

## Jhpiego in South Africa

### Quick Facts

**Estimated total population:**<sup>1</sup>  
55 million

**Maternal mortality ratio:**<sup>2</sup>  
138 per 100,000 live births

**Infant mortality rate:**<sup>1</sup>  
34 per 1,000 live births

**Under-five mortality rate:**<sup>3</sup>  
41 per 1,000 live births

**Total fertility rate:**<sup>1</sup>  
2.6

**Contraceptive prevalence:**<sup>1</sup>  
All methods 60%  
Modern methods 60%

**HIV prevalence:**<sup>4</sup>  
17.9%

**Births with skilled provider:**<sup>5</sup>  
91%

Sources:

<sup>1</sup> Population Reference Bureau  
2015 Population Data Sheet;

<sup>2</sup> WHO Global Health  
Observatory Data Repository;

<sup>3</sup> Inter-agency Group for Child  
Mortality Estimation;

<sup>4</sup> UNAIDS 2013 Report on the  
Global AIDS Epidemic; and

<sup>5</sup> South Africa Demographic and  
Health Survey 2003.

### Background

South Africa has made remarkable progress consolidating a peaceful transition to democracy, and is often cited as the most developed country in sub-Saharan Africa. Despite these successes, however, the country's population still faces daunting health challenges. With the fourth highest HIV infection rate in the world and an estimated 5.6 million South Africans living with HIV/AIDS, the AIDS crisis has been particularly devastating. In 2010, it was estimated that 30.2% of pregnant women who attended public sector health care facilities were HIV-positive and the prevalence of HIV infection is likely to remain high among pregnant women. The top causes of maternal death in South Africa are HIV/AIDS, complications of hypertension, obstetric hemorrhage and sepsis—all avoidable and treatable conditions. In addition, in mothers with HIV, maternal mortality is five times higher than in non-HIV infected mothers, and nearly 75% of deaths of HIV-infected mothers occur in the week after childbirth. Child mortality is also a focus in South Africa, with the top causes of death for children under five being HIV/AIDS, low birth weight, diarrheal diseases, respiratory infections and malnutrition. Finally, despite the fact that cervical cancer is the second most common cancer in South Africa, only 17% of women receive Pap smears.

Jhpiego began working in South Africa in 1995, when it conducted an in-country training skills course for family planning and reproductive health trainers. In 2002, the U.S. Agency for International Development (USAID) funded Jhpiego to expand the HIV counseling and testing capacity of local nongovernmental organizations and to provide technical assistance to the National Department of Health (NDOH) to develop national HIV guidelines. In 2006, Jhpiego received funding from GlaxoSmithKline for a two-year program in North West Province to introduce a Pap smear alternative—a single visit approach to cervical cancer prevention using visual inspection with acetic acid (vinegar), and cryotherapy. From 2007 to 2009, under the USAID-funded ACCESS Program and in collaboration with the NDOH and the Provincial Departments of Health (PDOHs), Jhpiego implemented activities to increase access to and quality of HIV and AIDS services, including cervical cancer prevention and prevention of mother-to-child transmission of HIV (PMTCT). In addition, from 2007 to 2010, Jhpiego worked on a “task shifting” initiative, the USAID-funded ART2Scale Project, to increase access to comprehensive HIV and AIDS services by shifting to nurses certain tasks previously performed by doctors. Under USAID's Maternal and Child Health Integrated Program, Jhpiego worked in South Africa from 2009 to 2011 to: strengthen PMTCT services; expand the rollout of cervical cancer prevention services targeting HIV-positive women; provide technical assistance to strengthen NDOH and PDOH capacity in HIV treatment, care and support; and disseminate national HIV/AIDS-related guidelines.



Currently in South Africa, Jhpiego works in partnership with JPS Africa (formerly known as Jhpiego South Africa), a registered Section 21 nonprofit company based in Pretoria. Until September 2012, JPS Africa implemented the five-year Siyazi Project, funded by the U.S. Centers for Disease Control and Prevention (CDC), to increase access to and quality of confidential, voluntary HIV counseling and testing services in the workplace. With support from the United Nations Population Fund (UNFPA), JPS Africa also worked with the NDOH, UNFPA and additional partners to develop a community mobilization strategy for scaling up community-based cervical cancer screening and contraception services. From 2013 to 2015, JPS Africa provided technical support to the NDOH on the introduction and national scale-up of the use of contraceptive implants, under the Jhpiego-led, “Accelerating Scale-up of Implants” project, funded by the Bill & Melinda Gates Foundation through Jhpiego. As the technical partner, JPS Africa assisted the NDOH in providing guidance and support to the PDOHs for the rollout of contraceptive implants services, with the ultimate goal of improving the health of women, children and their families.

Currently, Jhpiego is working in South Africa under the Maternal and Child Survival Program (MCSP) as well as with JPS Africa to support the provision of comprehensive voluntary medical male circumcision (VMMC) services for HIV prevention. Both of these programs are described below.

## **Current Program Highlights**

### **Maternal and Child Survival Program**

MCSP is working closely with the Nelson Mandela Children’s Hospital (NMCH) to design a program to develop its nursing capacity in tertiary pediatric care as the hospital prepares to establish itself as a regional center for learning in the Southern African region and to support the mentorship of clinical pediatric nurses and nurse managers at NMCH by partnering with a U.S.-based children’s hospital. The objectives of this work are to: 1) strengthen the clinical bedside skills of newly appointed tertiary pediatric care nurses and other clinical care staff at NMCH through a mentorship exchange with a U.S.-based children’s hospital; 2) support nursing management to strengthen the practice management and governance issues, including systems, processes and protocols at NMCH through an exchange visit with a U.S.-based children’s hospital; and 3) implement a regional referral network for Southern Africa on tertiary pediatric nursing to strengthen the capacity of tertiary hospitals in identified Southern African countries.

