



Department of Health  
Republic of South Africa

# HIV / AIDS Mentoring Introduction

October 2008



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absolute return for kids



# Mentorship

- “ There is no such thing as a self-made man. We are made up of thousands of others. Everyone who has ever done a kind deed for us, or spoken one word of encouragement to us, has entered into the make-up of our character and of our thoughts, as well as our success. “

*George Burton Adams, educator and historian*

# Goals

- **ARK**'s mission is to transform the lives of children
- To achieve this we must ensure all patients eligible to ART are started on treatment ( early )
- to ensure parents are able to remain well and care for their children



# Why do we do this ?

- *large numbers* of patients need to be started on ART

- 1990 survey **100 000** ( 0.7%) HIV infected; now **5.7 million** ( 20% - 20 to 64 years age )

- total of 550 000 people in South Africa on ART since National DoH rollout in April 2004

- currently 1.1 million awaiting ART eligible CD4/WHO IV

- *a large treatment gap* already exists

- *urgent* needs ( pool of patients with Stage IV or CD4 count less than 200 growing )



**4 years**

**GAP**



# How do we do this ?

- rapid *scale-up* of services
- already approximately 370 ART sites nationally ( accreditation )
- *access* to ART ( 10 districts have highest numbers )
- *training* of staff to manage HIV infected adults, children and pregnant mothers
- stream-line *efficient* services for ART team ( space and staff constraints )

# Introduction – ARK Model

- didactic training for *Adult* Basic HIV / AIDS and *PMTCT* (and *Paediatrics* )
- now need to implement it at your ARV site
- emphasis on *quality* service and less didactic workshops
- consolidation ( fewer sites in 2009 )
- ARK “*tool kit*” for rollout

LAYERS

THEORY

PRACTICE



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# Site Coordination

## The Patient

- checks appointment date correct
- arranges transport to ART site ( taxi, fares etc .)
- arranges to go WITH treatment supporter ( check free to go ? )
  
- ensure patient remembers to bring appointment card ( hospital number )
- pill bottles (pill boxes ), tick sheets ( diary cards )
- arranges child minder or obtains a day off from employer MONTHLY

## The Facility

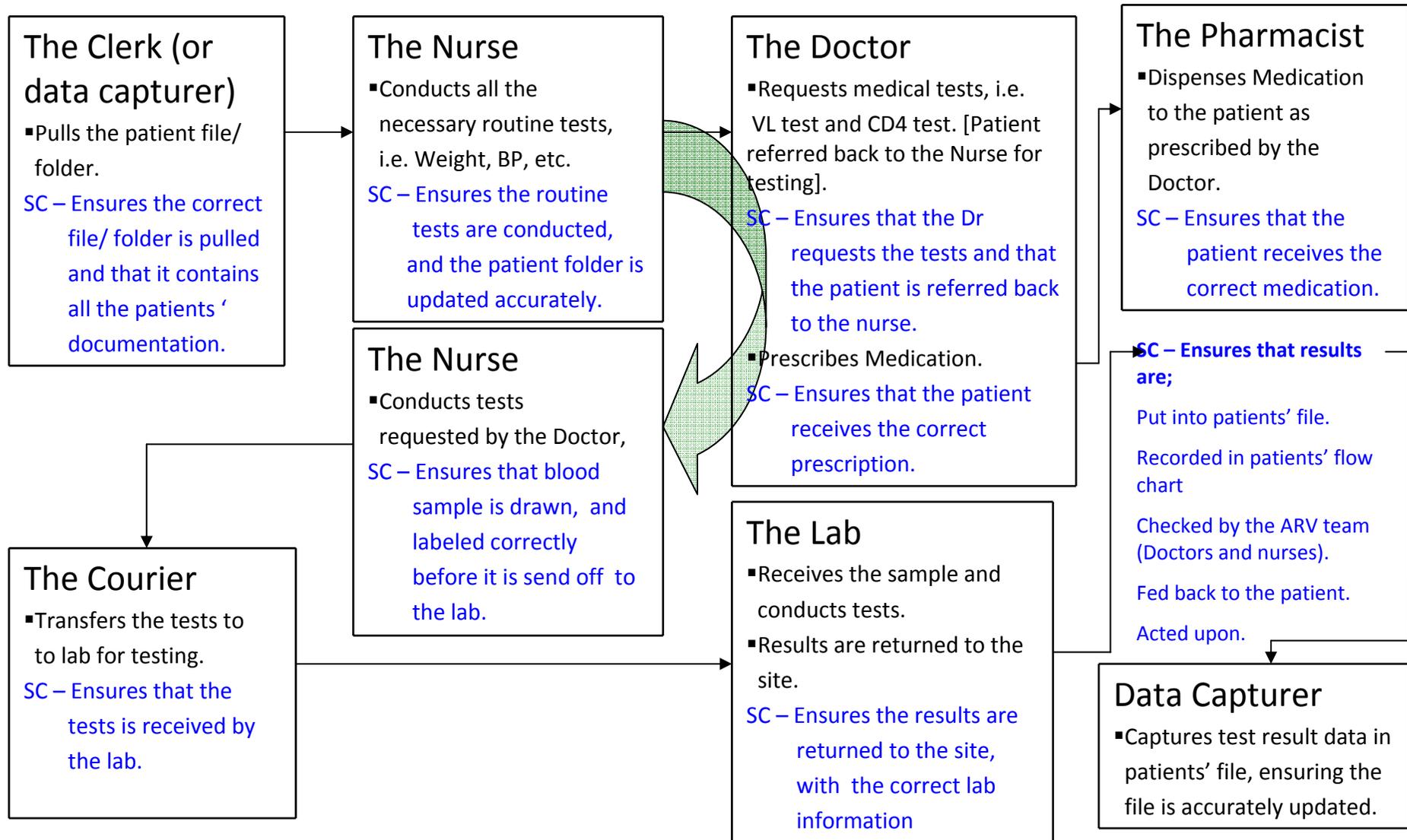
- enters facility
- greeted by a security guard
- goes directly to r receptionist to obtain ART file ( ? queues )

