



THE AURUM  
INSTITUTE

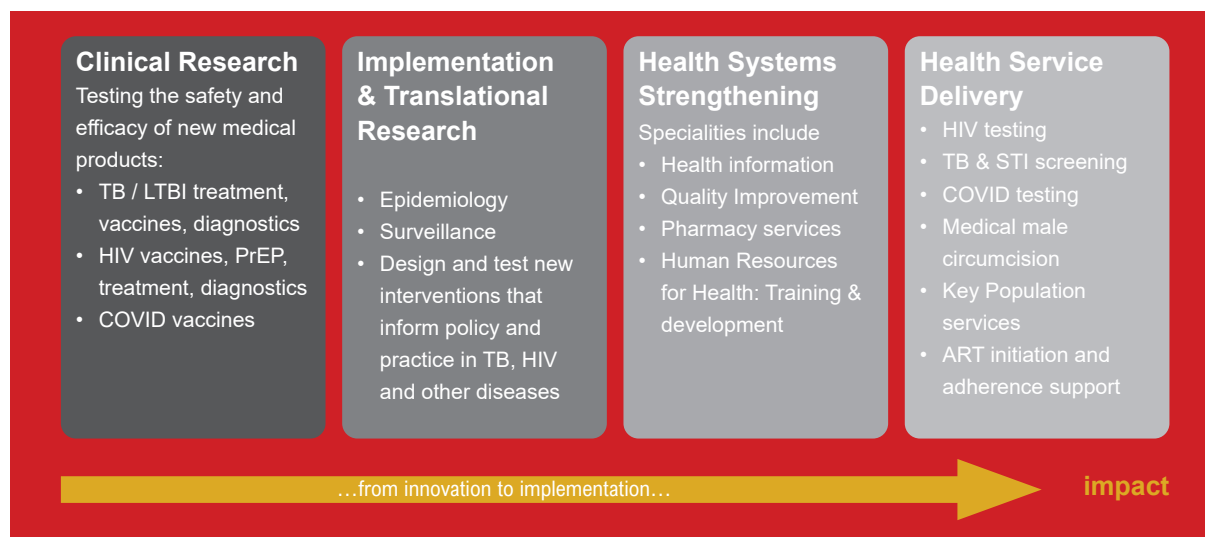
# **WHO WE ARE** **&** **WHAT WE DO**

HIV CARE & TREATMENT

# HIV Care and Treatment

Aurum's work spans the cascade of health care from innovation to implementation, as illustrated below:

**Our Model:** Bridging the worlds of research, policy and implementation for impact



Over the past 20 years, Aurum has implemented numerous HIV care and treatment programmes in private and public health services of South Africa. In recent years, these efforts have focused on the provision of the following support for public sector programmes to achieve the UNAIDS 95-95-95 targets for HIV epidemic control by 2030:

1. Direct service delivery (DSD) of essential standards and differentiated models of care (DMOC)
2. Technical assistance (TA) to build the capacity of public health service providers

**In the past 5 years, Aurum has supported public health services to conduct approximately 1.4 million HIV tests each year, and to initiate and retain over 580,000 people living with HIV (PLHIV) on antiretroviral treatment (ART).**

3. Health systems strengthening (HSS) to build the health infrastructure on which programmes depend
4. Multi-stakeholder management to enable efficient and effective collaboration in service delivery

Aurum's accomplishments in implementing large-scale, high-quality HIV programmes rests on a unique combination of capabilities that guide programme design and enable agile adaptation to shifting epidemic and programmatic needs. These include

- Strong operational management skills
- Specialized technical expertise
- Robust monitoring and evaluation systems
- Targeted implementation research



## A. Our Technical Expertise

### 1. Direct Service Delivery and Technical Assistance

Aurum collaborates with public health services to provide essential standards of care as well as differentiated, population-specific service delivery models, using a combination of DSD and TA as appropriate to local disease burden, shortfall against 95-95-95 targets, facility-specific infrastructure constraints and staffing gaps.

#### DIRECT SERVICE DELIVERY

Programme Managers work closely with their counterparts in the Department of Health (DOH) to determine the appropriate scale of staffing support across each district, and to coordinate their DSD teams' activities for effective collaboration with public health services.

**Aurum has the demonstrated ability to deploy up to 2,600 DSD staff to work in public health facilities and their catchment communities.**

See Annexure 1 for Aurum's Direct Service Delivery Models & Staffing Cadres

#### TECHNICAL ASSISTANCE

Aurum also prioritises sustainable transition of service delivery skills to public health providers through the provision of technical assistance (TA).

