Sweden
Sverige

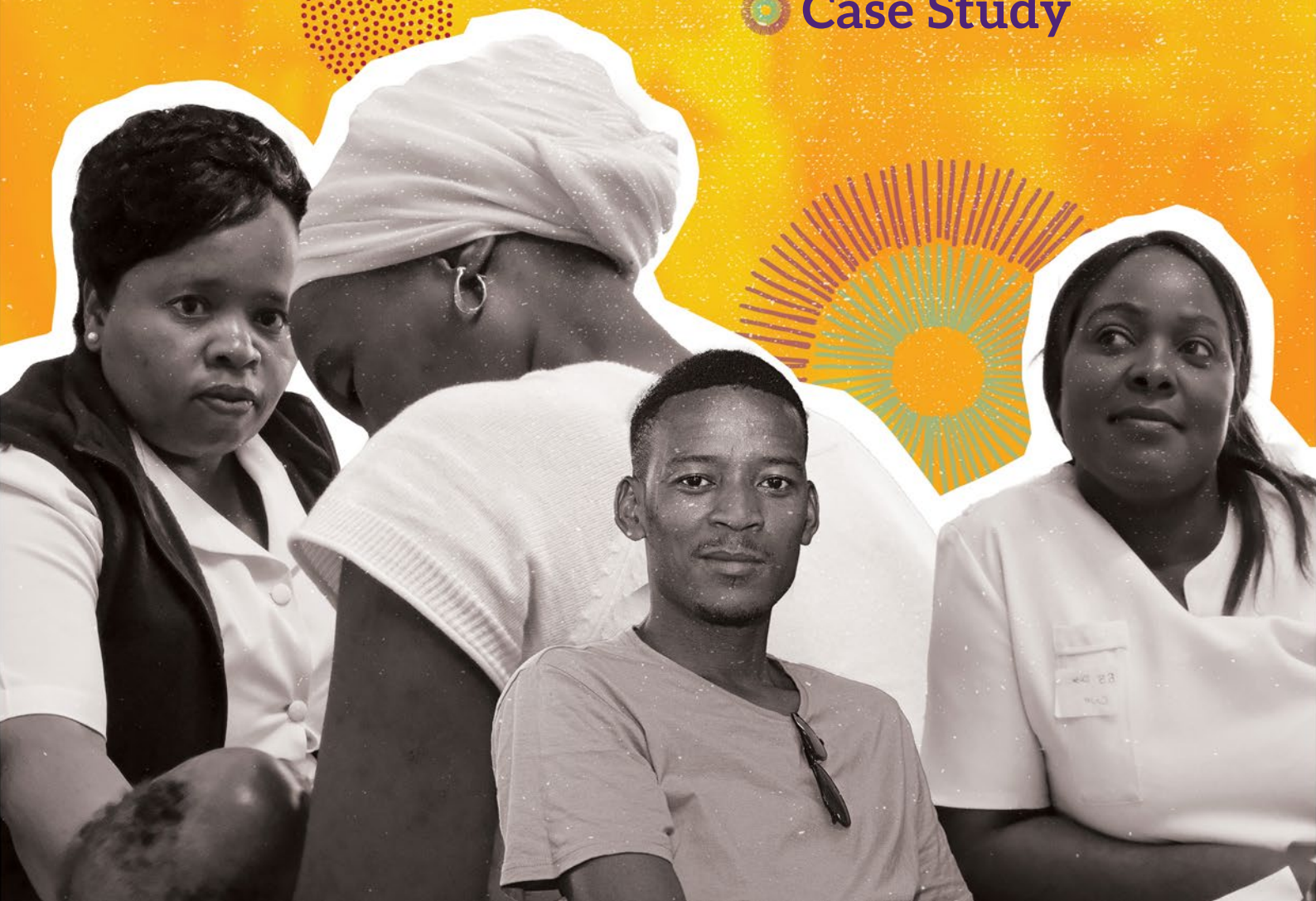
2gether 4SRHR

Processes

to deliver integrated services in selected health facilities

in Eastern Cape and KwaZulu-Natal Provinces of South Africa

Case Study



Background and Context

The United Nations Population Fund (UNFPA) has a long history of working with governments, communities, and partners to promote universal access to quality, integrated sexual and reproductive health (SRH) services.