## Check file data correct

- ? 1<sup>st</sup> time visit
- ? Follow-up visit
- ? Emergency

# Coordination of the site

## The conductor of the ARV clinic.



# The Clinic Process





## ARK Mission

- to put HIV infected patients onto anti-retroviral treatment (ART) with the aim of prolonging their life.
- ART prolongs life by achieving viral load SUPPRESSION.

## OVERVIEW

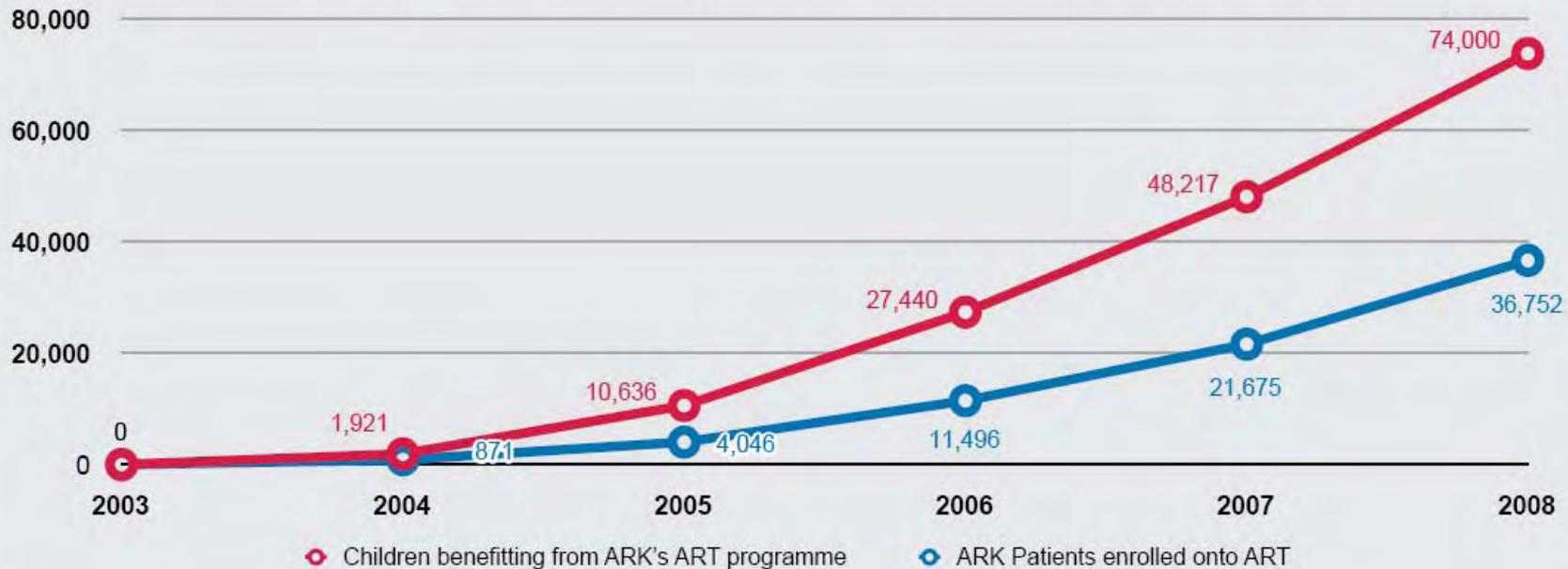
# DEVELOPMENT OF ARK'S ART PROGRAMME IN SOUTH AFRICA