Aurum **Clinical Specialists** train and mentor DOH and Aurum health care workers on the correct standards of care, ensuring that they have the knowledge, skills and confidence to implement the latest national guidelines. They monitor the impact of current activities on performance against targets, conceptualize and test ideas for improving clinical care, and remain abreast of emerging best practices. They operationalise new practices by developing guidelines and standard procedures, and driving rollout through project management and training of both Aurum DSD and DOH staff.

Aurum **Quality Improvement (QI) Advisors** work with district and facility managers to implement a structured QI program, customized for the public health sector. They coach and mentor facility staff on the use of data to identify gaps in health care processes, root cause analyses to understand why gaps exist, developing change ideas to address the gaps, and through iterative testing, determining which change idea produces the desired outcomes. They then facilitate the dissemination of tried and tested change ideas for rapid scale up in other facilities.

**For detail on these technical services, please refer to the Aurum capability statements on**

- 1. Quality Improvement**
- 2. Training & Development of Human Resources for Health**



## 1.1. Essential Standards of Care

### a. HIV Testing Services (HTS) and Case Finding

As countries move closer to epidemic control, closing the testing gap requires deliberate strategies to move beyond the limitations of time-consuming, conventional HTS methods and improve the yield of positive cases. Aurum's strategy is to strengthen HTS quality in facility and community settings, and implement targeted case finding.

**Quality HTS:** Aurum psychosocial trainers capacitate HTS Counsellors on counselling skills, index testing, HIV self-screening (HIVSS) and rapid testing procedures; and mentor them on-site to build competence. Laboratory TA partner, SEAD, provides rapid test continuous quality improvement (RTCQI) services at facility and community HTS sites, ensuring the availability and correct use of test kits, distributing Proficiency Testing (PT) samples, and reviewing PT results for improvement. SEAD investigates sites with consistently poor results to identify corrective training needs.

### Targeted case finding

**Facility index testing services:** Aurum DSD Counsellors are stationed at HIV, TB, STI and family planning services, where they provide each index client with two HIVSS kits and confirmatory testing referral cards to

voluntarily give to partners for home testing. Aurum coaches DOH staff to refer new HIV positive or virally unsuppressed clients to these Counsellors, or elicit contacts and submit the list for tracing. If unreachable telephonically, outreach teams and community-based organizations (CBOs) do home tracing and testing. Aurum does annual quality assurance to ensure adherence to confidentiality, consent, screening for intimate partner violence, and follow-up.

**Large-scale HIVSS:** DOH Counsellors providing conventional HTS are trained on assisted HIVSS and given test kits to screen multiple clients simultaneously, only testing those who screen positive.

**Recency testing:** Aurum uses the Asanté™ rapid test for recent infection on newly diagnosed HIV clients to collect surveillance data on HIV transmission hotspots in the community. The hotspots are targeted for enhanced testing and prevention activities as a strategy to minimize onward HIV transmission

Community-based case finding: Aurum-contracted CBOs, community partners and mobile services do index contact tracing, and use HIVSS in large HTS campaigns to maximize case finding in community hotspots.





### **b. Linkage and ART initiation**

#### **Strengthening Same Day Initiation (SDI) in Communities:**

Aurum mobile clinics accompany community HTS campaigns to offer SDI if a client has tested positive, and make an appointment at the local clinic to link the client to ongoing care. In rural areas with poor access to health care, mobile services provide ongoing treatment on scheduled days.

**Facility linkage and ART initiation:** Aurum ensures that facilities implement SDI using the 'handshake model' i.e. escorting newly diagnosed HIV patients to the NIMART nurse. The patient is assessed for default risk and allocated a case manager if necessary. Aurum also promotes switching of patients to TLD, the fixed-dose combination of Tenofovir, Lamivudine, and Dolutegravir.

#### **Enhancing ART initiation for known PLHIV not yet on treatment (pre-ART patients):**

Aurum data teams routinely draw data lists of clients that tested positive, and correlate these to ART initiation data to verify if linkage was completed. If not, telephonic tracers schedule an appointment for initiation. Lists of clients not reached telephonically are given to community outreach services for home tracing.

### **Patient-friendly strategies to prevent defaulting:**

Aurum TA staff support facilities to integrate disease management (one stop service for chronic ailments), extend opening hours if feasible, schedule appointments and pre-retrieve patient records to reduce waiting time, and offer population-specific services e.g. Men's corners and Youth-friendly services after school hours.

### **c. Adherence, Retention and Viral Suppression**

#### **Adherence and Retention in care**

Aurum supports a range of client-centric interventions to ensure patient adherence and retention in care, underpinned by patient education on the fundamental principle of U=U (Undetectable = Untransmittable).

