

PATA Newsletter: Vol VI Issue 1: Welcome to all the new PATA clinics!

CONTENTS

1. Important PATA notices
2. News from East Africa: FACES, Kenya implements new WHO guidelines and develops treatment teams in five districts
3. News from South Africa: Uitenhage Provincial Hospital, South Africa embarks on campaigns to encourage testing and starts support groups for adolescents, PLWH and caregivers
4. Namibia's Nyangana ART treatment team spread the PATA effect
5. Introducing four new clinics to the PATA network
 - Rainbow Clinic, Malawi
 - St Mary's Hospital, Namibia
 - Andara Hospital, Namibia
 - Centre d'information et de Soins de Santé Ambulatoire (CISSA), Togo
6. A focus on *South to South*

1. Important PATA notices

- ◆ **Reapplications for Expert Patient Programme funding** for the period 1 April 2011 to 31 March 2012 are due on **28 February 2011**. **Expert Patient Reports** must also be submitted by that date. Telephonic interviews for clinic selection will be held on 10 and 11 March 2011. The application form and the reporting template will be sent to all participating clinics and is available on request from PATA. Successful clinics will be notified on 15 March 2011.
- ◆ **Applications for this year's pan-African PATA Forum** ('The PATA Summit') are due on 31 March 2011. The applications can be downloaded from the website (www.teampata.org) from 3 March 2011 or will be emailed to you upon request.

2. News from East Africa: FACES, Kenya implements new WHO guidelines and develops treatment teams in five districts

It is hard to believe that it has been three months since the 2010 East Africa Regional Forum and clinics are currently submitting their three month progress reports. In this and the next newsletter we shall showcase some of the goals achieved so far. The clinic report is a wonderful opportunity for teams to review their progress and share their successes and challenges.

The FACES team's first goal was to support the implementation of the new WHO updated guidelines on Paediatric ART in all the clinics that they support. The guidelines proposed changes in the following areas:

- Initiation of all HIV+ children below the age of 18 months on HAART. For those between 18 and 59 months HAART is initiated at a CD4% of less than 25%, CD4 count of less than 1000 and WHO stage 3 and 4. For children aged 5 to 12 years, HAART initiation is done at CD4% of less than 20% as well as WHO Stage 3 and 4.
- Change in first and second line ART Regimens.
- Children confirmed to have TB are to also be initiated on HAART.

Utilizing close ties with the Ministry of Health's educational resources, Continuing Medical Education sessions and monthly meetings, staff have been made aware of the guideline changes and they have been supported through follow up meetings. The FACES team has successfully implemented the new guidelines in all the FACES clinics. Health care workers at these sites are now familiar with the new guidelines and are increasingly more confident in managing paediatric HIV cases. Paediatric ART uptake has also significantly increased with follow-up and support supervision in place.

The FACES team also planned to sensitise their colleagues on the on use of paediatric fixed dose combinations (FDCs). The pharmacists from the five districts participated in a CME session on the use, availability and benefits of paediatric FDCs. The central pharmacy department has also ensured that FDCs are consistently available.

The creation of multi-disciplinary teams in each district was another goal set by the team. So far there are teams in five districts who meet fortnightly to discuss difficult adolescent and paediatric cases. The meeting minutes are shared with the programme consultants via e-mail and they guide the team in the management of these cases. This has already led to improved quality of care.

If you have any comments or questions for the FACES team, please email Taru at taru@teampata.org with the subject line 'Feedback for FACES'.

3. News from South Africa: Uitenhage Provincial Hospital, South Africa embarks on campaigns to encourage testing and starts support groups for adolescents, PLWH and caregivers

"PATA provides structured and useful information that we can use in our facilities. By using this information we can see a change in the mindset of the parents and of the health workers. These changes help provide a suitable environment for children and bring smiles to their faces. We appreciate the role that is played by PATA and we hope for a longer lasting relationship with your organization." - Buyiswa Rabbie , Uitenhage Provincial Hospital

The team from Uitenhage Provincial Hospital submitted a report on their team grid created at the 2009 Southern African Forum and their successes within the PATA network:

- The team wanted to recruit dedicated counsellors and patient advocates. They hired a field worker who provides adherence and other counseling and an Expert Patient who has taken over some of the nurses' duties
- The field worker and the Expert Patient have conducted door-to-door campaigns to encourage testing

- A support group for adolescents was started and a referral system has been put in place
- Educational materials have been sourced for children
- A gardening project was planned and organized but unfortunately halted due to severe water shortages in the greater Nelson Mandela Bay municipal area. The clinic plans to restart the project this year. There are now 85 home vegetable gardens
- Three assistant pharmacists were employed between January and June 2010
- A traditional mat and beadwork project was started but the volunteer found employment elsewhere. The clinic plans to re-commence this project soon
- A support group for grandmothers and aunts who are caregivers to HIV + children was started at the end of 2010
- A support group for People Living with HIV called 'Masakhane' (Let us build up ourselves) was started. It is mostly attended by women and training has been organized for the group in 2011. They have established a soup kitchen for children

If you have any comments or questions for the Uitenhage team, please email Taru at taru@teampata.org with the subject line 'Feedback for Uitenhage' and we will get that information to them.

4. Namibia's Nyangana ART treatment team spread the PATA effect

Nyangana ART treatment team in Namibia is a proud member of the PATA network and write that they often "read what our friends are doing". This has prompted them to share some of their own experiences.

