

HEALTHCARE WORKER INSIGHTS ON PrEP

Poster presentation by City Health and Metro Health Services



IN FACILITY

CIVIL SOCIETY IMPLEMENTERS

CHALLENGES

- Challenging to be the only authorized nurse who can provide PrEP to AGYW in the facility
 - Difficulty monitoring stock and completing required documentation for PrEP
 - Acknowledging that if PrEP nurse is not on site, clients are turned away
 - Unable to track attendance to avoid loss to follow-up and measure retention in care
 - Shift in thought processes regarding
- ARVs – from curative to preventive strategy – Currently Nursing Directorate dictates that only NiMART trained nurses are authorized to provide this service.
 - Concerns regarding resistance and sero-conversion
 - Buy-in from clinicians / ongoing information regarding benefits of PrEP (no success if staff do not believe in PrEP-issue we had at Crossroads CDC)

- Difficulty getting NiMART competent nurses on the programme
- Delays in implementation due to necessary training requirements linked to PrEP
- Access to MoU linked health facilities
- Limited and in some cases no access to lab results
- Difficulty tracking clients once they have attended PHC facilities
- Follow up of abnormal results
- Recalls of clients and link to CBS
- Sustainability of community mobile service in terms of fixed days and times



SUCCESSES

- Opportunity to learn from real world situation
- Promoting access within the PHC space
- Integration of HIV prevention programmes
- Opportunity to cement and re-inforce all other forms of prevention strategies



- Some implementers making great strides in signing off NiMART competent nurses
- Some implementers have access to lab results
- Opportunities to engage with AGYW and establish Community Advocacy Groups.
- Opportunities for focus group discussions and participatory learning
- Best practice dissemination – evidence based decision making eg community/ Facility PrEP



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