

SOUTH AFRICA: Continuum of care for Children strengthened through ARK(SA)'s community ARV programme

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South Africa's strategies collectively aim to:

- Rapidly reduce the vulnerability of children to the impact of HIV by prolonging and improving the quality of the lives of their HIV+ parents (carers).
- Assist the government ARV rollout at the primary level of care, facilitating the simultaneous access to social support services for children and their carers via a community adherence programme.



EXAMPLE: A RURAL SUB-DISTRICT, NKANDLA, IN KWAZULU-NATAL

The three complementary strategies to support comprehensive delivery:

- 1) Delivery of ARVs,
- 2) Provision of supportive interventions for orphans and vulnerable children, and
- 3) Community based adherence support programme.



- ▶ Antenatal HIV+ rates: 42%
- ▶ 28080 adults HIV+
- ▶ 2800 adults needing therapy urgently
- ▶ Population: approximately 150,000
61% < 18yrs
- ▶ Unemployment 77%; +50% of households have no household income
- ▶ The 2004 area study estimated there were around 15,000 orphans and vulnerable children
- ▶ By 2005 fewer than 8,700 children were accessing grants
- ▶ At least 15% of eligible children are not at school, with only 50% completing year 12.



Activities:



Clinical services:

- ▶ ARK SWAT teams provide ARV Treatment
- ▶ ARV treatment and treatment of opportunistic infections: Nkandla hospital serves as the hub for treatment initiation and stabilisation with down referral to Chweze and Thalaneni clinics of stable patients while working up patients for ART and up-referral to the hub. These feeder sites will initiate ART when approval is reached.
- ▶ Integration of PMTCT
- ▶ Ensuring that health, hygiene and nutrition problems are dealt with timeously.



Child services:

- ▶ Ensure food security
- ▶ Ensure school attendance
- ▶ Ensure income security
- ▶ Social workers – Recruited to coordinate multidisciplinary and cluster meetings and assist with:
 - Vulnerable children: Identify, monitor & support survivors of violence + abuse
 - Food parcel support: for destitute families
 - Government grants: Aiding access and intervening to fast-track applications
 - Counselling and health care: Facilitate referrals and access
 - Family integration and foster homes: Assisting with legal placement for orphans; monitoring and supervision
 - Child-headed households: Ensuring quality of care children receive.



Community Access and adherence programme

- ▶ Recruit & train local community workers to assist community adherence
- ▶ Ensure access to effective clinical services
- ▶ Ensure access to effective Child services.

Achievements:



Partnerships/collaboration

Department of Health (DOH):

- 3 year MOU with the KZN provincial DOH to support its ART roll out & to take over at exit of ARK.
- DOH provides medication and monitoring (CD4 and VL).
- DOH Community Care workers are trained by ARK on adherence and community mobilisation.
- ARK adheres to government treatment guidelines.

Department of Education (DoE):

- ARK has the endorsement of the provincial DoE to provide child services to the schools.
- The circuit (local) office participated in the planning phase of the project, and continues to make input.
- The schools collaborate with the community workers.

Dept of Social Development:

- Ensure effective grant processing.
- Quarterly meetings with local social workers.

Other Departments + Stakeholders

- **Department of Home Affairs:** Helps with issue of identity documents and birth certificate.
- **Department of Agriculture:** assist with establishment of food gardens.
- **Child protection unit:** liaison on issues of child abuse.
- Quarterly review meetings: networking for the comprehensive approach to the needs of the child.

People on treatment: adults and children on treatment and children benefiting from their parents being on therapy.

Community workers' training already implemented.

School programme: meals and food gardens has commenced.

Lessons Learnt:

- Strategies require an ongoing process of facilitating dialogue and "buy-in" from the different government departments and NGO's within the continuum of HIV/AIDS care.
- Collaboration relies on stakeholders recognising the efficiency and effectiveness of partnerships.
- Leveraging available resources within communities through the continuum of care and strengthening local capacity and networks brings about greater return on social investment.
- Involving all stakeholders from the onset brings about a sense of ownership, ensures improved ways of working and sustainability.
- Having a local "champion" is critical to the successful implementation of the project. This has been the case with one of the school principals who has taken on a strong leadership and co-ordination role in the project, thus becoming an invaluable asset to the project. Identification of a local champion should be integrated into the planning phase of every project.

Challenges:

- Recruiting and retaining scarce skilled personnel where the project is unable to offer long term job security in an environment with limited access to services especially for the families of employed staff.
- Getting all the stakeholders on board and ensuring "buy-in" on critical issues of the programme.
- Meeting the needs of the community (as more people become ill with AIDS) to ensure rapid access to treatment and social services.
- Delays lead to avoidable deaths.

Recommendations:

- The continuum of care approach in the management of children and their carers is critical as it ensures the delivery of comprehensive, sustainable and effective community-based ART.
- This multi-disciplinary and multi-tiered approach is what is required for this socio-psychomedical epidemic.
- The ongoing review of the implementation of the ARK model in an area like Nkandla will provide implementers with lessons learnt to improve the outcomes of similar models of care.

