



## Differentiated ART delivery for Student population, South Africa

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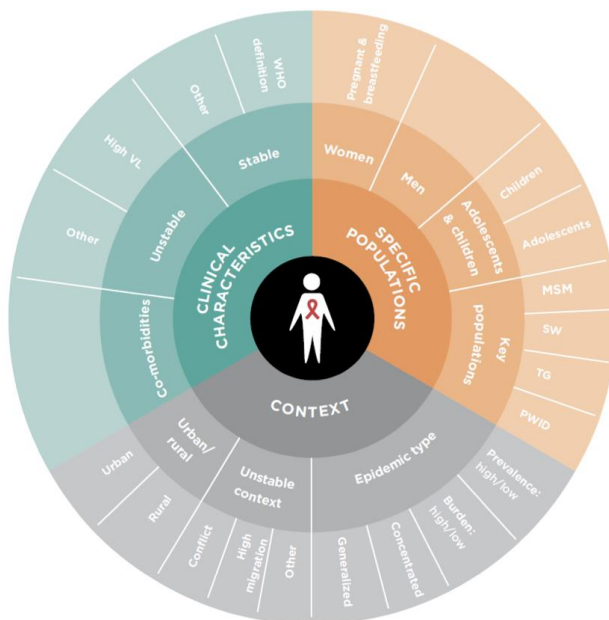
### OVERVIEW

Themba Lethu Clinic (TLC) is situated in Helen Joseph Hospital, Gauteng Province, South Africa. The clinic deals with HIV, AIDS and TB and treats over 23 000 people.

An Adolescent Clinic is run monthly, on a Friday, for young people 10-19 years old. Around 297 students from various institutions also attend the clinic. Most are tested at campus health sites or outreach testing campaigns and are referred to Themba Lethu for treatment.

In addition to being prepared for transition to the adult clinic in TLC, this population has specific needs and challenges related to student life. The stress of being diagnosed with HIV compounds these difficulties. In April 2018 the “Priority Youth Patient Conversations programme was launched” as a pilot to accommodate students from 20-24 years of age. This forms part of the adolescent clinic but offers students a tailored healthcare package that is responsive to their needs. These were stated as: a reduction in waiting times, a forum for open discussion around a variety of health-related topics, non-judgemental service providers.

**Figure 1: The three elements – clinical characteristics, specific populations, context**



- The service addresses the specific needs of students, many of whom are newly diagnosed and adjusting to student life. Students highlighted the need for reduced waiting times, a forum for open discussion and more responsive healthcare providers. The programme also supports young people who will be transitioning to adult services in the hospital.

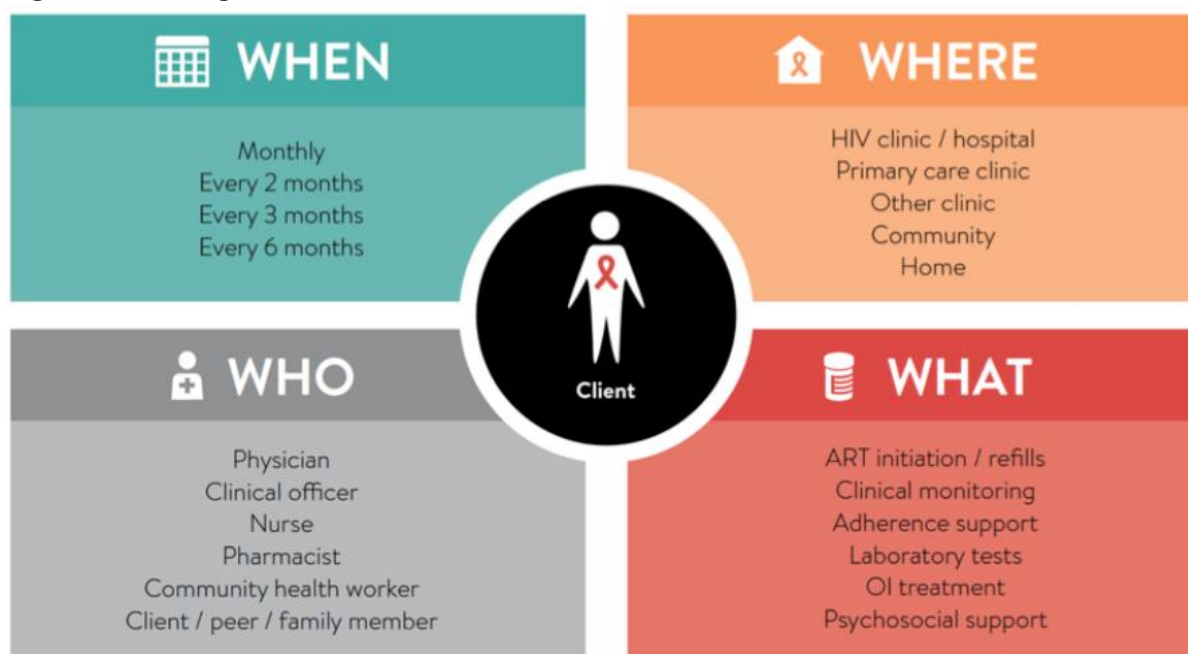
### ELIGIBILITY CRITERIA

- Any student (20-24) male or female and on ART, is eligible for the programme

## BUILDING BLOCKS

- Present the building blocks (Figure 2) of your intervention(s)
  - *WHEN* – Once a month
  - *WHERE* – Helen Joseph Hospital. Themba Lethu Adolescent Clinic
  - *WHO* – Nurses and doctors, psychologists, pharmacists
  - *WHAT* – ART initiation, refills, Facilitated group discussion, clinical consultation

