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
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 \(\rightarrow\) 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

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

NDOH

PDOH

District

Sub District

Facility

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

Impact on outcomes at district level

Impact on various indicators in priority programs
Burden of Disease: The Open Tap Analog

Thrive

Prevention - Turn off the Tap

Treatment - As primary, secondary, and tertiary prevention

Survive

Incidence = flow out of tap

Bucket = total population

Mortality = Flow out of bucket

Plug the hole in the bucket

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

Pregnant women initiated on ART 
HIV testing 
HIV+ children initiated on ART 

Indicators 

Measures of quality 
ANC Audits 
RTHC Audits 

Dashboards 

Quality 

VL management and adherence 
Quality of BANC 
Quality of child health follow-up 

Indicators 

Mortality Indicators 
PPIP/CHIP death audits 

Good Outcomes 

PCR positivity at 6 weeks 
Maternal mortality 
Neonatal mortality 
Child mortality 

Effective Health System
MODEL FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Goal/Targets

What will be measured?

Feedback & accountability mechanisms

Understand the system

Identify bottlenecks

Identify actions

Prioritise actions

Implement Action

ACT

PLAN

STUDY

DO
Targets

Track Performance by Dashboards and run charts

Identify Facility Bottlenecks and Actions

Track Facility level actions in Action DB

Compare action and performance dashboard
Facility Dashboard Example

HIV positive child under 1 year started on ART

Indicator List

- Target
- Average performance to date

<table>
<thead>
<tr>
<th>Bottleneck category</th>
<th>Specific Bottleneck</th>
<th>Key actions - LIST</th>
<th>Action Dashboard</th>
<th>Action done</th>
<th>Progress made towards implementation of action</th>
<th>Action not done</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Who is responsible</td>
<td>Which partner?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Infants less than 1 yr started on ART Rate
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

Source: J O'Hagan; D Persaud: *Creating a culture of accountability in health care*. The health care manager. 2009
Brinkerhoff, D: *Accountability and health systems: toward conceptual clarity and policy relevance*. Health policy and planning. 2004
### Facility Dashboard Example

#### HIV positivity in Audited Deaths Under 5 years

<table>
<thead>
<tr>
<th>Audited Deaths under 5 years that are HIV infected</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>2</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>D= Number of child deaths audited under 5 years</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Monthly performance</td>
<td>56%</td>
<td>44%</td>
<td>38%</td>
<td>29%</td>
<td>25%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Average performance to date</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>District Target</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

#### Diagram: HIV positivity in Audited Deaths Under 5 Years

- Audited Deaths under 5 years that are HIV infected
- Target
- Average performance to date

#### Bottleneck category

<table>
<thead>
<tr>
<th>Key actions - LIST</th>
<th>Action Dashboard</th>
<th>Progress made towards implementation of Action not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is responsible</td>
<td>Apr</td>
<td>May</td>
</tr>
</tbody>
</table>

**Indicator List**

- Newborn Child Survive
# 3 x 4 MATRIX

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

<table>
<thead>
<tr>
<th>Action dashboard</th>
<th>Indicator dashboard</th>
<th>Meaning</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upward trend</strong></td>
<td>The action was done (green), and the indicator shows signs of improvement.</td>
<td>The action seems correct. Continue the action and monitor results.</td>
<td></td>
</tr>
<tr>
<td><strong>No change</strong></td>
<td>The action was NOT done (red), and the indicator did not improve (red)</td>
<td>The action was NOT done, so no improvement can be expected. The effectivity of the action cannot be determined until it is actually implemented</td>
<td></td>
</tr>
<tr>
<td><strong>No change or downward trend</strong></td>
<td>The action was done (green), but the indicator did not improve (red)</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
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.
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