



**NASTAD™**  
NATIONAL ALLIANCE OF STATE  
& TERRITORIAL AIDS DIRECTORS

**SOUTH AFRICA**

## Integrated Access to Care and Treatment

### Goal and Proposed Outcomes

NASTAD South Africa's goal via this project was to build the technical and organizational capacity of the provincial departments of health (PDoH) in two provinces (Free State and Mpumalanga) to institutionalize and standardize the successful planning, implementation and monitoring and evaluation of the Integrated Access to Care and Treatment (I ACT) program. The goal of I ACT is to promote retention to HIV care through early recruitment and linkage of newly diagnosed people living with HIV (PLHIV) into community and facility based care and support programs. I ACT strives to reduce the high rate of loss to follow-up from the time of HIV diagnosis to successful commencement of anti-retroviral therapy (ART).

### Strategy and Approach Used

Using NASTAD's integrated capacity building model that uses peers to provide training, technical assistance and capacity building to public health leaders in order to build workforce competency and develop public health infrastructure for optimized use (Figure 1), NASTAD supported the Free State and Mpumalanga PDoHs to strategically plan for I ACT adoption, and then adapt and develop the national guidance to into relevant and feasible provincial implementation processes.

To support institutionalization, NASTAD South Africa developed a small corps of local, peer I ACT experts who provided routine support to the PDoH and their designees. Working with the PDoH and other partners, NASTAD South Africa helped to: ensure a standard implementation approach, refine and implement I ACT content trainings, develop collaborations between implementing partners, and



implement a robust process and service monitoring and reporting system. Through strong partnership building, mentorship, coaching and regular review meetings, and a staged pilot/expansion process, NASTAD South Africa was able to transition leadership, management, and oversight of I ACT (and the related training components) to the PDoHs, district department of health offices, Regional Training Centers, and district health facilities.

NASTAD's capacity building strategy supported the implementation of an institutionalized and impactful I ACT framework. In both of NASTAD South Africa's focus provinces, I ACT is now integrated into the provincial health care system and leverages existing staff and resources for long-term sustainability.

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## Results

- I ACT has been institutionalized in two (of two) focus provinces
  - ◊ I ACT is in place in 7 districts, 28 sub-districts, and 261 health facilities
- Institutionalization of I ACT is supported by skilled, trained, PDoH staff:
  - ◊ 75 master trainers who facilitate ongoing SGF trainings and provide on-site mentorship support. They are expected to train and support SGFs four times per year.
  - ◊ 400 support group facilitators who have the skills to lead PLHIV through the six-sessions of I ACT. The SGFs work out of existing health care facilities, and work with the facility manager and staff to set up support groups and recruit participants.
  - ◊ Over 1,000 trained health care providers who provide support for the ongoing implementation and integration of I ACT activities at the health care facility
- More than 30,000 South Africans were reached via this initiative in a five-year period, as implemented by more than 2,500 support groups of six sessions each
  - ◊ 80% of participants completed at least five of six sessions, a marker I ACT success

## Products and Deliverables

- **I ACT Implementation Standard Operating Procedure (SOP, 2014)**: This SOP is designed to enable all stakeholders at the provincial, district, sub-district and facility level to follow a standardized approach to planning, implementing, monitoring, and evaluating the I ACT strategy.
- **I ACT Retrospective and Prospective Evaluation (Report, 2014)**: This evaluation was conducted in two stages in Free State to assess the operational and participant characteristics of the I ACT program and evaluate the impact of I ACT on closed group participants. Findings showed that I ACT contributed to significant increases in knowledge and feelings of social support which was found to contribute to increases in medical self-advocacy and decreases in internalized stigma.

## Summary of Outcomes and Impact

With NASTAD South Africa's assistance, I ACT program implementation in Free State and Mpumalanga has been successfully integrated with the care and support unit of the HIV/AIDS Directorate of the PDoH and the Regional Training Centers. The provincial and district level I ACT planning and review meetings have been integrated with existing PDoH planning and review meeting structures; all district and sub-district level HIV/AIDS/TB program managers are trained in I ACT and are coordinating the implementation. Accordingly, the district/sub-district level coordination has been gradually transitioned and facility operations managers have become responsible for managing the day-to-day implementation of I ACT at the facility level.

Full transition of I ACT to the PDoHs occurred in 2015. I ACT training, monitoring and supervision activities are being implemented by the provincial and district DoH offices; district and sub-district health management teams are supporting facilities to have high quality HIV services and M&E activities. NASTAD's role remains as a mentor to ensure quality and success.

