

# Comprehensive Care and Support for Improved Patient Outcomes (CaSIPO)

## MDR-TB Training

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# Who is CaSIPO?

- Project of HPCA
- PEPFAR-funded through USAID
- Work in 8 of the 9 provinces (excl. NC)
- In KZN, supports EThekweni, UGu and UThungulu districts
- Implemented in partnership with FHI360, FPD and SA Partners
- Core competencies are supporting the SAG in:
  - 1) Systematising referral systems including at community level;
  - 2) Improving retention to HIV and TB/HIV care and support at community level;
  - 3) Provide targeted capacity building in comprehensive care and support;
  - 4) Develop and support the implementation of policy, guidelines and SOPs supporting comprehensive care and support, referrals and retention to HIV and TB/HIV care

## Support to EThekweni District DOH

1. Identify and document CBOs within the district that are doing (or can potentially) work with people living with HIV and TB/HIV;
2. Conduct a site technical assessment of the selected CBOs to assess their current HIV and TB/HIV programme;
3. Identify the gaps, challenges, opportunities and priorities of each CBO that relate to retention in HIV and TB/HIV care, and to two-way patient referral between community/CBO and PHC facilities;
4. Provide on going technical support to supported CBOs on identified needs through creating an institutional developmental plan (IDP), problem solving techniques, training, mentoring, coaching, quality improvement activities, governance, and data quality

## Project Deliverables at CBO level

1. # of HIV clients in care at supported CBOs
2. # of TB/HIV clients in care at the supported CBOs
3. # of CBOs supported
4. # of CBOs trained on comprehensive care and support
5. # of referral policies reviewed
6. # of adherence clubs established
7. # of I-ACT support groups established

## HPCA TB PROGRAMME IN ETHEKWINI'S 90-90-90 DIP

- Work with DOH to assist with tracing of treatment defaulters (within hospice borders) back into the care system;
- Assist the district with early identification of new active TB cases through screening of household contacts and referral;
- Ensure that patients that are receiving palliative care in the context of TB remain in care until completion of TB treatment;
- Participate in the district palliative care strategy for patients who have failed treatment.

# The HPCA TB program

- **Susceptible TB**
  - i. Screening for TB
  - ii. Referral for investigation when symptomatic
  - iii. DOTS
  - iv. Patient and family education on the illness
  - v. Patient and family education on infection control measures
  - vi. Tracing of treatment defaulters
  - vii. Referral for HIV testing
  - viii. Referral of RVD patients for TB prophylactic treatment

# The HPCA TB program

## ■ Participation in susceptible TB programme

Hospices must :

- i. be members / affiliates of HPCA
- ii. have signed the relevant contract with the HPCA
- iii. submit statistics and narrative reports quarterly
- iv. keep up to date patient files
- v. preferably have a data capturer in-house

# The HPCA DR TB programme

## ■ Drug Resistant TB

### I. Aims

- i. Assist the DoH in reducing transmission of DR TB
- ii. Assist patients with treatment adherence
- iii. Assist the DoH in reducing lengthy stays in hospital
- iv. Administer holistic care to patients and their families
- v. Assist DoH with Palliative Care Guidelines for patients who failed treatment
- vi. Educate, educate, educate



# The HPCA DR TB programme

## II. Participation in KwaZulu- Natal

- i. Hospices
  - South Coast Hospice – UGu
  - Zululand Hospice – UThungulu
  - Vryheid Hospice – Zululand
  - Msunduzi Hospice – uMgungundlovu
- ii. District chosen by provincial TB Directorate based on highest DR TB burden
- iii. Hospice must have a professional nurse / enrolled nurse dedicated to the programme
- iv. Submit monthly reports to district TB coordinators / HPCA
- v. Submit quarterly reports to HPCA
- vi. Attend DoH and HPCA TB meetings

## Expectations from CBO / Hospice

- Screen all contacts of index patient and refer when necessary
- Refer all asymptomatic under 5 contacts for IPT
- Refer all asymptomatic HIV+ve contacts for IPT
- Encourage all patients to test for HIV and to start / stay on ART if positive
- Administer daily injections at least 5 x weekly, unless otherwise indicated
- Provide other treatment adherence support incl reviews
- Monitor and refer patients for drug adverse reactions
- Provide holistic care to patients and families

## Expectations from DoH

- Patient mapping – provide CBOs with up-to-date data on where patients are
- Agree on a referral system between DoH facilities and CBOs
- Provide training / updates on DR TB guidelines as they arise
- Involve CBOs in TB activities
- Supply CBOs with patient medication
- Supply CBOs with all consumables

