

Title: Building Management Capacity in Swaziland to Support Implementation of Newly Adapted WHO PMTCT Guidelines

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Track E - Implementation Science, Health Systems and Economics

E 47 Human resources development for prevention, treatment, care and multi-sectoral responses

Background

Ineffective management of health services is a barrier to achieving national health goals. Addressing management gaps is critical for Swaziland to achieve its goal to eliminate new pediatric HIV infections by 2015. In 2010, the Swaziland Ministry of Health (MOH) partnered with leading educational institutions and other partners to strengthen management capacity of regional PMTCT managers to support the country's effort to eliminate pediatric AIDS.

Methods

The Swaziland MOH joined with UCLA Anderson School of Management, University of Cape Town, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and other partners to launch the Management Development Institute in Swaziland for 37 PMTCT regional managers from the public sector. Supported by Johnson & Johnson as part of EGPAF's broader USAID-funded work, the program had three phases: 1) one-week training on organizational planning, finance, operations, leadership/HR, health information systems, social marketing, and M&E and the simultaneous development of one-year plans called Swaziland Implementation Plans for PMTCT (SWIPPs) aimed at addressing gaps; 2) 12 months of implementation of SWIPPs by four regional teams and a national team of PMTCT managers with technical assistance by EGPAF to help teams meet targets; 3) three-day meeting of teams/partners to review progress, provide additional training, and share lessons learned at Month 12. Objectives and related targets to improve PMTCT service delivery were developed and progress tracked throughout the 12 months.

Results

All key targets were met or exceeded by regional teams at Month 12. This includes more women receiving appropriate PMTCT services in line with revised PMTCT guidelines and improved monitoring and evaluation in all regions (see Table). Drug supply management was also improved at facility-level as observed by fewer stock-out reports.

Conclusion

By integrating management training with plans aimed at reaching elimination of new pediatric HIV infections, regional teams assumed ownership and accountability of SWIPP implementation, reducing reliance on external technical support.

Table 1: SWIPP Regional Team Key Goals, Outcome Objectives, Targets and Results

Goal	Key Outcome Objectives	Baseline	Target	Q4 Result
Manzini Region				
Provide supportive supervision on PMTCT to all health facilities quarterly.	Increase from 56% to 85% the % of health facilities reporting timely on or before the 6th every month by Sept 2011.	56%	85%	97%
Provide quality PMTCT services in region according to the PMTCT guidelines.	Increase from 76% to 85% the % of HIV+ women provided with Intra-Partum Dose in ANC by Sept 2011.	76%	85%	86%
Shiselweni Region				
Enhance capacity of clinical staff in region to provide comprehensive PMTCT services.	Increase to 80% the % of HIV+ women given extended infant NVP as take home by end Sept 2011.	0	80%	89%
Establish tracking mechanism for referred PMTCT clients between the different departments within regional facilities.	Increase to 80% the % of HIV+ women given extended infant NVP as take home by end Sept 2011.	0	80%	85%
Lubombo Region				
Capacitate all nurses in region to be qualified in knowledge, attitude, and skills for quality PMTCT service delivery via trainings.	Increase to 80% the % of HIV+ women initiated on AZT at 14 weeks or later as recorded at facilities in Lubombo region by Nov 2011.	63%	80%	87%
Increase from 1/month to 2/week supervisory visits to 37 facilities to facilitate consistent PMTCT implementation/monitoring.	Achieve at least 80% of facilities scoring above 90% on supervisory checklist monitoring on the new PMTCT implementation by Nov 2011.	0	80%	95%
Hhohho Region				
Build human resource capacity to implement new PMTCT guidelines.	Increase from 26% to 65% the % of HIV+ women initiated on CTX by Sept 2011.	26%	65%	79%
Strengthen supportive supervision.	Increase % of facilities consistently reporting on PMTCT from 80% to 100% by Sept 2011.	80%	100%	100%