In the five-year period from 2017 to 2022, in collaboration with the South African National Department of Health (NDoH), the UNFPA partnered with Optidel Global and Umthombo weMpilo Institute (referred to as the implementers) to incorporate and implement integrated service delivery models in selected health facilities in the Eastern Cape and KwaZulu-Natal provinces. The **three districts** chosen were **Alfred Nzo** and **O.R Tambo** in the Eastern Cape, and **uThukela** in KwaZulu-Natal. The implementing partners documented the implementation processes and findings at different stages of the intervention.

In 2021, UNFPA South Africa commissioned the South African Human Sciences Research Council (HSRC) to conduct a desktop review, synthesize the project data, and compile a report based on UNFPA guidelines for documenting promising practices. Here we summarize the processes and results emanating from the implemented interventions. **We highlight lessons learned** and **emerging promising practices,** and conclude with **recommendations** for scaling up this project.

UTHUKELA
O.R TAMBO
ALFRED NZO

Photo credit: South African Tourism
KwaZulu-Natal, South Africa

INTERVENTION

Processes to deliver integrated services in selected health facilities in the Eastern Cape and KwaZulu-Natal.

Photo credit: UNFPA/South Africa

The intervention was rolled out in

4 PHASES

1. baseline,
2. pilot,
3. inception and
4. scale-up.

Baseline assessments were conducted in 2017. Pilot studies were undertaken in six facilities in Alfred Nzo District, four facilities in District and five facilities in uThukela District.

Once the baseline assessments were completed, inception activities commenced, forming part of the roll out of the intervention in 2018. From 2019 to 2021, the interventions were scaled up in 10 health-care facilities in O.R. Tambo District and 10 health-care facilities in Alfred Nzo District. There were annual assessments of progress in implementing the intervention within the selected health facilities. Those facilities who had successfully incorporated and implemented integrated service delivery models were handed over to the Eastern Cape Department of Health, and new health facilities were added. In uThukela District, the intervention was first implemented in 12 health facilities from 2019 to 2020 and expanded to 53 health facilities across the three districts from 2021 to 2022.

The integration models were adapted from the policy guideline contained in the Ideal Clinic Model (ICM). Optidel Global used a quality improvement methodology based on the Plan, Do, Study, Act (PDSA) cycle, which is also referred to as the 2gether 4 SRHR Model.

Umthombo weMpilo Institute supported the implementation of two models: **(1) the supermarket model**, which offers all services during the same visit under one roof; or **(2) the one-stop shop/kiosk approach**, in which the health facility is structured to offer comprehensive health services during the same visit by one provider in the same consultation room.

In the next section, we describe baseline and end-line assessment results for selected sexual and reproductive health and rights (SRHRs) indicators per district. The results are presented in terms of process (proportion of health-care workers trained and client exit interviews), the positive changes observed, and the impact of the interventions.

Results

Assessments of selected indicators at baseline and end-line phases:

At baseline, implementers reported on selected SRHR, HIV, and sexual gender-based violence (SGBV) indicators to establish the status of SRHR/HIV integration at the facility level. In O.R. Tambo District, seven indicators were reported from four health facilities.

In Alfred Nzo District, nine indicators were reported from six health facilities, and in uThukela District, nine indicators were reported from 12 health facilities. Generally, the provision of services to clients seeking assistance for GBV (aligned with indicators 11[1] and 17[2]), cervical cancer screening (aligned with indicator six[3]), prevention of unsafe abortions, and post-abortion management, were low before the intervention. Overall, the results showed that in most health facilities, only one SRHR service was received by clients at baseline assessment, and this increased to three services available to clients at the end-line assessment. For example, in 2021, O.R. Tambo District health facilities reported an improvement in the integration of SRHR and GBV services.

Health-care worker skills' audit at baseline and end-line phases:

Strengthening human resources for service provision was identified as a critical focus area needing appropriate intervention. For example, the facilities skills' audit in five health facilities in Alfred Nzo and O.R. Tambo Districts found that less than 30 per cent of health-care workers were trained in all service areas reviewed by the implementers. In 2020, O.R. Tambo District reported that there was a gap in the training of health-care workers in delivering SGBV services. By 2021, improvements were noted – particularly in using the LIVES (listen, inquire, validate, enhance safety and support) approach. Clients were offered emergency prophylactic treatments as well as referrals to other resources and services. Furthermore, health-care worker training was gradually yielding results in the form of improved uptake of long-acting reversible contraception (LARC). In Alfred Nzo District, the facilities met the five minimum standards for adolescent and youth-friendly services (AYFS). Similarly, in uThukela District, it was reported that the formal comprehensive SRHR training targets – including in-house and facility-level training – were achieved by 2022.