ARK's Antiretroviral Therapy (ART) programme provides lifesaving care and treatment to mothers, caregivers and children infected with HIV/AIDS. The ART programme was launched in December 2003. By June 2008 it had enrolled 32,963 patients onto treatment, exceeding its target to enrol 32,681 patients by 2010, 21 months ahead of schedule. This benefitted over 64,000 children, preventing them from being orphaned by keeping

their HIV+ parents and caregivers alive, and/or treating them for the virus themselves.

By the end of the financial year in August 2008, ARK had treated 36,752 mothers, caregivers and children since the programme began benefiting over 74,000 children.

### Mothers, Caregivers and Children benefitting from ARK's ART programme



In December the ARK Board increased its commitment to the ART programme to £21.7m until August 2011. The programme now includes an initiative to enhance the service for Prevention of Mother-to-Child Transmission (PMTCT) at some of the same clinics where ARK operates.

The aim is to reduce the number of babies becoming infected with HIV. The target is to enrol a further 39,061 mothers, caregivers and children onto treatment across the four provinces in which ARK operates.



## ARK Experience

- approximately 80 to 85% of patients are adherent and need guidance and support while on ART
- 5 to 10% may “struggle” with taking their ART
- 5% have POOR adherence



# POOR adherence



NOT ONLY THE  
responsibility  
of doctors  
or sisters

- need someone to SHOW THEM THE WAY

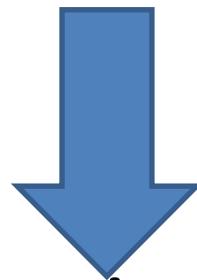


- The ARK Community Access and Adherence programme (CAA ) provides the patient with education and community support
- they can assist to ensure that the patient comes back to the ARV Facility
- patient will remain in care (RIC) and will not be lost to follow-up (LTF)



## GOAL

- upon *regular* return and follow-up, the patient will get a VIRAL LOAD test done every 6 months



- this is an indication of treatment  
SUCCESS



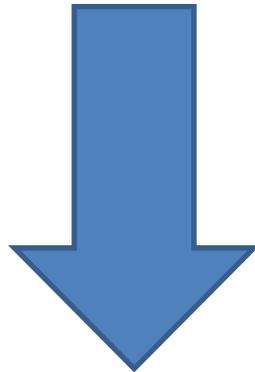
## ROLES of ART Team



- Pharmacy – provides **ART** medication (can ascertain regular attendance)
- CAA – ensures patients **keep coming back** for ART and blood tests.
- Clinical – ARV team ( doctors and nurses ) ensure **tests are done to indicate viral suppression.**
- Data capturers – provides data for **reports** to indicate patient progress, the LTF patients and outstanding tests.

# WHY provide these services

- to **DECREASE the VIRAL LOAD**
- maintain high quality of care
- ensure good health for all HIV infected patients



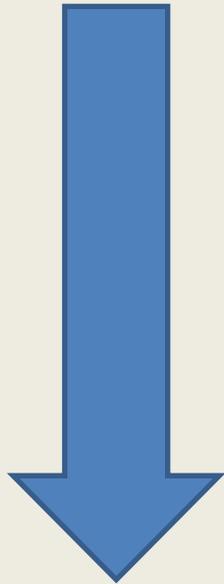
- ensure that most patients continue in care for their own benefit.



