

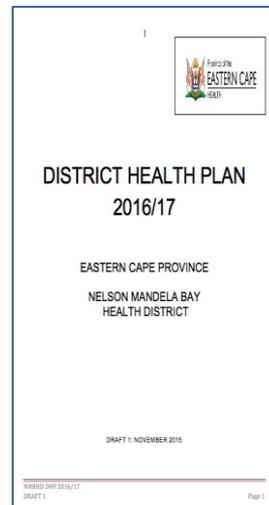
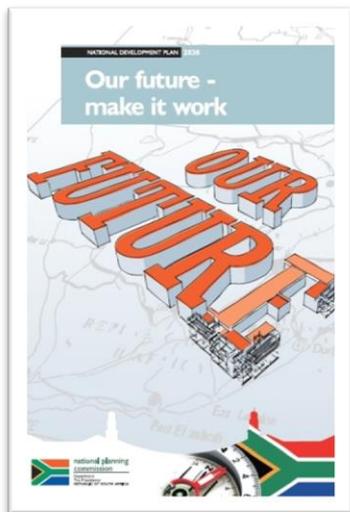
# **The 3 feet Approach**

**Health systems Strengthening  
and  
Quality Improvement for  
improved  
Pediatric HIV outcomes**

# What are our goals within the 3 feet approach?



To end preventable maternal, newborn, child and women's deaths in South Africa



Incl. Combating HIV/AIDS and TB

Cruising at  
30,000ft



3 feet



**Minister Motsoaledi** 'it is time we zoomed in from cruising altitude at **30,000 feet to 3 feet**' – where the action happens, where the rubber hits the road.



# 3 Feet approach in a nutshell

- NDoH commissioned the MNCWH&N Mid term review in 2014
- Certain recommendations
  - Know your target, track performance, be accountable
  - Get the basic right
  - Connect the dots
- There was a need to implement these recommendations to reduce maternal and child deaths and improve pediatric health outcomes
- EC → NMBHD Aug 2014
- Equipping Facilities at 3 Feet level to Use data for action
  - Understand their indicators and targets
  - monitor, and interpret their monthly data
  - use it for action
  - become accountable for quality of care

Tools:  
Facility dashboards &  
Runcharts  
3x4 matrix BNA Tool  
Action dashboards

## 30 000 feet level

- Recommendations
- Plans
- Targets

NDOH

Progress to wards  
MDG 4,5 and 6 from 3 ft. level up

PDOH



District

Impact on outcomes at  
district level

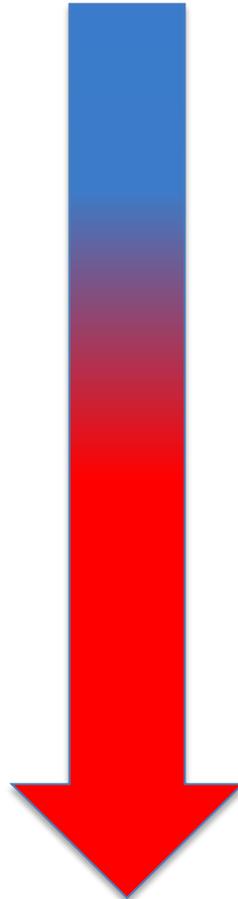
Sub District



Impact on various  
indicators in priority  
programs

Facility

- By means of
- Simple tools
  - Clear steps



- Understand their indicators and targets
- monitor, and **interpret** their monthly data
- **use it for action**
- **become accountable for quality of care**

