

PATA Newsletter Volume V Issue 2

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1. Quick clinic round-up

Well done to the **Mpilo Ol Clinic team** in Zimbabwe which has made significant progress on many of its team goals set at the 2009 Forum. With reference to the goal: “Ascertaining whether adolescents have been disclosed to”, the clinic team writes: “50 adolescents who had not been disclosed to were identified and ultimately disclosure was done”.

We are pleased to hear from the **Harriet Shezi Clinic team** in South Africa, which has put a booking system in place. This system helps account for defaulters and is inclusive of new patients and drop-ins. The team reports that some clinic days would reach more than 150 patients, and this influx is exactly what prompted the adoption of the system.

Bravo to the **Baylor Lesotho Clinic** for training three Expert Patients as Triage Assistants. The team writes: “Triage time had previously been a rate-limiting step in clinic flow. This is no longer the case. Patients are now seen by the doctor/nurse more quickly and they spend less time in the clinic.” Improved clinic flow is beneficial to both patients and health workers, and allows for heightened efficiency.

In their February report, the **Kalembelembe Hospital team** in the DRC outlines its current plan and success with the Expert Patient Programme and home visits. Out of 55 planned patient visits, 55 visits were made and 53 patients were attended to. The other two were later seen at the clinic. The clinic team writes: “We are very pleased to be part of the Expert Patient Programme because it has allowed us to discover certain realities our patients encounter that we didn’t know about.”

At **Groote Schuur Hospital** in South Africa the Expert Patients have limited unnecessary movement in the clinic by helping to take hospital folders from the clinic to the pharmacy, for example. They also take part in a stimulating playgroup and free up the caregivers in the clinic to attend to their own individual appointments. All of these outcomes have improved the atmosphere of the clinic and the experience of patients.

2. Feedback from Tisungane Clinic, Malawi

At the last PATA forum in Johannesburg, Malawi's Tisungane clinic team developed a series of tasks to run their clinic more effectively during 2010 and beyond.

Once they returned to Malawi, the team presented their outcomes from the PATA forum to their clinic management. They also discussed the new tasks they have developed. The team was impressed by the Auntie Stella (www.auntiestella.org) and Say & Play health and sexual education tools for children and adolescents. They are now using these in their youth-friendly clinic.

Care for carers was seen as a priority and the clinic now has weekly staff meetings to evaluate progress and problems in this regard. They have recognised the importance of maintaining quality care for their clinic attendees.

While in Johannesburg, the Tisungane team were very impressed by their fellow countrymen from the Baylor clinic in Lilongwe. They decided to send two of their staff members to visit to see how that clinic was run. The staff members really enjoyed their trip to Lilongwe and returned with some ideas on how to improve operations at Tisungane. This action embodies the power of the PATA forums where teams can learn from one another on how to deliver a better health service for children living with HIV.

The Tisungane team felt that it would be of great benefit to their community if they held an open weekend for teenagers at their clinic. Such an open weekend would create a relaxed atmosphere for adolescents to learn more about their health. The first of these weekends was organised for 6 March and the 20 adolescents that attended had a great deal of fun whilst receiving lifestyle and health education. They are already looking forward to the next open weekend in April where it is hoped over 50 teenagers will attend.

Tisungane also aimed to revive the development of protocols for drug toxicities in their clinic and have already redeveloped and applied the protocol for Nevirapine toxicity.

PATA would like to congratulate Tisungane on their achievements to date and feel that their use of the grid and ideas that they gained out of the last PATA forum highlights the power of these tools as ways of helping children living with HIV.

3. Village Health Worker project takes off

Kidzpositive, the Keiskamma Trust and Partners In Health Working Together.

The Keiskamma Trust has developed the Village Health Worker (VHW) Project in order to address the problem of decentralization of health care in rural areas. Health Care workers have been trained and deployed in teams of two in 20 of the 119 villages in the Peddie district in South Africa.

Partners In Health (PIH) run similar programmes in Haiti and Rwanda, calling the health workers “accompagnateurs.” With the PIH initiative as framework and the current momentum in Peddie, Dr Sara Stulac of Partners in Health, Dr Carol Baker and Annette Woudstra of the Keiskamma Trust have developed job descriptions for Village Health Care Workers and a strategy to facilitate implementation of the VHW Project throughout Peddie. The over-arching goal of the project is to have Village Health Workers in all 119 of the district’s hill-top villages. Other goals include a simple patient record system, a reliable communication network between workers and adequate transport resources.

The implementation strategy focuses on recruitment and training for the health workers and integrating Keiskamma Trust VHWs with existing public health services and resources. Initially, a number of health workers – including some currently in government-funded positions – will be trained to become trainers of VHWs.

The development of this project has been co-funded by Kidzpositive in a fruitful partnership with the Keiskamma Trust and PIH. The Keiskamma Trust is a remarkably creative NGO. Its Keiskamma Art Project and the Keiskamma Music Academy are truly innovative and deservedly successful.

5. Expert patient programme update

Applications for participation in PATA’s expert patient programme (funded by One to One Children’s Fund) closed on 23 March 2010. Reapplications have been received from 34 clinics and are summarised below. Clinics will be notified of the outcome of their applications in the next week. Payments will be made in two tranches. The first tranche, for seven months of \$260 per month, will be made before 25 April.