**Case Management:** Case managers support patients who are newly initiated on ART, have unsuppressed VL or treatment interruptions, or have psychosocial problems that threaten adherence. They provide clients with enhanced adherence counselling and psychosocial support to remain in care, send appointment reminders and assist with rescheduling.

**Telephonic and home tracing:** Tracers with the communication skills to convince clients to return to care, are given a list of patients who

<sup>1</sup> A NIMART nurse is a professional nurse qualified in nurse initiation and management of antiretroviral treatment



missed an appointment that day to follow up and reschedule. CHWs and CBOs do home tracing for clients who cannot be traced telephonically.

**Return to care:** Aurum trains DOH staff on client-centred care to ensure that clients are not met with hostility on returning to care after defaulting treatment.

#### **Managing unsuppressed VL, VL failure and patients previously on treatment**

Patients with VL failure, unsuppressed VL, advanced disease prior to ART initiation, or that have defaulted care, require more attention and specialized input than routine patients in care.

**Clinic-Laboratory Interface (CLI) support services:** Laboratory TA partner, SEAD, provides TA on VL testing and national laboratory information systems to improve first-time test accuracy and reduce turnaround time for timely detection of unsuppressed VL. They train on specimen collection and handling; provide eLabs registration support and end-user training to track VL results and identify clients eligible for decanting or ACC; and monitor test rejection reports for corrective intervention.

**Advanced Clinical Care (ACC) of HIV:** Aurum Clinical Advisors provide ACC TA to Aurum DSD and DOH clinicians in managing 2nd line treatment failure (drug resistance testing, ART regimen switch); and patients with advanced HIV disease, notably cryptococcal antigen (CrAg) screening. They meet with facility counsellors and clinicians to analyse eLabs reports and compile follow up lists. Patients with one high VL are allocated a case manager and monitored for VL failure. Referral algorithms and pathways are developed with local district hospitals. At district level, Aurum liaises with the family medicine programme and district clinical specialist teams to include ACC in the specialist review for patients within the district.

**Mental health assessment and support:** Treating depression improves ART adherence by 83%. Aurum trains NIMART nurses to assess patients with unsuppressed VL using the Brief Mental Health (BMH) screening tool, and to treat or refer the patient to district psychiatric services.



#### d. TB/HIV Services and Infection Control

**TB case finding and treatment:** Aurum provides TA on the following guidelines and strategies:

- Targeted Universal Testing policy for PLHIV, previous TB cases and TB contacts
- Universal GeneXpert (GXP) testing in pregnant women living with HIV
- TB-LAM antigen testing for those with advanced HIV disease and/or CD4 <200cells/ $\mu$ L
- Integrated TB and HIV screening when testing for COVID-19
- Where possible, the use of digital chest X-rays for paediatric TB and PLHIV
- Community outreach to trace and screen contacts of newly diagnosed TB cases

**TB Preventive Therapy (TPT):** Aurum trains facility nurses on TPT initiation (including ART clients who have not previously had TPT), and correct recording of TPT uptake and completion. Aurum also supports rollout of the 3HP short-course TPT regimen to prevent TB in high-risk PLHIV and TB contacts.

#### **TB program data management and use:**

Aurum data teams support facilities to capture TB and TPT programme data, and to conduct data quality assurance. They also generate lists of patients that missed appointments for telephonic tracing.

**Infection prevention and control (IPC):** Guided by national guidelines and global best practice, Aurum coaches facility IPC champions to do daily compliance checks, does monthly facility IPC compliance assessments, and supports key improvements in IPC practices.

### 1.2. Differentiated Models of Care and Population-specific services

Differentiated models of care highlight Aurum innovations in making care more accessible and convenient to specific population needs, thereby improving uptake and retention toward achieving epidemic control.

#### a. Stable Patients

‘Decanting’ chronic medication supply to HIV patients that are stable on treatment promotes retention, and decongests clinics to free up capacity for ART initiation and management of unstable patients. Decanting is enabled by the DOH Central Chronic Medication Dispensing & Distribution (CCMDD) programme, which delivers patient medicine parcels to convenient collection points at facility ‘fast lanes’ or adherence clubs, or to external locations such as private pharmacy retailers and medical practices. Another enabler has been the introduction of multi-month dispensing (MMD) of 2-6 months’ ART supply.