Their achievements since the 2009 PATA Forum are numerous. "Spreading the PATA effect" was a key task for the Nyangana team and they have introduced Rundu Hospital CDC clinic and Andara Hospital to the PATA network.

The clinic has involved a range of people in the management of all their ART clients. This includes the TB coordinator, nurses, a social worker, volunteers, the local priest, the hospital management team and the PHC supervisor. This group meets weekly to discuss issues related to the management of their ART clients. Specific problems are tabled and solutions discussed. Issues about paediatric and adolescent care are a priority.

The team is also busy making their clinic more adolescent and child friendly. These groups are given first priority for consultation. They still face problems with teenagers between 15 and 18 years as they rarely open up or share their problems or emotions.

The team identified the need to train a Prevention Officer whose role is to educate the community on different prevention issues including: HIV, alcohol and drug abuse, gender issues, domestic violence, positive living etc. This Prevention Officer is currently conducting training sessions for the young people in their community. So far 28 youths have graduated and 34 others are in training, which runs over three months with four sessions per week. The aim is to educate youth so that they will be able to assist friends and relatives in their communities.

If you have any comments or questions for the Nyangana team, please email Taru at taru@teampata.org with the subject line 'Feedback for Nyangana' and we will get that information to the team.

5. Introducing four new clinics to the PATA network

Rainbow Clinic, Malawi

Rainbow Clinic in Mzuzu is the latest clinic to join the PATA network. The clinic, attached to Mzuzu Central Hospital, was started in 2004 and caters for 8 666 paediatric and adult patients to whom it supplies ART and supplementary nutritional packages.

The clinic's most pressing challenges are a lack of human and material resources (e.g. laboratory equipment and nutritional supplies). They also have the problem of treatment defaulters. The clinic has however still managed to reduce their infant mortality rate since the introduction of HAART. Cases of malnutrition are also down since the introduction of their feeding programme. The clinic lists their Teen Club as one of their successes and wishes to share their experiences with other clinics.

St Mary's Hospital, Namibia

St Mary's Hospital in Rehoboth has an ART clinic that provides comprehensive services for HIV-infected patients. There are currently 54 children at the clinic.

Challenges faced by St Mary's range from inadequate parental support of children to reluctance to disclose. Alcohol abuse and malnutrition are also big problems in the town.

St Mary's successes include: giving VCT to all antenatal and TB patients on their first visit to the clinic, placement of neglected children to homes with good support networks and counselling of teenagers to help them accept their HIV status.

They started a project called the 'Garden of Hope' where fruit, vegetables, chickens and eggs are produced. It is run by volunteers and helps to generate a small income to sustain the personal needs of staff members.

St Mary's believe they experience similar problems as all the other clinics around Africa concerning children on HIV-programmes. They hope that through interacting with other clinics in the PATA network, they can share and overcome these problems together.

Andara Hospital, Namibia

Andara Hospital is the fourth largest district hospital in the Kavango Region in Namibia. They have an integrated centre called New Start which accommodates all HIV/AIDS activities and some of the primary health care services.

The clinic provides VCT, PMTCT, and HAART. It also hosts an HIV Positive Support Group for PLWHA coordinated by expert patients in collaboration with the staff. Advice and support for HIV+ women wishing to fall pregnant is also provided. These programmes currently reach 798 adults and 65 children are on ART.

The clinic lacks child-friendly services and also has problems with ART adherence. The patients often travel very long distances to visit the clinic. Expert Patient involvement has been a real boost and their daily treatment literacy service to patients has also been a success.

Centre d'information et de Soins de Santé Ambulatoire (CISSA), Togo

Centre d'information et de Soins de Santé Ambulatoire (CISSA) consists of five support centres in Togo run by Aides Médicales et Charité (AMC). AMC was formed in 1996 by Togolese health-care workers looking to fill the void in HIV/AIDS care in the country. Since then, a highly motivated and qualified multidisciplinary team has battled against HIV/AIDS in Togo by providing direct support services to those affected.

CISSA provides a comprehensive bio-psychosocial approach to tackling HIV in their area by providing HIV awareness, medical and psychological care, dietary advice, economic and legal support to their patients as well as education for orphans and vulnerable children. They provide care to both adults and children, but they specifically provide educational and social support to HIV infected children in the form of discussion groups and camps. CISSA is currently treating 156 children with HIV, 108 are on ARVs.

We would like to welcome these four new teams to the network and look forward to learning more about their work.

6. A focus on *South to South*

South to South (S2S) was established in 2006 in response to the urgent need to build paediatric HIV care and treatment capacity among African healthcare professionals. Similar to PATA, the aim of S2S was to support “**indigenous capacity building** whereby country specific **multidisciplinary healthcare teams** throughout Africa learn from another African institution and staff experienced in successfully implementing paediatric HIV care and treatment services”.

In 2008 the organisation changed to focus exclusively on South Africa and on specific clinical and systems needs. Their aim is to provide comprehensive capacity building, and systems support to select implementing partners.

PATA plans to work with S2S to adapt and disseminate the ‘Paediatric HIV Care & Treatment - A Toolkit for South African Healthcare Workers’ so that it can be rolled out at PATA local and regional forums in sub-Saharan Africa. PATA will also be closely following the S2S IHI Quality Improvement Project so we can learn together from the lessons this pilot project provides.

For more **information on S2S** and links to **access their resources**, please see their website at www.sun.ac.za/southtosouth

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