After analyzing the clinic applications, we have drawn up a brief summary of how different clinics plan to use their Expert Patients:

Number of Expert Patients: The number of Expert Patients per clinic ranges from 1 to 10. Clinics applying to hire one Expert Patient each were: TC Newman and Tygerberg. Clinics applying to hire seven Expert Patients each were: CAP/Heal Africa, FACES Nyanza and Transmara District Hospital, and Harriet Shezi clinic is applying to employ ten Expert Patients. The average number of Expert Patients per clinic is four.

Job Descriptions: Home visitor, Playroom/playground Supervisor, Clerk/Clinic Assistant, Cook, Assistant Librarian, Nutrition Assistant, Adherence Monitor, Chart Manager, Peer Educator, Pharmacy Assistant, Counsellor, Client Buddy, Health Educator, Triage Assistant, Treatment Support Personnel, Peer Support Group Facilitator, Community Liaison Personnel, Nurse Assistant, Garden Manager, Teen Group Management, Translator, Measure weight/height of children and Caregiver Support.

The most common job performed by an Expert Patient is “home visitor.” The Mkhuzweni clinic in Swaziland outlines the tasks that a home visitor Expert Patient performs for the clinic: “Patient follow-up, defaulter tracking, client mobilization for HIV testing, adherence and nutrition counselling, infant feeding counselling and support.”

Number of hours worked per week: Expert Patients at different clinics worked from 2 to 40 hours per week. The average number of hours worked per week by each Expert Patient was 22 hours. In general, the number of Expert Patients in each clinic did not affect the number of hours the Expert Patient worked; rather, the need of the clinic dictated the hours.

Training: In their applications, the clinics were asked to write about training programmes available to the Expert Patients. Many clinics referred to a one, two or five day orientation training for new and returning Expert Patients. These orientations tended to focus on ARV therapy, psychosocial counselling, life-cycle of HIV, and communication. These sessions are usually run by a nurse, counsellor or clinic supervisor. Other clinics, such as the Transmara District Hospital in Kenya, pointed to on-going training with initiatives like “a two day bi-annual sensitization and psychosocial counselling” training session.

Supervision: Professional supervision is an essential component of the Expert Patient Programme. The two most-utilized forms of supervision were monthly meetings and field supervision/ support. Many clinics, such as ALERT Hospital in Ethiopia, JCRC in Uganda and Uitenhage Provincial Hospital in South Africa, submit monthly reports to a supervisor. Some clinics are beginning to implement daily registers, like the Baylor Children’s Centre of Excellence in Swaziland.

Expert Patient Program Budget and Stipends: Until recently, the budget for each clinic employing Expert Patients was 200USD. The allowance has now been increased to 260USD (1900ZAR in South African clinics) with the understanding that the 60USD increase is to enable clinics to comply with PATA’s Monitoring and Evaluation requirements. The monthly stipend for each Expert Patient ranges from 25-100USD, depending on the number of Expert Patients at the clinic.

Other expenses listed by the clinics are: Pens and notebooks, Transport for home visits and to monthly meetings, Phones for defaulter tracking, Airtime for phones, Refreshments for meetings, Internet, Reams of paper, Stove, cooking pot, spoons and cups, Supplies for teen group, Diaries, Uniforms, Playroom supplies

6. East African Forum news

The East Africa Forum is scheduled to be held in Uganda from 11 to 15 October 2010. The headline topics for the East African regional Forum will be Advanced ARVs, Adolescent Care and Disclosure to Children. The forum will be co-hosted by TASO Uganda, JCRC and The Ugandan Paediatric Association. Clinics that are interested in attending are encouraged to begin sourcing funding to cover their travel and accommodation costs. Limited travel scholarships will be available. Application forms will be posted on the PATA website by 23 April.

8. Pedaling for Peddie

‘Pedaling for Peddie’ is a 1000 km fund-raising bicycle tour linking the Kidzpositive Family Fund in Cape Town and the Keiskamma Trust in the Eastern Cape province in South Africa. We are proud to be working with Keiskamma Clinic (based in Hamburg near the town of Peddie), a PATA network clinic in this region. This tour results from the shared goals of raising support for daily needs of children and families affected by HIV and AIDS and helping the Keiskamma Trust maintain and improve its health care project in Peddie.

The bicycle tour will begin in the last week of April this year, from Hamburg in the Eastern Cape Province to Groote Schuur Hospital in Cape Town. A team of 8 riders will take part, representing the United Church of Camps Bay, Kidzpositive and other supporting organisations. During the day, team members will visit treatment centres and during overnight stops they will give talks and slide show presentations.

To learn more, please visit both non-profits organizations’ websites: www.kidzpositive.org and www.keiskamma.org

9. Fundraiser event: REwind staged in London

The One to One Children’s Fund is co-hosting the European premiere of REwind, a spectacular choral and visual show inspired by South Africa’s Truth and Reconciliation Commission. If you have friends or colleagues in the UK (or maybe you happen to be there at the time!), please let them know about this event. It takes place at the Royal Festival Hall in London on Thursday the 6th of May. The show is followed by a dinner and the whole event is a fundraiser for children who are victims of conflict, deprivation and the effects of HIV/AIDS.

Contributors to this newsletter: Melanie Evans, Rebecca Norman, Taru Jaroszynski, James Millar, Toast Coetzer, Paul Roux, Virgile Mahoro.