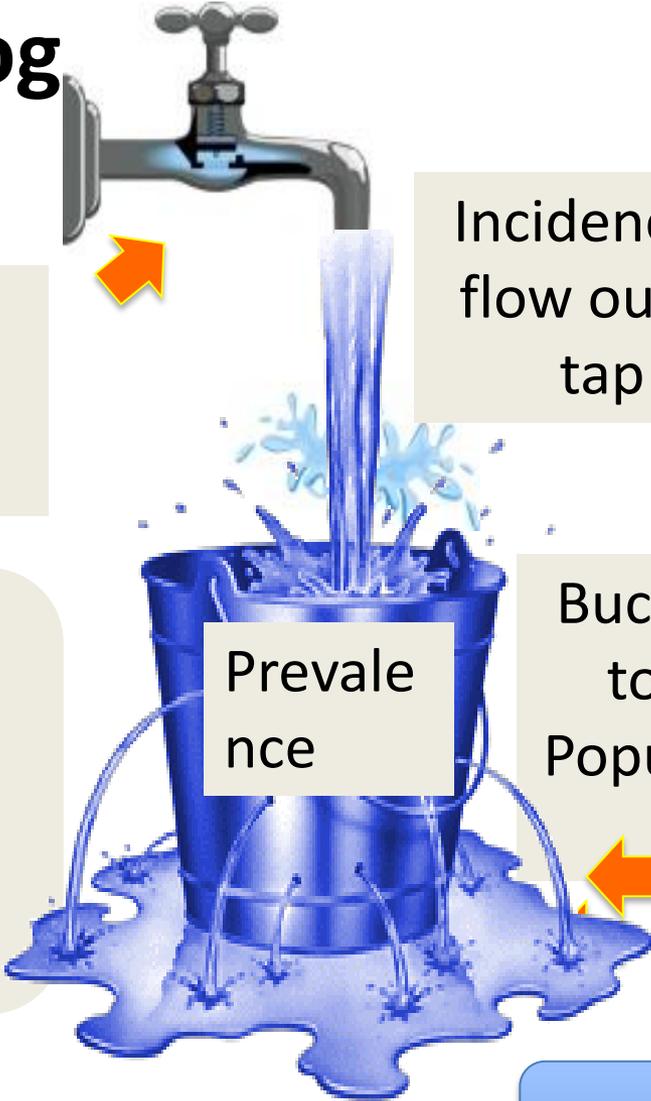


# Burden of Disease: The Open Tap Analog

Thrive

Prevention-  
Turn off the  
Tap

Treatment  
As primary,  
secondary,  
and tertiary  
prevention



Incidence =  
flow out of  
tap

Prevalence

Bucket =  
total  
Population  
n

Mortality = Flow  
out of holes

Plug the hole  
in the  
bucket

Survive

Which taps need to be closed? -  
Cascades and the continuum of care  
from community, to clinic, to hospital



# Effective Health System



Pregnant women initiated on ART

VL management and adherence

PCR positivity at 6 weeks

HIV testing

Quality of BANC

Maternal mortality

HIV+ children initiated on ART

Quality of child health follow-up

Neonatal mortality

Child mortality

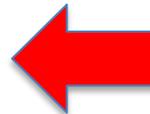
Indicators

Measures of quality

Mortality Indicators

Dashboards

ANC Audits  
RTHC Audits



PPIP/CHIP death audits

# MODEL FOR IMPROVEMENT

What are we trying to accomplish?

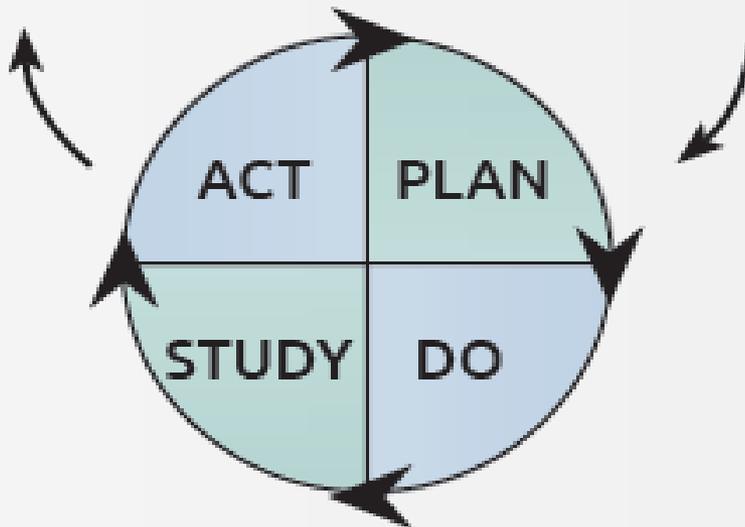
Goal/Targets

How will we know that a change is an improvement

What will be measured?  
Feedback & accountability mechanisms

What change can we make that will result in improvement?