## Need systems in place to reduce Viral Load ( V/L )

- *smoother* running of any clinic
- reproducible - must apply to *each* and every patient
- can be applied to *many* other programmes eg PMTCT, Tuberculosis management ( currently both these programmes are under-performing )

# ART rollout



BASIC  
OBJECTIVE

= *achieve viral load  
suppression*

Strategy

= *efficient* team operation;  
need to be adaptable and constantly adjusted

Function

= *roles* and  
responsibilities

Structure

= clinic design

fixed ;  
each clinic set  
up different

# The ARV Clinic



## The ART team

1. The patient (client)
2. Nurse
3. Doctor
4. Pharmacist and pharmacist assistant
5. Adherence counsellor
6. Patient advocate
7. Clerk ( HIV register, filing reports, lab results)
8. Data capturer

## (The ARV Clinic)

1. Triage room
2. Nursing sister's rooms
3. Doctor's rooms (adult/Paeds)
4. Paediatrician's rooms
5. Counsellor's room  
(Psychologist/social worker / dietician / nutritionist )
6. Maternity room ( pregnant mothers )
7. TB room
8. Filing room
9. Pharmacy

# The ARV Clinic

- The ARV team:

- duties
  - roles
- } \*overlapping responsibilities and may be shared  
\*each person duty needs to be clearly defined

- The ARV clinic ( parkhome/CHC/hospital):

- services
- integration

When a job becomes *everyones* responsibility, then it becomes NO ONE'S responsibility

## ART sites – better and smarter

- “know your clinic”
- “Know your patient”<sup>( client )</sup>
- “know your child”

Staff, space, efficiency

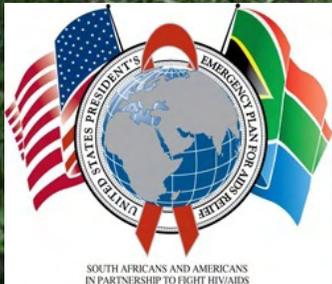
# ARV rollout : after accreditation

## Early start-up

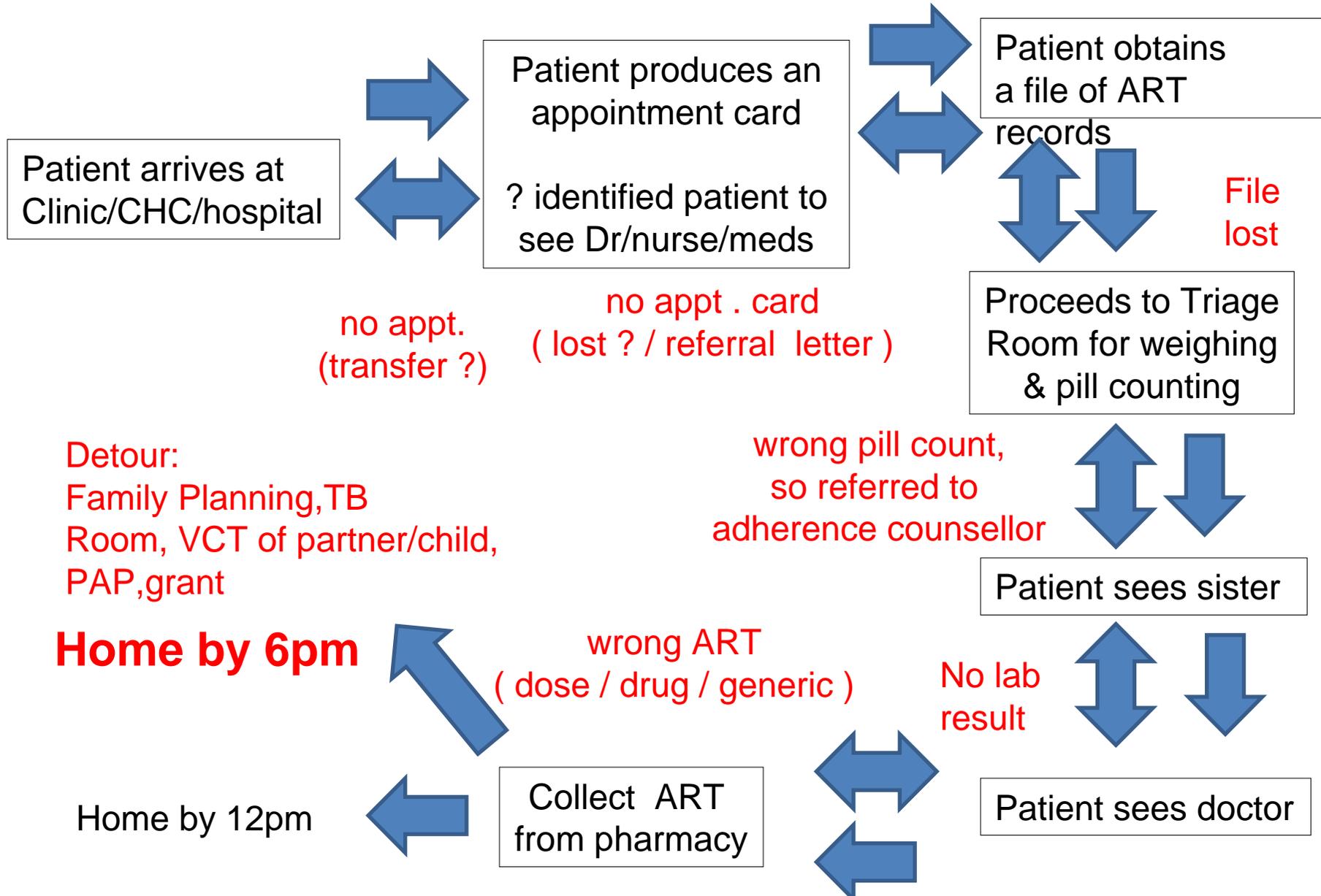
- may have clinic only 1 or 2 days per week, with limited staff in attendance
- space constraints may force clinic rooms to be “shared”
- stagger ARV clinic with HIV Wellness clinic alternate days ( MTM = “admin”)
- train staff, put systems in place ( filing room, blood room, stock pharmacy etc)

