**ACTS II CLINIC**

**AIDS CARE TRAINING AND SUPPORT**

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# MISSION STATEMENT

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ACTS 2 Clinic ***aims to*** provide high quality, continual health care services to those suffering from HIV/AIDS and related illnesses ***in the*** Manzini Region and beyond. This is to be achieved in a dynamic and innovative setting, recognizing our future is dependent on proper and efficient use of resources. Through our experience we provide diverse ***continual*** training for both staff and other service providers. We encompass all our activities with the love and ***compassion*** of our Lord Jesus Christ.

World AIDS day commemorations –ACTS 2 Clinic and New village settlement

# VISION STATEMENT

I HAVE COME THAT YOU MIGHT HAVE LIFE AND HAVE IT MORE ABUNDANTLY. John 10:10

# CORE OBJECTIVES

* REDUCTION OF ADULT HIV INCIDENCE.
* IMPROVED TARGET IN ADULTS WITH HIV ON ANTI RETROVIRAL TREATMENT. (ART)
* IMPACT MITIGATES THE EFFECTS OF HIV ON PEOPLE LIVING WITH HIV/AIDS AND ORPHANED AND VULNERABLE CHILDREN.

# Background

The ACTS 2 Clinic is modelled after ACTS Community Clinic in Mpumalanga South Africa. One of the most successful institute in the Care and Treatment of AIDS defined conditions in South Africa.

Dr Samuel Hynd a renowned missionary having practised as a Medical Doctor for over forty years and served in his Majesties Cabinet as a Minister of Health under King Sobhuza 2 had a dream of seeing Patients suffering from HIV being helped to relieve them from pain and suffering so that they could live a life to fend for their families, be acceptable in the society and are cared for their wellbeing. His experience after seeing many pandemics getting eradicated such as leprosy, malaria among others gave him the desire and impression that it is also possible with HIV/AIDS, in a resources limited environment such as Swaziland. “Out of ten HIV positive people nine of them will go to work today.....”

Having practised privately at Manzini Medical centre, Dr Hynd noted significant issues with the rise of the HIV pandemic, such as a need for:

* Comprehensive care, therefore more time needed per client.
* Specialised services provision in resource limited set up.
* Psychosocial, spiritual, financial and nutritional needs of such clients.

After all these considerations he closed the Manzini Medical centre and went to see the best practise towards the management of People Living with HIV, in ACTS Community Clinic of South Africa. To this period all staff at ACTS 2 Clinic has been on attachment with ACTS South Africa to ensure excellent service delivery. ACTS South Africa has won several awards on best practices and service delivery for HIV and AIDS patients.

# Location/Relevance

The clinic is located at the New- Village settlement along the Nhlangano High way in the Manzini Region. Its location is associated with the inhabitants of the area, who are mainly the unemployed, while those that are employed work in firms with little remuneration. The proximity of the community to the firms makes it a destination for would be job seekers. The nature of accommodation is more of an informal settlement situated between too cities (Manzini and Matsapha) the hub of the country. The challenges of a semi urban set up between two major cities and the costs lead to an informal way of survival. This results in cases of robbery, prostitution, poor sanitation, communicable diseases and subsequently HIV and AIDS. The population around is estimated above thirty thousand. New village settlement adjacent to ACTS 2 Clinic estimated above 30 thousand inhabitants.

# MANAGEMENT

ACTS 2 Clinic has a comprehensive management structure to ensure accountability, transparency and achievement of intended goals. It has a Board of eight men and women of integrity. These bring with them a diversification of skills and experience from different backgrounds such as medical, administrative, psychologist and Reverend amongst others. While the Chairperson doubles as a Medical Director.

The Board oversees the programme by providing senior policy and programme delivery. They review policies as needs arise and amend as per consultation with other stake holders. Policy and direction the clinic takes lie in the hands of the Board so is the disbursement of funds and signing of requisitions.

Specific office bearers of the board are the chair person, Vice Chair, Secretary, Treasure and four members.

# Partnership

Our partnership under the banner ACTS 1 and 2 is one good example that has shown that universality is a valuable principle for human development and care during these trying times.