Clients exit interviews at baseline and end-line phases:

Overall, during baseline assessments, 70 per cent (n=200) of clients welcomed receiving integrated SRHR and HIV services in one facility. However, clients expressed concerns about long wait times, staff workload and skills deficits among health-care workers. During the end-line assessment, it was observed that there was an increase in the uptake of services. On average, one additional SRHR service was received, and a greater variety of services (two services versus five) were offered to clients, contributing to improved client satisfaction. For example, in uThukela District, the client satisfaction rate increased to over 80 per cent at the end-line assessment (with some changes observed due to the emergence of COVID-19 between 2020 and 2021).

1 Indicator 11 is the total number of clients accessing SGBV services.

2 Indicator 17 is the percentage of clients who received two or more SRHR, HIV and SGBV services.

3 Indicator six is the percentage of clients accessing services at family planning service delivery points who were screened for cervical cancer.

Challenges

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The impact and challenges of the COVID-19 pandemic were reported in 2020-2021. During certain lockdown levels, clients were unable to travel inter-provincially to access services at their usual health facilities.

Service provision, mentoring and supervisory visits were also adversely affected. Other ongoing challenges included some health facilities experiencing stock-outs of commodities – specifically contraceptives – and sometimes inefficient referral systems to other health facilities. Health-care workers did not always have an enabling environment to accommodate SRHR service integration. This was due to limited or antiquated health facility infrastructure and high staff turnover. This, in turn, negatively impacted the client flow within some facilities. Education materials such as flyers and posters containing SRHR information for clients were not always available in local languages.

The annual approach to contracting between the donor and the implementers often reduced the time available for implementation and created a vacuum between the baseline assessment, pilot, and scaling-up phases. **These findings and challenges shaped the lessons learned throughout the implementation process.**

Photo credit: UNFPA/South Africa

The annual approach to **contracting between** the DONOR and the IMPLEMENTERS often **reduced the time available** for implementation...

Lessons Learned

Photo credit: UNFPA/South Africa

The four-phased approach to implementation (baseline, pilot, inception and scale-up) contributed to the reported successes. The approaches needed to be agile and adaptable, as was observed when COVID-19 required rapid containment.

The effectiveness of the phased intervention approach was demonstrated through facility baseline assessments followed by a pilot phase before the implementation. This initial phase should include a health-care workers' skills audit, as well as identification of skills and competency deficits. It should further incorporate a mapping and scoping exercise to understand the policy-level and the facility-level landscape, which includes seeking to understand how health facilities function. It should also engage stakeholders at facility and district levels, as well as including provincial and district health management teams. The insights gained through such a phased approach were critical to supporting linkages and client referrals at the facility level, and to the provision of sustained mentorship and supportive supervision beyond the intervention process.

Results from the documentation exercise can be described as emerging promising practices[4] because they highlight innovations that can inform further rigorous research and practice. **Three broad emerging promising practices were identified:** (1) strengthening the health system to achieve person-centred and coordinated care; (2) improving the interface among health workers, clients, and other stakeholders; and (3) strengthening access to education and information, data collation tools, and monitoring processes.

3 emerging promising practices:

1. strengthening the health system

2. improving the interface

3. strengthening access

[4] Emerging promising practices are defined as interventions that are new, innovative, and hold promise based on some evidence of effectiveness or observed change during the intervention (Canadian Homelessness Research Network, 2013 & WHO, 2017).

Conclusions and Recommendations

Overall, the SRHR integration models showed success, and they should continue to be scaled up in the selected provinces and beyond.

The lessons learned and emerging promising practices should be used for adaptation of the intervention in the scale-up to other health facilities. Key recommendations indicated a need for standardized monitoring templates and guidelines, as well as data collection and reporting templates. This will mitigate the risk of missing data at the facility level and ensure that SRHR components are comprehensively reflected in the implementers' annual progress reports. There is a need for consensus on a basic model of SRHR integration, which includes the minimum SRHR indicators that should be monitored and reported by each facility. In terms of planning and continuity, the annual approach to contracting between UNFPA South Africa and the implementers should be revisited. There is also a need to mitigate facility-level human resources and infrastructure challenges – including investment in technology – to enable ease of communication and access to training materials and trainers using virtual platforms. Implementers and funders should ensure the sustainability of the intervention and provide ongoing supervision, technical support and monitoring of the health facilities transitioning from the intervention phase. Finally, we recommend the adoption of a research approach as part of systematic documentation and scaling up of SRHR-integrated interventions.

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Acknowledgements

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UNFPA South/Africa for all.
Young man in the middle: 2gether 4 SRHR.

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