## After a few months - daily

- busier clinics, bigger waiting area ( esp.if children )
- one day can be set aside for MTM Multi-disciplinary Team Meeting
- one day can be set aside for emergencies
- one day can be set aside for Paediatrics ( ? visiting doctor )
- stagger patient visits ( morning ,late am and pm )



# ARV clinic flow – monthly patient visit



# The ARV Clinic SWAT team

- Doctor
- Nurse
- Pharmacist
- Data capturer
- Counsellor
- Site coordinator
- CAA facilitator
- Social worker
- nutritionist

Roles and responsibilities may overlap

support each other → team work

may be important to clearly define responsibilities within the TEAM

CAA = Community Access and Adherence

and many others.....



# The community support

- Patient Advocate ( PA )/community worker
  - Home based carer (HBC)
- CAA facilitator – site based link btwn. PA and clinic
  - Community health worker (CHW)
- Other patients, patient's partner and family
- Church and other support groups
- NGO / CBO / FBO : non- government

Faith-based organisation

Community-based organisation

# The ARV Clinic

- Triage – starting point :
  - weighing of patient
  - collection of ARV file
  - bloods taken ( venesection )
  - data and registers completed
  - appointments for follow-up are made ( booking book )





Waiting area – small and quiet

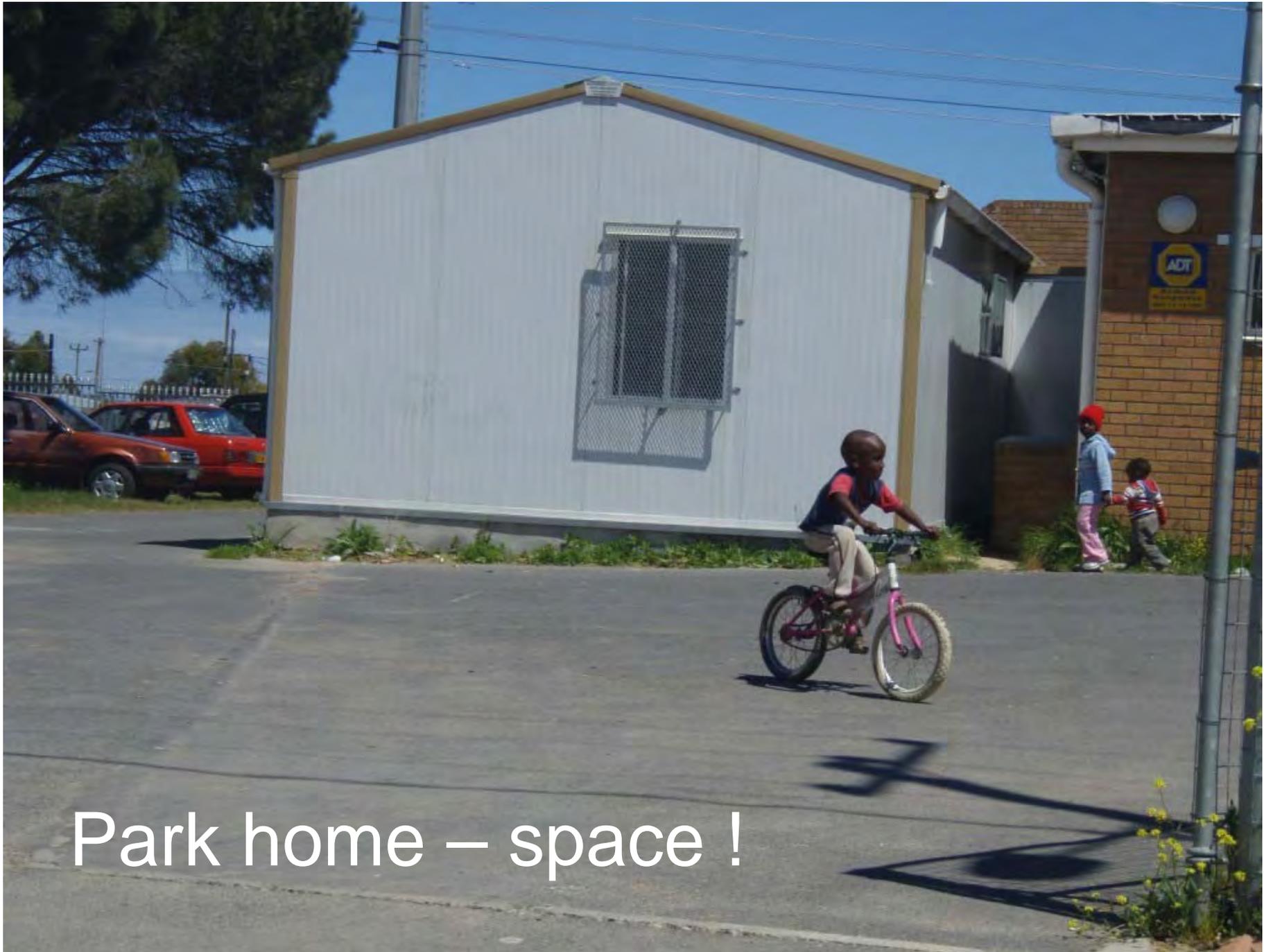


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# Waiting area – busy !

size – infection control  
location – near TB, Maternity etc  
children – safe play area





Park home – space !



## Access

Integrated (holistic)

Maternity

TB

Family Planning

STIs

Child Care ( IMCI )

Comprehensive care

-Social worker ( grants,  
-drug and alcohol )

-Psychologist ( mental health )

-Nutritionist or dietician ( NSP)