### **Voluntary Medical Male Circumcision**

Through a five-year grant under the President’s Emergency Plan for AIDS Relief (PEPFAR), Jhpiego and JPS Africa are supporting CDC and the PDOHs for Mpumalanga, Gauteng and Limpopo to promote primary prevention of HIV by scaling up safe, comprehensive VMMC services in Nkangala, Sedibeng, Sekhukhune and Waterberg Districts. Jhpiego is targeting district hospitals and community health centers designated by the PDOH to be high-volume VMMC sites, using the Models for Optimizing Volume and Efficiency, or MOVE, approach.

Working with surrounding facilities, trained providers and communities, Jhpiego is collaborating with other CDC and PEPFAR partners to realize national scale-up. Jhpiego has played a key role in building the capacity of providers and trainers

from the PDOHs and CDC partners in the dorsal slit surgical technique. Jhpiego also developed a standardization training plan for all new and existing VMMC providers across South Africa with the goal of ensuring that all VMMC providers are trained in the appropriate surgical methods (forceps-guided and dorsal slit) as well as the PrePex device-based method. The use of the PrePex device will help to increase collaboration with local industries because, unlike the surgical methods, VMMC utilizing the PrePex device does not require time off from work for recovery. Jhpiego promotes high-quality VMMC services by: 1) preparing sites to institute high-quality, comprehensive VMMC services; 2) employing medical professionals as part of high-volume VMMC service delivery responsibilities; 3) promoting advocacy for task shifting of VMMC; 4) developing and implementing quality standards; and 5) transferring critical technical/management competencies to the PDOH and district hospitals. Jhpiego works closely with local partners—including traditional healers and traditionally circumcising communities, coal mining and agricultural companies and unions, and community and clinical provider associations—in support of VMMC awareness building, participatory planning and service provision.

## Key Accomplishments

- Since October 2011, more than 40,000 men have been circumcised as a result of Jhpiego-supported VMMC services.
- Technical advisory support to the NDOH Prevention Directorate for Medical Male Circumcision has been provided since 2009 to assist with the development of VMMC policy, strategy, clinical guidelines and technical assistance to implementing partners in the nine provinces. Jhpiego also provided adult VMMC training in KwaZulu-Natal Province with the Society for Family Health.
- Jhpiego introduced ModCAL<sup>®</sup> (Modified Computer-Assisted Learning) for Training Skills, designed as a part of a blended learning approach. This technology-supported learning tool was mixed with more traditional group-based training to increase efficiency and effectiveness of the learning event. ModCAL was especially relevant to the current VMMC context of South Africa, where new skills needed to be taught to many providers in short periods of time and training needed to be standardized across multiple implementing partners and service delivery outlets. Objectives of this training were to: 1) standardize dorsal slit skills, and 2) introduce competent providers to principles and delivery of effective clinical training.
- Since 2012, Jhpiego has trained more than 100 providers on forceps-guided and dorsal slit methods for male circumcision. Since August 2014, when new guidance by PEPFAR South Africa required a change in circumcision method for pre-pubescent boys (10–14 years old), CDC requested that Jhpiego train all CDC-funded VMMC partners on the dorsal slit method. So far, a total of 92 providers (23 doctors, 57 professional nurses and 12 clinical associates) have been trained. A total of 12 providers have also been trained and certified as Clinical Skills Trainers on Dorsal Slit Skills. An additional 18 NDOH doctors were trained in Mpumalanga under the World Health Organization/NDOH doctors training program.



Clients waiting for VMMC and HIV testing and counseling services at Levai Mbatha Clinic, with the project's Chief of Party, Melusi Ndhlalambi.

- The program completed the branding and pilot of the JPS Africa Mobile Clinic. This three-bed mobile clinic has the capacity to perform 50 male circumcisions per day and is expected to assist Jhpiego to increase its VMMC outputs by reaching clients closer to their communities. By the end of September 2015, over 2,900 VMMCs were performed in the mobile clinic.
- In 2015, Jhpiego demonstrated that targeted and well-planned mini-campaigns could successfully increase the numbers of circumcisions throughout the year, supplementing the large numbers gained during the traditional winter campaign. Jhpiego implemented mini-campaigns during school holidays and saw increases in numbers of males circumcised during those months. One such mini-campaign was implemented from 30 March to 11 April 2015, during the Easter school holiday, with a total of 14 health facilities participating. Consequently, March and April 2015 saw 660 and 447 circumcisions, respectively.
- As a result of the CDC-funded work, the Jhpiego-developed Training Information Monitoring System (TIMS<sup>®</sup>) has been used at 19 locations in KwaZulu-Natal, Eastern Cape, Mpumalanga and Western Cape Provinces, as well as at the national level by the NDOH tuberculosis unit.

## Partners and Donors

- Jhpiego collaborates closely with government partners such as the NDOH, PDOHs, government health facilities and universities that train health care professionals.
- Current and former donors include CDC, USAID, UNFPA, the Bill & Melinda Gates Foundation and [GlaxoSmithKline](#).

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