Aurum supports the CCMDD programme by trouble-shooting drug distribution to collection

<sup>2</sup>Sin NL, DiMatteo MR. Depression Treatment Enhances Adherence to ART: A Meta-Analysis. *Ann Behav Med.* 2014 Jun; 47(3): 259–269.





points, and by providing implementation and end-user support on the SyNCH information system which automates CCMDD prescribing and dispensing (Aurum was top performing CDC partner to support its roll out in 2019).

Aurum piloted the innovative **Pelebox**, now widely implemented by PEPFAR partners, a smart locker placed outside clinics or in the community for **automated dispensing** of medicine parcels. Aurum continues to expand Pelebox installation and provides ongoing support to DOH Pharmacy services on system maintenance and dispensing procedures.

To further reduce the burden on facilities as they faced the challenge of managing COVID, and mitigate the risk of exposing HIV patients to COVID cases at facilities, Aurum rapidly implemented a successful **home delivery** project across 4 districts. As the COVID risk reduces, home delivery will focus increasingly on geriatric patients and patients with co-morbidities.

Aurum assists to decant stable patients into population-appropriate DMOCs, such as Post-natal clubs; Adolescent Youth Care Clubs and dedicated clinic days; and for adults, particularly men, external collection points, and home or workplace delivery.

## b. Pregnant Women and Postnatal mother-infant pairs

Aurum Clinical Mentors provide the following postnatal TA:

- Support facility Post Natal Clubs to aid adherence, retention and VLS of HIV-positive breast-feeding mothers to reduce MTCT; and monitor their infants for EID
- Ensure that infants receive prophylaxis for high and low risk as per protocol
- Support scheduled PCR testing, and universal testing at 18 months to improve EID coverage
- Monitor NHLS PCR reports for timeous identification of positive infants and ART initiation
- Trace babies that missed being tested or whose results are positive for linkage to care
- Ensure recording of PCR results in infant "Road to Health" booklets for continuity of care
- Train on new VL monitoring schedules for pregnant and breast-feeding women on ART

## c. Children and Adolescents

**Children:** Aurum works with facilities, OVC partners, and the Departments of Social Welfare and Basic Education to improve case-finding and family-focused retention services:

- Aurum trains DOH and OVC staff to screen children at risk for HIV using the Paediatric and Adolescent HIV Testing for Eligibility Screening Tool (PATEST).
- Aurum staff do patient file audits to check for viral non-suppression due to ART under-dosing and guide DoH nurses on correct paediatric dosages and regimens, including transitioning children  $\geq 20\text{kg}$  to TLD.
- Aurum case managers provide disclosure and psychosocial counselling to children and their caregivers, and refer them to community / OVC support structures for additional support if necessary.





**Adolescents and youth:** Aurum supports case finding and retention as follows:

The Aurum **As'bangene** campaign (Zulu for "let's do this") is designed and implemented by Aurum partner CMT to increase health-seeking behaviour of urban youth. It uses radio, social media and educational materials to create demand for HIV testing and rapid treatment initiation, and to promote adherence for U=U. CMT sets up WhatsApp Squads to disseminate localized information, provide hands-on support to link young people to health services, and provide adherence support. This facilitates *two-way, patient-centric communications and feedback*, used by Aurum and CMT programme leads to improve linkages between youth and facilities. CMT also leverages these networks to link DREAMS beneficiaries to care.

- Aurum Project Managers support facilities to establish Adolescent Clinic Days, an after-school service to make ART more accessible to youth and to provide dedicated psychosocial support for improved adherence and retention in care

- If stable on ART, youth are offered DMOC to have their medicines delivered to a Youth Care Club, Pelebox or other community collection point. Due to the high default risk of this age group, youth that take up this option continue to be supported by a case manager to ensure retention in care
- Youth that need additional support are referred for psychosocial support to social workers, counsellors, OVC and/or DREAMS programs as appropriate.

**Employing youth for DSD:** To address youth unemployment, South Africa offers tax incentives for businesses to fund learnership programmes. Aurum affiliate Youth Health Africa secures this funding to recruit youth from vulnerable communities in Aurum-supported districts, and trains and deploys them as filing clerks, data capturers, etc. This win-win initiative channels co-funding to Aurum programmes, and offers youth sustainable benefits: (1) Improves onward employability 3-fold, (2) Generates income in impoverished communities, and (3) *Reduces socio-economic factors that fuel HIV transmission in youth.*



#### d. Men

Aurum supports the following programmes for men to increase case finding and aid retention in care:

- Targeted testing in hotspots frequented by men, such as workplaces, male hostels, truck stops and car washes. HIVSS is used for large-scale screening, and Aurum mobiles services provide SDI.
- Aurum supports facilities to implement male-friendly services for a range of men's health

Aurum & CMT implement the **MINA** campaign to promote uptake and retention of men on ART, and the **Coach Mpilo** programme for **peer-to-peer case management**. Coach Mpilo recruits men who are stable on treatment and living openly with HIV to mentor newly diagnosed men and defaulters through the treatment cascade by means of WhatsApp, face-to-face and in-facility support.

issues, including HIV/TB. Men's Corners in larger facilities with sufficient resources, are staffed by male nurses, and smaller clinics have a dedicated Men's Happy Hour.