# Summary

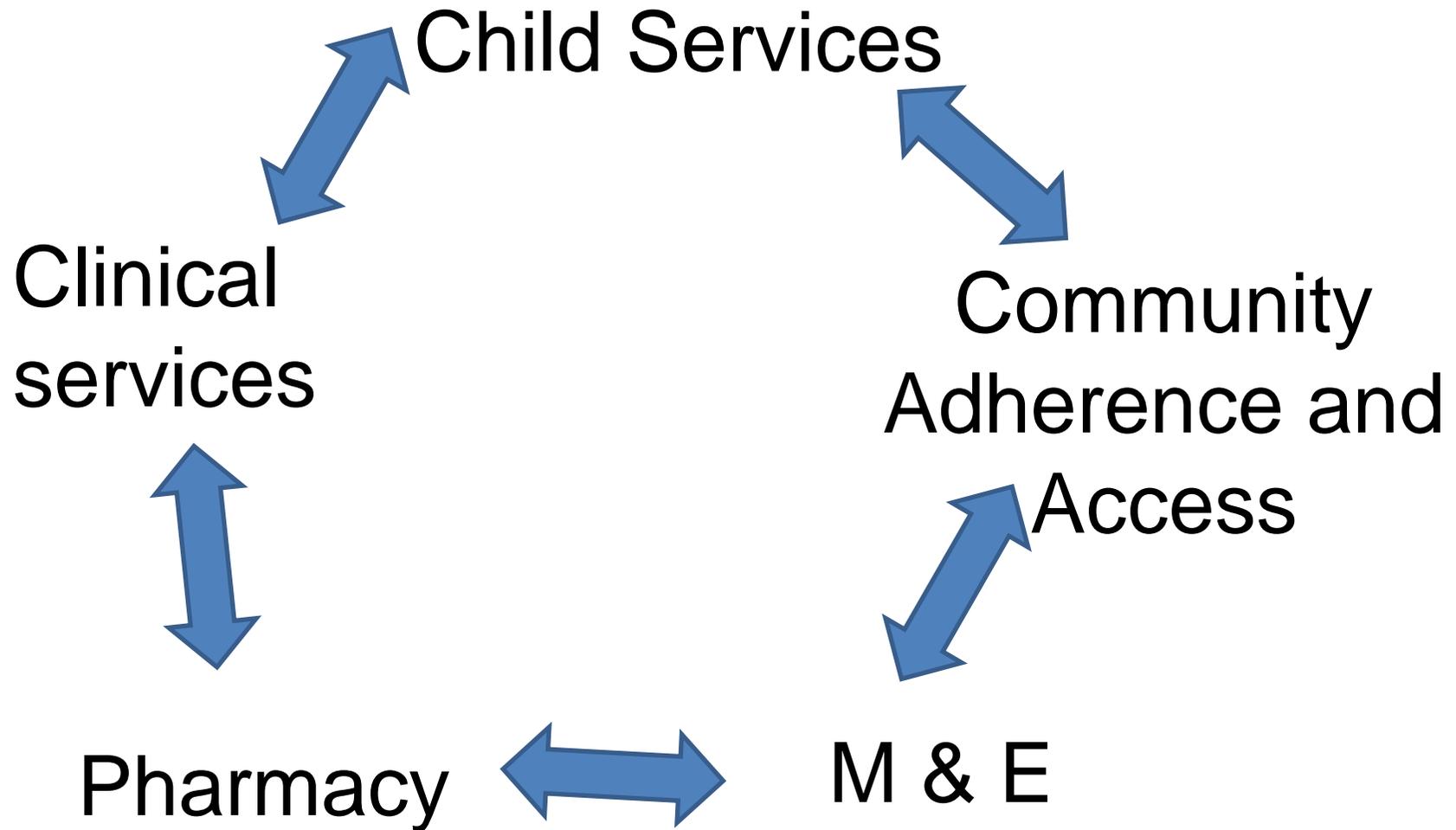
- important to see the BIGGER picture
- every clinic is slightly different
- dynamics are different
- “X factor “
- ALL have the same objective

CHANGE → IMPROVEMENT



Failure can due to : poor communication, insufficient staff, lack of clarity of job description, poor leadership and manager (admin ) skills

# Summary – Team work



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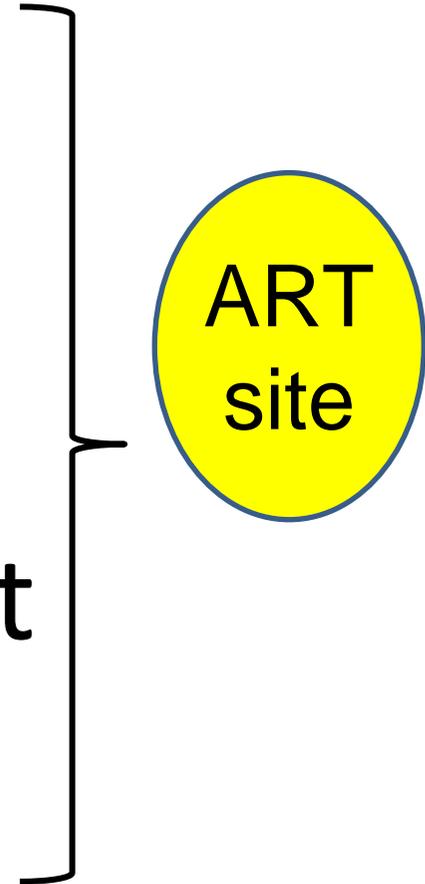


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# Teams

- doctor
- nurse
- data capturer
- pharmacist / pharmacist assistants
- plus.....



## Questions:

1. What works *well* at your clinic ?



2. What does *not work* well at your site ?

3. What do you want to get out of this workshop?

Problem solving and finding solutions

# MTM

- *Why* do we need to discuss patients starting ART in an MTM ?
- *How* does your clinic *decide* to start patients on ART ?
- *What* patient information do you need to know ?
- *Where* do you get this information ?
- *How* do you get this information ?
- *Who* do you get this information from ?

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