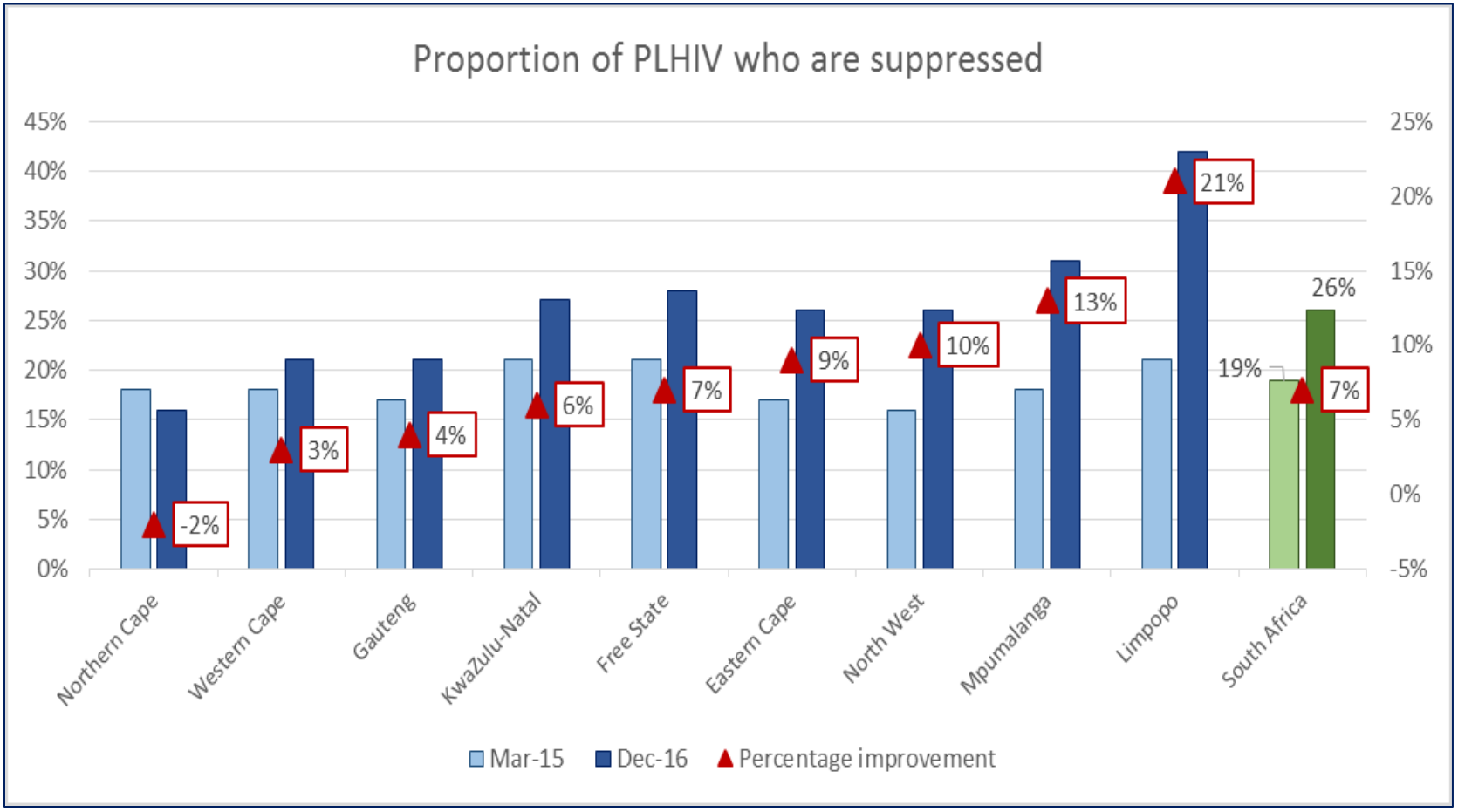
Phase 2 performance: VLD (cohort)



Phase 2 performance: VLS (PLHIV)



Phase 2 lessons learnt

- Buy-in across provinces and districts
- Highlighted the importance of target and priority setting
- Different levels of understanding of the process and application of tools
- Hospitals had largely been excluded
- Indicator-based planning results in poor integration of interventions
- DIP perceived as a new unfunded mandate
- Need to simplify tools
- Need to improve partner engagement and participation

Phase 3 Process: FY 2017/18

Step One: Baseline analysis using Tracer Indicator list

Step Two: Pillar-based bottleneck analyses at facility and management levels

Step Three: High Volume Facilities and Hospitals - Facility Improvement Plans

Step Four: Sub-District/ Cluster Plans (High Volume, Hospitals and smaller facilities)

Step Five: Consolidation of Cluster Plans into the DIP

Step Six: Consolidation of DIPs into the Business Plan

Pillar-based planning

Continuum of care

- Prevention
- Case finding (1st 90)
- Treatment initiation (2nd 90)
- Retention/ Treatment Success (3rd 90)

Phase 3 DIP monitoring

- Mainly at facility and district level - weekly, monthly
- Routine monitoring and regular feedback (run charts, dashboard)
- Monitoring should be based on performance against targets at all levels
- Aim at strengthening the implementation of planned activities

Successes

- Planning has been strengthened in provinces that have adopted and institutionalized DIP
- Improved joint planning and review processes between Province, District, sub district, facility management
- HAST program and strategic planning units have started collaborating and working closely together
- Data has become more visible at facility level and data usage has improved
- Partners and DOH worked very closely on DIP processes- improved transparency and teamwork

THANK YOU