**Understand the system**  
**Identify bottlenecks**  
**Identify actions**  
**Prioritise actions**



Implement  
Action





# How will we know that a change is an improvement?

- What will you measure?
  - Indicator
- Why must you measure
  - You cannot manage what you do not measure
  - Measure → assessment/evaluation → strategies for improvement
  - In order to be accountable

# How will we know that a change is an improvement?

- So we measure by counting how many clients receive a service e.g. Ped HIV tests, and report it every month into DHIS...
- But how do we know that performance is improving
- What feedback mechanisms are in place ??
  - Who is the person who has the most direct influence on that indicator? – How do they gauge their performance?
  - What are the external feedback mechanisms in place

# Accountability

What is the capacity of a person to exercise accountability

- Training
- Clarity of performance expectations and targets
- Involvement in decision making
- Systems to measure and evaluate for
  - Internal Feedback to be able to gauge own performance and build internal commitment
  - External Feedback (supervision/regulatory mechanisms)
  - What are the linkages between actors i.e. who is accountable to who, and who holds who accountable
- Support and promote improved service delivery through feedback and learning -CQI
  - Rewards (or, sanctions)
- Supporting infrastructure
  - Information systems
  - Communication systems
  - Human resource management
  - Performance management





# 3 x 4 MATRIX



|  |  |  |   |
|--|--|--|---|
| <b>Know your issues, track your response, accountability</b> | <b>Target setting at all levels</b>              | <b>Data management (recording, analyzing, use, monitoring)</b>                                     | <b>Communication strategy, feedback loop, key messages</b>            |
| <b>Getting the basics right</b>                              | <b>Infrastructure, medicines, equipment</b>      | <b>Human resources (quantity, capacity), supervision and mentoring to deliver quality services</b> | <b>Service delivery platforms defined and linked with communities</b> |
| <b>Connecting the dots</b>                                   | <b>Cascades and pathways (continuum of care)</b> | <b>Referrals and transport (mapped, available and skilled)</b>                                     | <b>Inter-sectoral coordination</b>                                    |

# Bottleneck analysis

- Various methods
  - 3x4 matrix
  - Fishbone analysis
  - Process map
- Involve relevant staff in BNA
  - Relevant and applicable to that facility
  - Promotes accountability in those that have to implement the action
- Identify level at which action required i.e. PHC facility/ hospital/ district
  - Keep facility focused on what is in their sphere of control and influence

# The action dashboard help us “study” our actions...

It tells us two things:

1. Was the action actually performed? ....
  - **Red= action NOT done**
  - **Yellow = progress towards action implementation of action happening and ongoing,**
  - **Green = action done**
2. Did the action give the desired results i.e. move our dashboard to green.

To determine if the action was the right action, we need to compare the action dashboard to the performance indicator dashboard

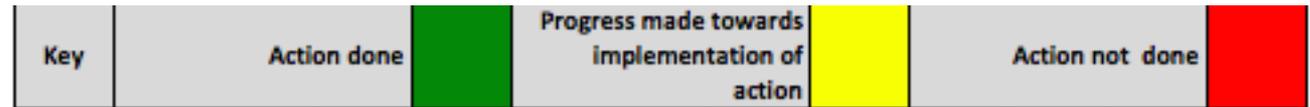
# Summary of the action dashboard

For indicators scoring red or yellow, perform a bottleneck analysis, using the 3x4 matrix or fishbone analysis, and identify actions required to relieve bottlenecks.

List required actions in the action dashboard. Select the bottleneck category from the drop-down list. Indicate who is responsible, and which partner is able to assist with this particular action.

As you review your indicator performance every month, also track the implementation of, and effectivity of your actions, by means of the action dashboard. Every month shade the action according to the key below:

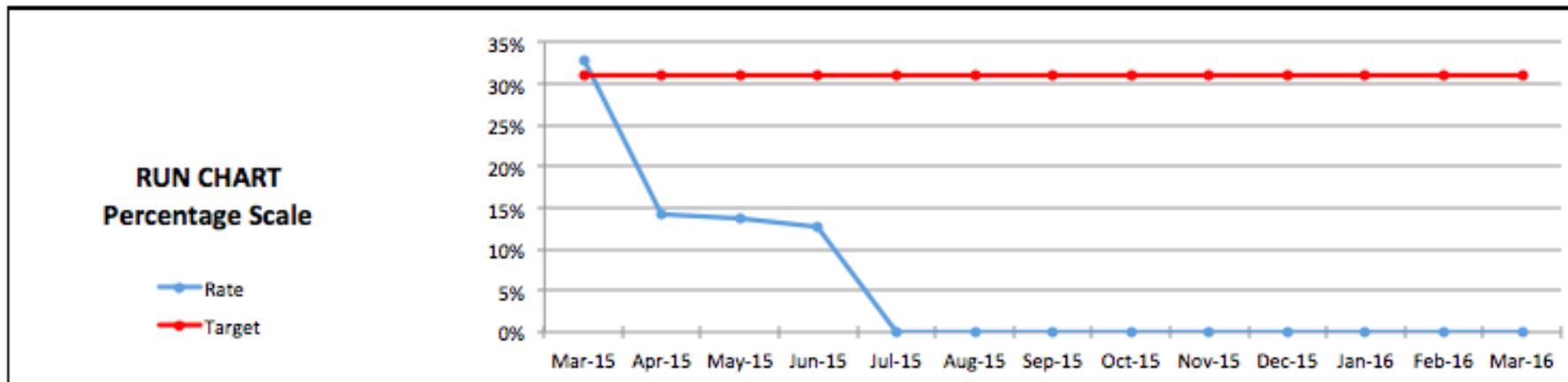
To shade your action dashboard in either red, yellow, or green, copy the relevant colour block in the "key" and paste into the block you would like to shade.



## Compare indicator dashboard to action dashboard:

| Action dashboard | Indicator dashboard                | Meaning  | Interpretation  |
|------------------|------------------------------------|--|---|
|                  | <b>Upward trend</b>                | The action was done (green), and the indicator shows signs of improvement. | The action seems correct. Continue the action and monitor results.  |
|                  | <b>No change</b>                   | The action was NOT done (red), and the indicator did not improve (red)     | The action was NOT done, so no improvement can be expected. The effectivity of the action cannot be determined until it is actually implemented               |
|                  | <b>No change or downward trend</b> | The action was done (green), but the indicator did not improve (red)       | The action was implemented but did not effect results. This means that this action was not the correct action. Adapt your action or choose a different action |

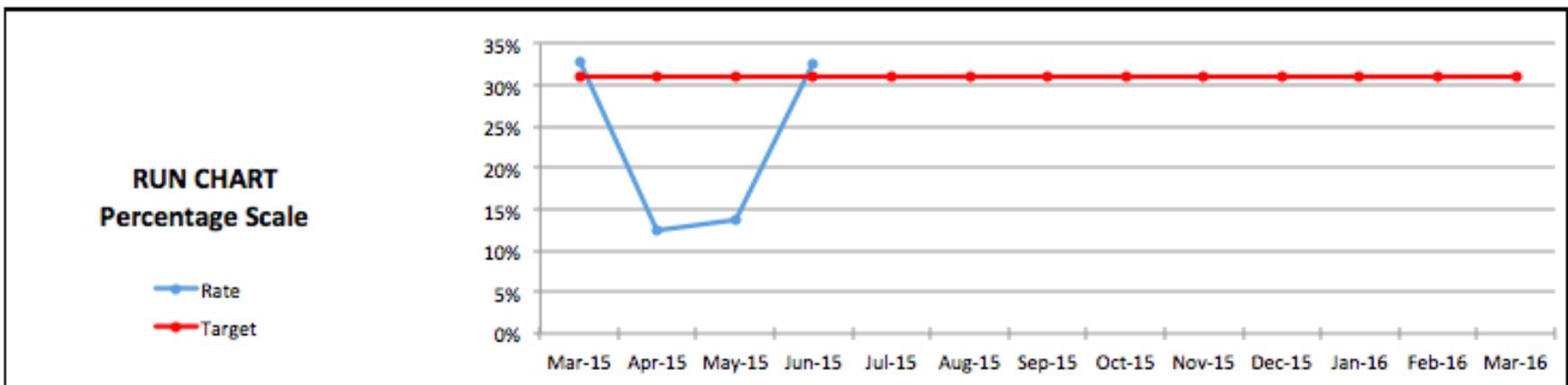
| Data Element/Indicator<br>N = Numerator,<br>D = Denominator | HIV Testing Coverage |        |        |        |        |        |        |        |        |        |        |        |        |        |
|---|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|   | Year total           | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
| N: HIV test client 10-64 years of age                       |                      | 313    | 135    | 132    | 122    |        |        |        |        |        |        |        |        |        |
| D: Population 10 - 64 years                                 | 11471                | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    |
| Coverage/rate (%): $N/D \times 100$                         |                      | 33%    | 14%    | 14%    | 13%    |        |        |        |        |        |        |        |        |        |
| Target: <b>31%</b> Calc = $D \times 31/100$                 |                      | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    |
| Robot scoring   |                      |        |        |        |        |        |        |        |        |        |        |        |        |        |