- If stable on ART, men are offered the DMOC options described previously.

#### e. Older patients with co-morbidities

As the epidemic matures, and more clients on ART survive into advancing age, they are at increasing risk for co-morbidities (diabetes, hypertension, cardiovascular disease), and for reduced mobility and disabilities. Differentiated care is important for adherence, and to reduce exposure of these vulnerable clients to infections such as TB and COVID. Aurum trains NIMART nurses to screen patients at risk for co-morbid conditions and treat them according to DOH guidelines, and ensures that co-morbid patients receive their chronic medication together with ART through CCMDD, or home delivery if mobility is limited.

#### f. Key Populations

Please refer to the capability statement on Key Populations for more detail

## 2. Health Systems Strengthening

To strengthen the public health systems and structures that create the platform for delivering HIV and TB health care services, Aurum provides technical assistance on the following components of the six HSS Building Blocks described by WHO:

#### a. Health Information management and use, specifically:

- Patient records management
- Health information systems management and data quality assurance

<sup>3</sup>DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) is a public-private partnership aimed at reducing rates of HIV among adolescent girls and young women (AGYW) in high burden countries



- Data analytics for programme performance monitoring and reporting
- Evaluation through evidence-based studies to inform policy and practice

**b. Medical products & technologies**

- Pharmacy services and supply chain management
- Laboratory services through its partner SEAD

**c. Leadership & Governance** through the Aurum Management Development Programmes

*For detail on these HSS services, please refer to the Aurum capability statements on*

1. *Health Information Management, Monitoring, Evaluation & Reporting*
2. *Implementation Research*
3. *Pharmacy Services & Supply Chain Management*
4. *Training & Development of Human Resources for Health*

### 3. Multi-stakeholder Management

**a. District and Provincial Support**

As a PEPFAR-funded District Support Partner (DSP), Aurum facilitates collaboration between PEPFAR and non-PEPFAR funded partners, so that activities in the districts are coordinated and aligned with local public health services for optimal coverage. Aurum operations managers in each district meet and communicate almost on a daily basis with their DOH counterparts to facilitate joint work planning, coordination, trouble-shooting and progress reviews.

Where Aurum is Provincial Support Partner, Aurum programme leads similarly ensure

collaboration, coordination and communication between provincial partners and health structures, and provide technical support to public health officials, including:

- Development of provincial implementation plans for HIV and TB programmes
- Technical guidance and capacity building of provincial HIV and TB programme coordinators
- Programme performance monitoring, data analytics, and review for improvement planning

**b. Civil Society and Patient Engagement**

Aurum supports the involvement of civil society and patients in the development and monitoring of HIV and TB services by strengthening:

- Civil society leverage through AIDS Councils
- Patient and community participation in Clinic Committees

**c. Subcontractor Management**

Aurum subcontracts a number of CBOs and other implementing partners to provide specific HIV care and treatment services. CBOs need to be closely supervised and often require capacity building to meet the governance criteria and deliverables of their service level agreement. The CBO management team assesses their needs, then arranges with various Aurum technical departments to provide as relevant, training on HIV testing and counselling, project management, financial management etc. CBO performance is monitored through weekly review meetings or calls, and accountability assured through careful correlation of invoices to programme data so that payment is only made for verified services.



## OUR EXPERTS

### **Dr Ntombifikile Nokwethemba Mtshali**, MBChB,

MBA, is Managing Director of the Health Systems Division and Principle Investigator on Aurum's largest CDC/PEPFAR grant. Dr Mtshali has 12 years' experience as a clinician focusing on HIV and TB and as a health service manager in the public sector, most recently as CEO of the Bertha Gxowa Hospital where she led its turnaround from struggling district hospital to a benchmark facility in government care and excellence. A keen proponent of leadership philosophy with exceptional multi-stakeholder management skills and a passion for finding African solutions to African challenges, Dr Mtshali has been involved in health advocacy since her student days. She has championed the right for universal access to cost-effective quality healthcare, advocated for women reproductive health rights, and driven the establishment of youth friendly services and outreach programmes in public health services to promote sex and health education. At Aurum, she leads a multi-disciplinary team of operational and technical experts to deliver on PEPFAR programme objectives, and dedicates some of her time to



