Nurse-led care of HIV-infected children and adolescents: 
Mentoring that works 
on behalf of 
Paediatric and Adolescent Scale-up Project, Johannesburg

Presented by: 
Dr Carol Tait 
Anova Health Institute

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Background

- South Africa has one of the largest ART programmes worldwide, with over 3.5 million people on ART.\(^1\)
- What was initially a centralised, specialized field has become largely nurse driven at the primary care level with the advent of NIMART: Nurse initiated management of ART in 2010.\(^2\)
- Paediatric care has lagged behind the adult programme, in terms of ART coverage and nurse managed programmes.\(^3\)
  - Nurses often don’t feel confident in managing children
  - Fewer opportunities to see children and be mentored on paediatric ART
  - Delay in accepting down-referred paediatric ART cases/new patients at a programmatic level

\(^1\) aidsinfo.unaids.org, Treatment Cascade South Africa
\(^2\) National Department of Health South Africa. Clinical guidelines for the management of HIV & AIDS in adults and adolescents. NDoH, 2010
Interventions: what was done

Adapted traditional facility based mentoring

• Establishing benchmarking sites - increase exposure to paediatric cases
• Nurses visit sites for dedicated mentoring sessions

Guidelines/materials

• Specific workbook compiled
• Incorporated various tools
• Complement the sessions and as reference tool for mentee

Mentoring by nurse/doctor at site
Interventions: How we did it

Engagement
- District
- Sub-district
- Facility

Materials
- NIMART Paediatric Case Workbook

Sites

Logistics
- Covering nurse
- Schedule
- Follow-up
## Successes

<table>
<thead>
<tr>
<th>Measures</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Mentoring sites established in Johannesburg</td>
<td>Seven sites established (started June 2016)</td>
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<tr>
<td>Nurses rotating to mentoring sites</td>
<td>June 2016-July 2017:</td>
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<tr>
<td></td>
<td>• 50 nurses completed 4-5 sessions at various sites</td>
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<td>• 8 nurses partially completed</td>
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<td>Nurse cover only used at 2 sites</td>
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<td>Mentees/mentors feedback</td>
<td>• Requests to attend</td>
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<td>• Positive feedback was received</td>
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<td>Initiations and linkage</td>
<td>Initiations and linkage (in CDEG) improved at facilities who underwent benchmarking (134 to 171; 82% to 101%)</td>
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‘can still remember what I learnt in the benchmarking, I have her number so I can call if I need help’

‘was frustrated because I had to send patients away when doctor wasn’t here, but now don’t have to’

‘helped me to improve in management in children.’

‘Kids don’t have to go from pillar to post and get referred a lot. Only complicated cases need to be referred’
Challenges

⚠️ Time taken for setting up the sites and the mentoring process
  • Engagement, booking patients on a specific day
  • One-on-one mentoring

⚠️ Attendance
  • Mentees attendance mainly due to staff shortage (despite offer to cover) or relevance

⚠️ Staff turnover
  • Project and DoH staff

⚠️ Low numbers of new patients in some clinics
  • Poor implementation at own facility
  • Skills can be lost after benchmarking

⚠️ Challenges with implementation despite a mentored nurse
  • Facility
  • Staff
Key lessons

Feedback and follow-up
- Facilities and mentees
- Support accountability and implementation

Clinical workbook
- Including relevant material
- Support personal access during and after
- Practice material complemented process

Buy-in
- Sub-district and facility level
- Support attendance and implementation

Routine activity
- Helped to maintain momentum
Key lessons

**Relationships built**
- Useful for other project activities e.g. linkage to care

**Paediatrics day**
- Booking children on a specific day can increase mentoring opportunity

**Need for skill & opportunities for practice**
- This should be evaluated prior to implementation

**Staff shortages can still be a barrier**
- Despite covering nurse
How can providers apply the lessons

- Use existing support partner or department of health staff
- Consider providing additional resources to cover the visiting nurse to improve attendance
- Adapt clinical workbook for use in your context
- Spend time engaging with stakeholders before and during process
- Consider the need for paediatric competent nurses in your area
Thanks

- PASP team implementing the strategy
- Dr Jackie Dunlop for inputs to the presentation