Figure 2: Building blocks for ART refills



If you do HIV testing – present the building blocks for mobilizing (mass/group, network-based, partner notification and index testing), testing (health facility, non-health facility, community, self-testing) and linking (referral, accompaniment, compensation/incentives, same day ignition, friendly services, tracing)

(Not applicable: tested at campus health facilities)

Table 1: The building blocks of a differentiated HIV testing

	Mobilization	Testing	Linkage
WHEN			
WHERE			
WHO			
WHAT			

If you provide ART – present the building blocks for ART refills, clinical consultations, and psychosocial support

Table 2: The building blocks of a differentiated ART delivery model

	ART refills	Clinical consultations	Psychosocial support
WHEN	Every 2 months	Every 2 months or as necessary	Monthly
WHERE	TLC	TLC	TLC
WHO	TLC Pharmacy	Nurse, doctors	Masters Students;



<b>WHAT</b>	ARVs	Viral load monitoring and clinical assessment	Psychosocial Programme staff Individual support Groups facilitated discussion
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- Describe the intervention HOW  
- If it is an ART delivery model, what type? (Health care worker managed group, client-managed group, facility-based individual model, or out-of-facility individual model?)

It is a Health care worker managed group which is facility-based

- Describe the type of service (Government/NGO, community-based, community-led, health facility satellite, DIC, outreach, involving/employing peers)

Themba Lethu clinic is a public health facility providing ART services to adolescents, youth and adults.

*What kinds of partnerships are vital to the delivery process?*

The services are provided by Right to Care, the supporting partner (providing technical support), and the University of Johannesburg Psychology Masters programme.

## IMPLEMENTING THE INTERVENTION

*Describe the highlights of steps to get this service(s) operational*

Steps in getting the service operational included:

Planning:

- Meetings with relevant clinic staff
- Meetings with staff from the Psychology Department at the University of Johannesburg
- Meeting with student group to explore perceptions of services delivered by TLC
- Reviewing patient flow; bottlenecks and challenges

Implementation

- All clinic staff involved in this programme wear a "Priority Youth Patient" badge.
- Staff at the reception desk obtain from the data capturers a pre-printed list of students attending the clinic on that day.
- Students present their card (a credit card format with the wording "Priority Youth Patient Conversations Programme," the clinic name and Right to Care logo) at reception and are seen immediately by a nurse for vitals.
- Students who do not have a card are registered and given a card to access services.
- On presentation of the "Priority" card students are escorted to a meeting room where refreshments are served
- The psychosocial "Conversations" intervention takes place. This is run by Clinical Psychology Masters students from the University of Johannesburg and supervised by a Clinical Psychologist. They work closely with the University's Centre for Psychological Services and Career Development (PsyCaD) to ensure that further support is available should this be required.



- Students make their way to the clinic where they are seen by one of three medical interns overseen by a medical officer from the Paediatric and Adolescent Department within Right to Care.

- *Was this a pilot project? Has it been expanded? Taken to scale?*

This is a pilot project and has not yet been taken to scale

- *Did you train staff? What teaching materials did you use? Was a lot of supervision required?*

Clinic staff were orientated on the programme at its inception however further staff training specifically around attitudes and values clarification has been identified as a requirement to ensure that services are appropriately delivered.

Team from the University of Johannesburg attended were trained on Right to Care (RtC) Tools that include knowledge-building on HIV/AIDS. Supervision of medical interns conducted by RtC Adolescent and Paediatric doctors; Psychology interns supervised by University.

- *What kind of training do clients receive?*

Psychosocial support, contraception, treatment adherence, nutrition, relationships, substance abuse and others related to young people.

- *How did you track progress? What M&E elements did you build into the model?*

Services satisfaction surveys on every clinic day administered to the targeted population, Support group attendance registers, Adherence and Viral load monitoring.

- *How much do you estimate getting the services operational cost? Where did this money come from?*

The intervention is cost effective with requirements only for the printing of patient cards and refreshments. The programme is donor funded.

- *Overall was this feasible?*

Highly feasible with the buy-in from the health facility management, staff and partnerships with other stakeholders.

## **DATA**

- *Is there evidence of success? (including client outcomes, client satisfaction, HCW perspectives, waiting times, etc.)*

Following each meeting students are asked to complete a patient satisfaction survey. Feedback to date suggests high-levels of satisfaction. As the project has just started, there has been no opportunity to monitor the clinical and psychosocial impact on patients.

- *Share any data, quantitative or qualitative, on outcomes or perspectives – could be uptake of the intervention, anecdotes from clients, etc.*

## **CHALLENGES AND SUCCESS**

- *What made this a success? What challenges arose and how did you respond to them?*

Waiting times were significantly reduced.



Students who previously had no opportunity to interact with others experiencing similar challenges and frustrations were given a space for conversation.

Feedback on service delivery was obtained from students and conveyed to management for action. (Monitoring of service quality)

Challenges were around identifying days and times that would be convenient for students from different institutions as well as fitting in with the University Masters Programme. The health facility already had an Adolescent Clinic day once a month normally in the morning; the same day was chosen and utilised in the afternoon for the student patients.

## **NEXT STEPS**

- *Do you have plans to expand or take your intervention(s) to scales?*

Not as yet

- *How are you working with government and other partners?*

Through negotiated service level agreements, Right to Care supports public health facilities by providing technical support, mentoring and direct service delivery. Other partners are involved for example sharing best practices and providing services Right to Care where needed.

## **ANNEXES**

- *Please attach any training materials, guidelines, standard operating procedures (SOPs) or other relevant documents you have related to the service delivery model.*
- *Please attached any quotes from clients or providers about preferences, attitudes or experiences with your differentiated service delivery model*
- *Please include any photos of your model in action*

Attached are patient satisfactory questionnaires; photos of card; photos of training material