## Expectations from HPCA / CaSIPO

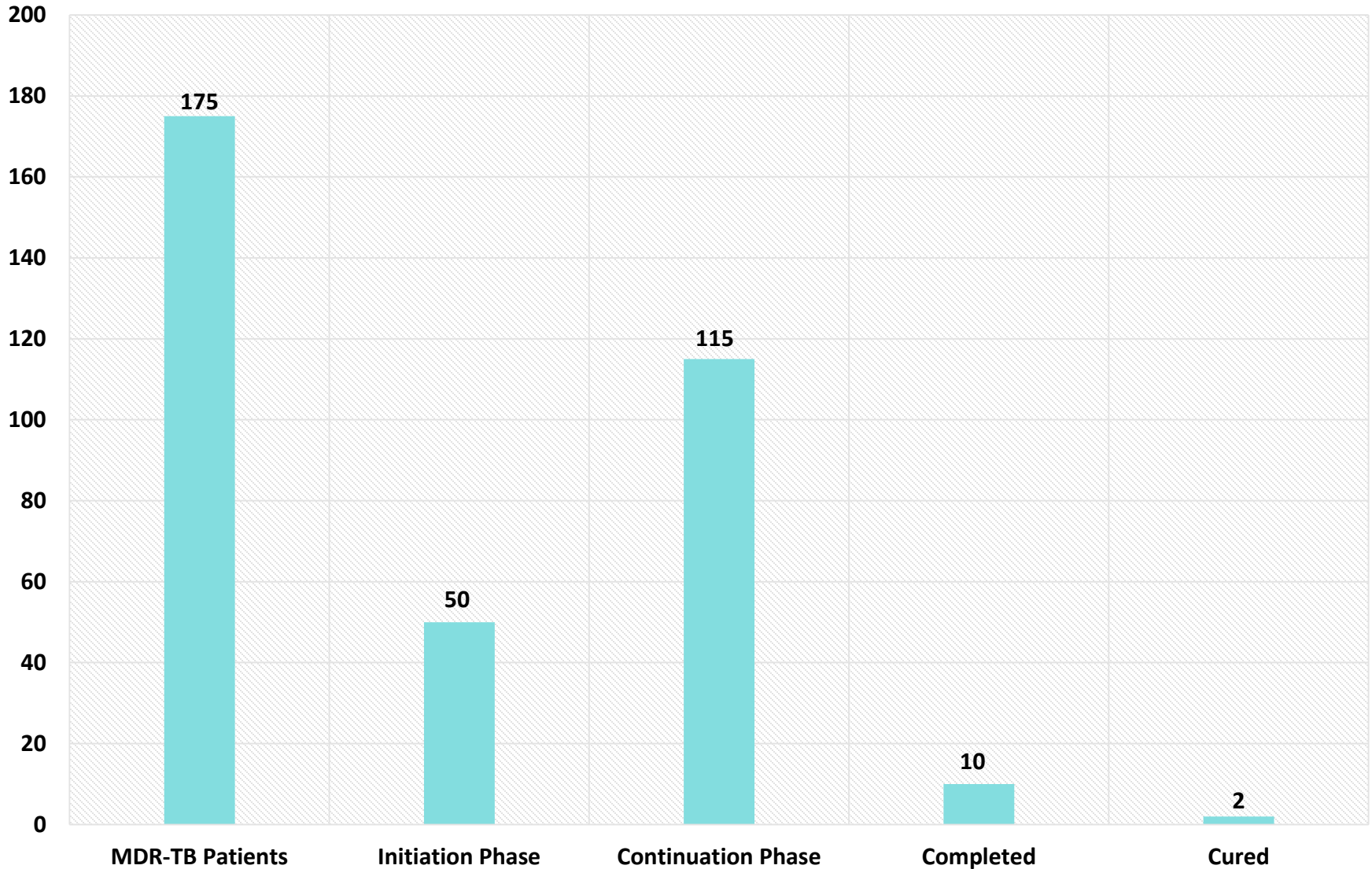
- Provide technical support to CBO
- Coordinate quarterly meetings / provincial DR TB programme
- Attend DoH provincial meetings
- Monitoring and evaluation
- Reporting on programme

# Monitoring, Evaluation and Reporting

- When CBO receives patient
  - Patient follow- up template (file)
  - Contact screening template (file)
  
- Monthly
  - Patient list (HPCA)
  - Programme Performance : Patient profiles (District)
  - Programme Performance : Contact screening (District)
  
- Quarterly
  - Quarterly report template - HPCA
  
- Occassionally
  - HPCA data audits and USAID programme assessments

## Currently on the programme April-June

### KZN Hospice MDR-TB Programme



*Thank You*