

Use of the Continuous Quality Improvement approach to enhance HIV/TB case finding, diagnosis and treatment in Maternal and Child health services in rural district, South Africa.

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ABSTRACT

Background: The dual epidemic of TB/HIV has contributed to maternal and infant mortality in high HIV settings. South Africa has high burden of HIV and TB, KwaZulu Natal (KZN) is one of the provinces with highest prevalence of HIV (35%) and TB-HIV co-infection (70%) but TB prevention and control in HIV pregnant women is still inadequate due to various health systems problems. An operational research study was therefore conducted in one of the rural districts of KZN to assess the feasibility of using continuous quality improvement (CQI) method to improve HIV/TB prevention and care in pregnant women. **Methods:** the implementation of CQI took place in seven selected facilities in Sisonke district. A descriptive study was conducted using mixed research method. Quantitative data were collected through facility routine data using antenatal-TB cohort tool and data were extracted from the antenatal register from May 2011-March 2013. **Results:** A total of 56 district and health facility staff were trained to use the CQI method. CQI teams were set up in all the participating facilities, and these teams were able to use the CQI approach to identify gaps and work together to close them. Routine data show a remarkable increase in the uptake of AZT (34% to 76%) among ANC clients, uptake of CD4 counts and WHO staging of HIV pregnant women (70% to 88%), referrals for ART initiation for eligible ANC clients (75% to 92%). However, there was a decline in successful referrals for ART (83% to 63%). Whereas for TB services, there was an increase in the uptake of TB symptoms screening (77% to 97%), out of the 97% ANC screened for TB, 31% were suspects, almost 100% of ANC clients had sputum taken and 4 ANC clients were diagnosed with TB (1%) and 3 started on treatment (75%). **Conclusion:** this study suggests that the use of CQI was feasible and acceptable. The findings show an evidence for the improvement uptakes of AZT, ART, TB screening and IPT have increased. This needs to be a focus of on-going improvement efforts. However, there is a need to strengthen the referral system to ensure that all HIV pregnant women eligible for ART are initiated on ART. The CQI approach has the potential of improving the management and integration of the HIV/TB into MCH services. It provides the platform for these programmes that are still vertical in some of the facilities to reflect on their programmes through the CQI. There is a need of strong leadership and support to sustain such intervention at facility level in-vue of health systems constraints such as staff shortage and staff mobility.