| Key actions - LIST                    | Action robot (Green = action done, Yellow = action ongoing, red= action not done) |                            |     |       |     |     |     |     |
|---------------------------------------|---|----------------------------|-----|-------|-----|-----|-----|-----|
|                                       | Who is responsible  | Which partner?             | Mar | April | May | Jun | Jul | Aug |
| PN to do 2 HCT per day = 10/week      | PNs   | CCWs; pharm                |     |       |     |     |     |     |
| Each PN to have own HCT register      | Storekeeper   | stores                     |     |       |     |     |     |     |
| Actively encourage pts to test (PICT) | Triage/Health Promo   |                            |     |       |     |     |     |     |
| Advertise free HIV testing at SDS     | Clinic committee  | Health Promoter; CCWs      |     |       |     |     |     |     |
| Set up outreach programmes            | Health Promoter   | CCWs; WBOT of Sub C; Pharm |     |       |     |     |     |     |
|                                       |   |                            |     |       |     |     |     |     |
|                                       |   |                            |     |       |     |     |     |     |

If the action is red, and the performance dashboard is also still red it means that the action was not done (not implemented), and therefore the performance dashboard will not improve, as no change has been implemented to move it towards green

| Data Element/Indicator<br>N = Numerator,<br>D = Denominator | HIV Testing Coverage |        |        |        |        |        |        |        |        |        |        |        |        |        |
|---|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|   | Year total           | Mar-15 | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
| N: HIV test client 10-64 years of age                       |                      | 313    | 118    | 132    | 311    |        |        |        |        |        |        |        |        |        |
| D: Population 10 - 64 years                                 | 11471                | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    | 956    |
| Coverage/rate (%): $N/D \times 100$                         |                      | 33%    | 12%    | 14%    | 33%    |        |        |        |        |        |        |        |        |        |
| Target: <b>31%</b> Calc = $D \times 31/100$                 |                      | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    | 31%    |
| Robot scoring   |                      | Green  | Red    | Red    | Green  |        |        |        |        |        |        |        |        |        |



| Key actions - LIST                    | Action robot (Green = action done, Yellow = action ongoing, red= action not done) |                            |     |       |    |                             |
|---------------------------------------|---|----------------------------|-----|-------|----|-----------------------------|
|                                       | Who is responsible  | Which partner?             | Mar | April | Ma | Vertical (Value) Axis Major |
| PN to do 2 HCT per day = 10/week      | PNs   | CCWs; pharm                |     |       |    | Green                       |
| Each PN to have own HCT register      | Storekeeper   | stores                     |     |       |    | Green                       |
| Actively encourage pts to test (PICT) | Triage/Health Promo   |                            |     |       |    |                             |
| Advertise free HIV testing at SDS     | Clinic committee  | Health Promoter; CCWs      |     |       |    | Red                         |
| Set up outreach programmes            | Health Promoter   | CCWs; WBOT of Sub C; Pharm |     |       |    | Red                         |
|                                       |   |                            |     |       |    |                             |
|                                       |   |                            |     |       |    |                             |

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If the action is green (i.e. was done), and the performance indicator shows an upward trend, then you have the right action.

# Benefits of 3 feet Approach

- Facilities know their targets, track their indicators and track their actions using the facility dashboard charts
- Improved data quality
- Improved accountability at facility level
- Strengthening of health system across all priority programs, and not just one vertical program
- Improved Teamwork and morale
  - Facility
  - District