**Dr Regina Osih** holds an MD from the University of Lausanne, Switzerland, an MPH from Johns Hopkins University and is board-certified in Internal Medicine and Infectious Diseases through the University of Maryland. Dr Osih has 14 years' experience in infectious disease and public health, specifically HIV and TB epidemiology, operational research, policy and programmes. Dr Osih was previously employed as Director for TB Access at the Clinton Health Access Initiative, and prior to that as Health Programmes director at the Wits Reproductive Health and HIV Institute with oversight of HIV, TB and MTCT programmes. She has worked as an independent consultant in South Africa and Switzerland, managing projects in the fields of clinical research, public health research, HIV prevention and health policy development.



**Ms Jacqueline Paterson** is a Professional nurse with a Master in Public Health, and 34 years' public health experience. She has worked in the areas of health information systems, district health management, and communicable diseases, focused on HIV and TB. Before joining Aurum, she was Programme Manager at Health Systems Trust for the PEPFAR-funded SA-SURE project, supporting four districts with health systems strengthening and direct service delivery in TB and HIV. Jackie has extensive experience in training and curriculum development. While employed by the Department of Health as Deputy Manager for District Health Development, she held the portfolio for monitoring and evaluation, overseeing health information systems for TB and HIV, expenditure and training, as well as DHIS. Jackie remains a dedicated servant to public health in South Africa by ensuring good quality data is available for better patient management.



## OUR EXPERTS

**Dr Mamothe Makgabo**, Senior Technical Specialist, holds a BSc Psychology, MBChB, MPH, and PG Diploma in HIV Management from the College of Medicine SA. Dr Makgabo is the lead advisor on HIV/TB integration and oversees Aurum's medical team of District Clinical Advisors. Before joining Aurum she was the Medical Director and later Chief Operating Officer of Witkoppen Health and Welfare Centre providing oversight for all USAID TB/HIV programmes. Prior to that, she held various roles at Wits RHI as TB Advisor, PMTCT Advisor and District Manager for USAID-funded PEPFAR programmes.



**Dr Tonderai Mabuto**, Director of HIV Implementation Research, holds a Master in Epidemiology and Biostatistics, and a PhD in Public Health. Over the past 11 years, his work has contributed towards a better understanding of the role that health communication and patient-centred care play in promoting initial and sustained engagement in HIV care. Landmark publications include a simplified framework for implementers to improve linkage-to-care, the role of case management in HIV programmes, and the quality of health communication in routine HIV programmes. As lead for HIV Implementation Research, he bridges the research-to-practice gap by promoting the uptake of research findings and evidence-informed practices into routine programmes and provides guidance on the use of routine programme data and mixed method approaches to monitor programme outcomes. Dr Mabuto serves on the South Africa HIV Research Think Tank and is a steering committee member of the African HIV in Prisons Partnership Network.



**Mr Louis Mathinya**, Senior Manager for Stakeholder Relations holds a B.Tech (Honours) in Occupational Health Nursing, Nursing Administration, and an MBA. Mr Mathinya is an accomplished stakeholder manager and negotiator with 16 years' experience in the corporate and NGO health sectors. His focus is to build strong working relationships across multiple stakeholders, and at all levels and spheres of government to ensure viable implementation of Aurum PEPFAR-funded programmes. His stewardship in forging professional relationships with the North West Provincial Department of Health and other stakeholders has ensured that Aurum is recognised as a dependable development partner in the region. Prior to joining Aurum in 2015, he was business executive at EOH Health responsible for stakeholder management and operational oversight of key customers like Stefanutti Stocks and Exxaro. In his role as Key Accounts and Wellness Programme Manager at Calibre Clinical Consultants, he managed clients such as Barclays Bank and World Vision (Africa region) which gave him the opportunity to travel extensively to other African countries including Ghana, Rwanda, Sierra Leone and Kenya.



## C. OUR PROJECT EXPERIENCE

The projects listed below include only the most recent ones that illustrate this capability.

