For our Southern Africa region, 2017 was a year of active scaling and marked with significant highs and lows.

The team of 180 people across ten countries continued to find shape within the new strategy.

At the same time the team demonstrated impressive project management by taking time to train our people and participate in pilot programmes to better serve our clients, while building and opening 29 new clinics and managing sustainability-related uncertainty. Looking specifically at the network footprint, our Southern Africa region successfully followed North Star’s 2017 strategy by establishing an impressive 29 new clinics, of which 25 were opened through work with the Tuberculosis in Mines for Southern Africa (TIMS) project and Southern African Development Community (SADC) Phase II contract.

Within the TIMS project, North Star was to build and establish eleven clinics which would then be operationalised by TIMS partner, OGRA. Our regional team successfully managed the project, opening ten of the eleven clinics – with a delayed tax exemption certificate hampering the opening of one clinic in Zambia.

As part of our SADC Phase II contract, a further 14 of the 20 originally contracted Blue Box clinics were built and opened. Within this same contract, an additional four clinics were established, however delays in construction resulted in these not opening before the end of 2017.

Looking again at the SADC Phase II contract, we reflect on the ability of our team to adapt and apply nimbleness to our strategic plans. Within the agreement with SADC, the region is responsible to operationalise and establish the clinics in the community, after which the team will hand them over to the local Ministry of Health (MOH) on an agreed date.

This is part of how SADC and North Star are working together to fill the gaps in healthcare delivery, and extend the services of local MOH’s.

In line with North Star’s strategic objectives, the Southern Africa region continued to make good progress with the roll-out of initiatives to improve clinical performance and patient experience. In particular, the team gained momentum in the treatment of Anti-Retrovirals (ARVs) and Pre-exposure prophylaxis (PrEP) across the region, with more clinics accredited to include these in their service offering.

As a key member of the national roll-out plan for PrEP in South Africa, the team continued to work on this pilot project in partnership with Wits RHI. All Blue Box clinics are now practicing the Test and Treat approach with ARVs, and have moved to First Response test kits in line with the national change to HIV Testing Services kits.

With a focus on extending the services offered to our clients, our regional team rolled out our pilot Pap smear programme in Musina, with a vision to expand these services to Pomona, Ngodwana and Cato Ridge in 2018. As part of this, the Musina team participated in a DOH-led Pap smear drive, notably seeing 43 sex workers screened for cervical cancer in a single day.

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Complementary to the roll out of the Pap smear programme is Southern Africa’s Hands Off! Programme, where we partner with AidsFonds, to educate and empower sex workers. In 2017, the Hands Off! team continued to build their numbers of Peer Educators, and with thanks to funding from AidsFonds, three new peer educators joined the team in Cato Ridge, leading to increased outreach and visibility among the local sex worker community. The Bloemfontein clinic was also able to hire an additional nurse, expanding service provision and outreach effectiveness. This brought the Hands Off! team to a total of 19 peer educators at the Cato Ridge and Inchope Blue Box Clinics at the end of 2017.

Run from nine clinics, the programme seeks to establish trust with the sex worker community, educating on sexual health and reproductive rights, and working together with the community to forge good working relationships – for example, crisis response teams in each location, comprised of local leaders, provides essential safety and care to sex workers who have experienced extreme hardship. Hands Off! also provided sensitisation training for clinical staff, running a training event at which 160 sex workers were trained on health, human/personal rights and safety. Education and information forums for sex workers were introduced at all participating Blue Boxes this year, where Peer Educators, alongside clinical nurses, will train their peers on health education.

While the team focused on North Star’s clients, they also gave important attention to North Star’s people, and valued opportunities to invest in the team. Professional coach, Mike Ivey, spent time working with our Regional office team members on team building and personal coaching. The region’s clinical staff received training by provincial Department of Health (DOH) teams on new HIV testing kits, and monitoring and evaluation (M&E) staff spent time at each site focusing on client intake forms in order to better track and measure performance and impact. Clinical staff across the region also received training on sex worker sensitisation, men who have sex with men, patient’s rights, nutrition, and infection control.

Beside these enormous leaps of growth and development, 2017 was not without its challenges for the Southern Region. Within a changing, and indeed challenging, donor environment, many of their contracts faced difficulties this year, and as an organisation, we are very thankful to a core group of donors for stepping in and providing urgent temporary funding.

During 2017 we found ourselves in the unfortunate position where we had to temporarily close our SADC Phase II clinics. The decision was not made lightly, and brought with it a great deal of disappointment from management and staff alike. With unfortunate timing placing the temporary closure so close to the end of the contract, the temporary closure was made official as of 31 December.

At the same time, North Star awaited final approval and sign-off on four proposals to the SADC HIV Fund, which was hoped to permit the reopening of these clinics to return to servicing the local communities and key population groups. Meanwhile, our Southern Africa regions’ SADC Phase I clinics, as funded by SADC HIV Fund, approach the end of contract in early 2018, with some of these clinics having their funding extended by AidsFonds until December 2018.

As PEPFAR shifted funding focus away from long distance truck drivers to other key population groups, like sex workers, as well as changes to their funding districts, funding for Southern Africa region’s Pongola, Bloemhof and Cato Ridge clinics became uncertain, resulting in the closure of the first two clinics.

Despite these external impacts, the Southern Africa region remains well positioned to face the significant challenges that exist in the donor and funding environment, such as donors changing focal priorities and slow economic growth from the private sector, and the regional management team remains cautiously optimistic about its prospects in the region.

The focus in 2018 will be on strengthening the Southern region’s funding base both with donors and within the private sector while we prepare the handover of SADC-funded clinics to Districts of Health of the respective member states.

The region will see a further development of the operating strategy to position itself for the future as a value-based healthcare provider focusing on mobile workers and communities they interact with. The team will continue to focus strategically on the value that they deliver to patients by continuing to improve the safety and quality of clinical care, the quality of the patient experience, and opportunities to improve operational efficiency.

At the same time, the region will also continue to focus on opportunities to develop an integrated Southern African healthcare delivery model for the future of our target audience.