We have enjoyed the respect and cooperation of the Government of Swaziland (Ministry of Health-ART program), The RFM Hospital, ACTS 1, Lamvelase ART Clinic, New Hope Centre and King Sobhuza Clinic in a health care for all mandate.

We have also apparent respect and cooperation from the political sector-Kwaluseni Constituency, Nhlambeni Constituency Logoba and Mhlane Inner Councils respectively. This story could be incomplete without mention the role played by all RHMs under these communities and extend to KaShali under Nhlambeni Constituency. These are the pillar and an extended arm of the clinic as they offer emergency care and after care services for our clients as issues arise after hours. We extend our profound gratitude to our partners, the communities for tirelessly working with us

# Human resources

We would not have accomplished anything without the support of the wonderful team. Their work, dedication and timely reporting has been marvellous. Working with human resources differs significantly from working with material resources. It is for this reason that we have engaged each other as human beings in joy, in sorrow and in constructive criticism discipline and grievance handling.

# Operations

In pursuit of our humanitarian mandate we continue to treat and care for the disadvantaged members of our society especially through HIV/ AIDS. We pride ourselves for our best practices and holistic care and approach to HIV management.

However despite the entire promising environment I am saddened by the loss of property at the clinic through burglary. Twice there has been a break in into the clinic premises and loss of accessory equipment. This led to heavy burden to the clinic as more funds were later channelled towards security issues, these are installation of an alarm system, additional lighting system, additional burgle bars. These unbudgeted expenses had a negative effect on our limited resources further.

# STAFFING

The Clinic currently has a staff compliment of twelve members as follows:

* 2 Medical Doctors
* 1 Clinic Manager
* 2 Nurses
* 2 Counsellor
* 1 Doctors Assistant
* 2 Administration staff
* 3 Support staff

With future expansions we hope to add staff to cope with new challenges of expansion and demand.

# Budget

The annual budget is SAR 2 Million (US$200 thousand).

# Donors

The clinic is supported by two donors 70% of the operations, the clinic has to meet the other 30% short fall from various well wishers.

#  Services Offered

1. HIV Testing And Counselling
2. Antiretroviral treatment centre (Initiation, refill and ongoing)
3. Community Outreach services
4. Treatment of opportunistic infections due to HIV
5. General medical management

# Future programmes

Child health care services, immunisation and and management of childhood illnesses. Preparations are advance to have these services offered. Government has given us the go ahead and made some supplies in the form of paperwork and documents. This is done to complement a holistic family centred approach to health.

# Youth services

The clinic wants to have the youth of the area involved in health issues by forming health clubs. This is because of the experience of how the young get involved in drugs and all other bad behaviours within the settlement.

WHAT IS THE GLOBAL GIVING PROJECT ALL ABOUT??

**Community Outreach Testing and Treatment**

The project aims to achieve the following objectives

* Improve adherence to treatment
* Early diagnosis of HIV, Early treatment or enrolment into the HIV medications.
* Community capacity to respond to health challenges.
* Give nutritional supplements

**How ?**

**Improve adherence**

HIV medication is a lifelong treatment and needs people to adhere to treatment for them to be able to be well. Further studies have indicated that people who are on treatment have a greater reduced chance of passing the virus to the next person. Above all first line medications are user friendly with less side end effects and cost effective hence the emphasis on adherence to medications through counselling and a follow up.

**Early diagnosis**

If people are tested early for HIV and start treatment early benefits are high and there is reduced death rate. There is a reduced chance of other infections coming in. Tuberculosis is avoided under such circumstances being a core infection known for HIV patients by giving preventative medication (prophylaxis).General prognosis is good if treatment started early before complications.

**COMMUNITY CAPACITY**

The community to be trained through identified care givers who will spearhead primary health prevention. These will know all patients on HIV treatment and make follow to their treatment and identify defaulters early so they are are engaged timely. This will not be just confined to HIV but general health and sanitation.

**Nutrition supplements**

This aims to improve the nutritional status of the HIV positive clients. These will be registered and given weekly nutritional supplements to co assist their treatment protocol.

**Implementation**

A team of a Nurse/ Doctor and counsellor will weekly visit one of the communities to implement the project. Community carers will be the entry points to the community as already is the case.