<b>Project name</b>	Programmatic Implementation and Technical Assistance for <b>HIV/AIDS &amp; TB Prevention, Care &amp; Treatment Services throughout the Health System</b> in South Africa under PEPFAR		
<b>Funder</b>	PEPFAR-CDC	<b>Funder ref. no.</b>	NU2GGH001981
<b>Funding period</b>	Oct 2016 – Sep 2021	<b>Funding amount</b>	\$ 283,392,950
<p><b>Overall Project Goal:</b> To contribute directly to HIV and TB/HIV epidemic control by providing technical assistance (TA) on HIV prevention, care and treatment; and in select programs, direct service delivery (DSD) for targeted, priority, and key populations at facility and community levels.</p> <p><b>Scope of Work:</b> Aurum provides the following support in various program areas:</p> <ul style="list-style-type: none"> <li>• DSD and TA for care and treatment, and Voluntary Medical Male Circumcision (VMMC)</li> <li>• TA for Strategic Information, including data management; data analytics, monitoring and evaluation, and quality improvement</li> <li>• TA for Health Systems Strengthening, including leadership and management development, pharmaceutical services and supply chain management, laboratory services, strategic planning and development of Human Resources for health</li> <li>• TA for programs supporting orphans and vulnerable children, priority populations (DREAMS) and key populations</li> </ul> <p><b>Geographic coverage:</b> Aurum supports these program areas in the following 17 locations:</p> <ul style="list-style-type: none"> <li>• Care and Treatment, OVC, Strategic Information, Health Systems Strengthening (HSS): Ekurhuleni (Gauteng), Bojanala, Ngaka Modiri Molema, Dr Kenneth Kaunda (North West) districts</li> <li>• Prevention (VMMC, PP and DREAMS, KP): Ekurhuleni, City of Johannesburg, Tshwane, Sedibeng (Gauteng); Ngaka Modiri Molema, Dr Kenneth Kaunda (North West); City of Cape Town (Western Cape); Ehlanzeni, Nkangala, Gert Sibande (Mpumalanga); eThekweni, Umgungundlovu, Ugu, Uthungulu, Umkhanyakude, Uthukela (KZN) districts</li> <li>• HSS to the National, and the Gauteng and North West Provincial Departments of Health</li> </ul> <p><b>Highlights and achievements:</b></p> <p><b>COP 2017</b></p> <ul style="list-style-type: none"> <li>• A sharp increase in facility- and community-based HTS, with Aurum achieving 98.5% of its 1,079,076 annual testing target across all three supported districts</li> <li>• Of 91,514 clients who tested positive, nearly 90% were linked to care and initiated on ART upon implementation of interventions such as extended facility hours and mobile ART initiation services</li> <li>• An estimated 96% of HIV-positive pregnant women received ART during pregnancy to reduce the risk of mother-to-child-transmission</li> <li>• 228 health care workers were trained in index testing across the three supported districts</li> </ul> <p><b>COP 2018</b></p> <ul style="list-style-type: none"> <li>• Aurum deployed 2,046 staff to support DSD across four supported districts, including Aurum Youth who are not funded by CDC.</li> <li>• Aurum-supported districts tested 1,502,755 clients at facility level, surpassing the 1,305,694 target. Aurum DSD staff accounted for 43% of these tests.</li> <li>• Aurum DSD staff initiated 48,310 clients on ART, accounting for 48% of initiations in the four districts.</li> </ul> <p><b>COP 2019</b></p> <ul style="list-style-type: none"> <li>• Aurum deployed almost 2,600 DSD staff across the four supported districts.</li> <li>• During COP19, Aurum-supported districts tested 1.9 million individuals for HIV, despite COVID-related disruptions to service delivery in the second half of the year</li> <li>• Aurum-supported districts initiated 85,000 new clients on ART, and are supporting more than 580,000 clients on treatment.</li> </ul>			



## C. OUR PROJECT EXPERIENCE

The projects listed below include only the most recent ones that illustrate this capability.

<b>Project name</b>	District Facility Based HIV Counselling and Testing		
<b>Funder</b>	Western Cape Government Department of Health	<b>Funder ref. no.</b>	NPO Funding
<b>Funding period</b>	1 April 2015 – 31 March 2019	<b>Funding amount</b>	ZAR 14,838,435
<p><b>Overall Project Goal:</b> To contribute directly to HIV and TB/HIV epidemic control by providing technical assistance (TA) on HIV prevention, care and treatment; and in select programs, direct service delivery (DSD) for targeted, priority, and key populations at facility and community levels.</p> <p><b>Scope of Work:</b> Aurum provides the following support in various program areas:</p> <ul style="list-style-type: none"> <li>• DSD and TA for care and treatment, and Voluntary Medical Male Circumcision (VMMC)</li> <li>• TA for Strategic Information, including data management; data analytics, monitoring and evaluation, and quality improvement</li> <li>• TA for Health Systems Strengthening, including leadership and management development, pharmaceutical services and supply chain management, laboratory services, strategic planning and development of Human Resources for health</li> <li>• TA for programs supporting orphans and vulnerable children, priority populations (DREAMS) and key populations</li> </ul> <p><b>Overall Project Goal:</b> To support and build capacity of 242 DCS health facilities throughout South Africa to provide comprehensive HIV and TB prevention, care and treatment to incarcerated persons</p> <p><b>Scope of Work:</b> Aurum implemented the following TA and HSS activities</p> <ul style="list-style-type: none"> <li>• Support and build capacity of HIV &amp; TB health services through clinical training and mentoring, pharmaceutical systems strengthening, laboratory services strengthening (in partnership with the National Health Laboratory Service), and management development programmes</li> <li>• Support DCS to implement comprehensive HIV &amp; TB prevention strategies, including behavioural programmes (in partnership with SA Partners) and bio-medical interventions such as VMMC</li> <li>• Strengthen data collection, recording, reporting and use for continuous quality improvement</li> <li>• Temporarily supplementing staff, with clear transition plans before end of project term</li> </ul> <p><b>Highlights and achievements:</b></p> <ul style="list-style-type: none"> <li>• 87% (211) facilities were set up on the national HIV information system (TIER.Net)</li> <li>• 1,130 Health Care Providers were trained on TB/HIV clinical management</li> <li>• 1,864 DCS staff were trained on data recording tools</li> <li>• 44 nurses were NIMART-trained and certified</li> <li>• 51,000 inmates were reached with prevention interventions</li> <li>• 80% of DCS health facilities were initiating ART onsite</li> </ul>			

# ANNEXURE 1: DIRECT SERVICE DELIVERY MODELS & STAFFING CADRES

## FACILITY-BASED DSD

**Fixed site DSD teams** are allocated full-time to high-volume, high-burden facilities, and comprise the following cadres:

- *Lay Counsellors* provide HIV testing services (HTS), refer newly diagnosed clients to Case Managers for linkage to care, offer index testing to newly diagnosed and known HIV-positive clients, and facilitate contact tracing and testing.
- *Professional Nurses* and Clinical Associates trained in nurse-initiated management of antiretroviral treatment (NIMART), focus on ART initiation and the management of opportunistic infections, including initiation and completion of TB preventive treatment (TPT).
- *Case Managers* provide personalized, dedicated counselling and education support to newly initiated ART patients until they are stable on treatment, and to patients that have a history of or are at risk of default, to improve adherence and retention.
- *Decanting Facilitators* arrange for HIV and TB patients that are stable on treatment to transfer to decentralized, community-based treatment collection points.
- *Tracers* follow up index patient contacts, and patients that have missed appointments or defaulted treatment to arrange a clinic appointment. Where contacts or patients cannot be traced telephonically, these are referred to Outreach Teams for home tracing (see Community-based DSD below).
- *Administration Clerks* ensure that patient records are processed rapidly and correctly, and that laboratory results are filed in patient records for review by clinicians and for data capture. They play a critical role in pre-retrieval of files to ensure a functional booking system and reduce waiting times.
- *Data Capturers* verify that clinical records have been correctly completed, issue a list of incomplete fields for resolution by the clinical team, and capture the completed data.

- *Data Monitors* monitor data quality and generate defaulter lists for tracking and tracing.
- *Pharmacy Assistants* do stock control and dispensing of ART and related medicines.

**Roving DSD teams:** Low volume facilities, particularly in rural areas, have too few patients to warrant dedicated staff on site. Instead, they are supported by roving DSD teams that comprise doctors and NIMART nurses for ART initiation and specialized consulting services on complex HIV and TB cases, paediatric nurses for paediatric ART initiation, data capturers, and pharmacy assistants to monitor and manage ART. As the need arises, the clinic will notify the roving team to set an appointment date.

## COMMUNITY-BASED DSD

**Aurum Outreach Teams:** Aurum deploys lay counsellors and home tracers in catchment communities to do demand creation and health screening campaigns, door-to-door campaigns for targeted case finding in high transmission areas, and home visits for tracing defaulted patients and index cases.

**Community-Based Organizations (CBOs):** Aurum contracts faith-based organizations and CBOs to provide HIV and TB screening services, treatment adherence support, and serve as medicine collection points.

**Aurum Mobile Clinics:** staffed with a NIMART nurse, counsellor and driver/data capture, the mobiles link to local facilities that provide supplies (test kits, medicines, laboratory supplies) for the Aurum team to conduct HTS and ART initiation in communities within their catchment areas. Mobiles coordinate their activities with the Aurum Outreach teams and CBOs to give an integrated service.

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