PATA PROMISING PRACTICES

One-stop adolescent shop

Delivering adolescent-friendly sexual and reproductive health, HIV and TB services

Kafue, Zambia

The Kafue Adolescent Reproductive Health Project (KARHP) is a clinic-based one-stop adolescent shop to provide adolescent-friendly sexual and reproductive health (SRH) services integrated into HIV treatment and care. The project aims to improve adolescent access to SRH services, retention in care and ART adherence.

KARHP is a joint initiative between PRIDE Community Health Organization (PRICHO) and Estates Clinic in Kafue, Zambia.

KARHP was developed in response to the needs of adolescents living with HIV (ALHIV) attending Estates Clinic, for a designated, confidential and safe space that provides fast-track integrated services for adolescents, including SRH, antiretroviral therapy (ART), TB screening and treatment, psychosocial services, referrals and HIV counselling and testing (HCT). In this rural community, long waiting periods sitting amongst adults (who are often known to adolescents), coupled with school commitments and stigma created reluctance amongst adolescents to access SRH and HIV services. Kafue adolescents reported to PRICHO a resistance to engage in health services due to high levels of stigma in the community, at school, as well as within health centres themselves.

Kafue District sees high rates of teenage pregnancy, adolescent HIV prevalence, early forced marriage and child and adolescent sexual abuse. ALHIV were displaying disproportionally poor treatment outcomes, including low retention in care and adherence levels due to inadequate psychosocial support. PRICHO and Estates Clinic maintain that early adolescence represents a window of opportunity to promote positive and sustained health behaviours. KARHP uses a clinic-community-based organisation (CBO) collaboration model that can feasibly be integrated into clinic services.

‘They [adolescent patients] used to hide before or make as if they are just ‘visiting’. They did not want to be seen at the clinic.’

- Peer Supporter, Estates Clinic

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BACKGROUND

In 2014, 2.6 million children were living with HIV[1]. Children are a third less likely to receive treatment than adults, with less than one in three (32%) accessing ART in 2014[2]. Coverage is lowest in sub-Saharan Africa, which accounts for 90% of the global paediatric need. HIV-related paediatric mortality is staggering, with 150,000 children dying of AIDS-related causes in 2014 alone[3]. HIV-related deaths have decreased in all other population groups since 2000, while tripling among adolescents in the same period[4]. AIDS is now the leading cause of death in adolescents in Africa, and the second cause of death among adolescents globally[5]. It is becoming increasingly apparent that adolescents are underserved by existing HIV services, with significantly worse access to ART than adults[6].

Overburdened clinic teams are often unable to offer the psychosocial support and child- and/or adolescent-friendly services that are needed to provide holistic, integrated and comprehensive care to young people. Lack of availability of adolescent-friendly clinics and SRH services is compounded by insufficient and inaccurate understanding and knowledge of safer sex practices and contraceptive use. Other factors, including discrimination by health providers[7], disempowering SRH legislation, inaccurate perceptions of HIV-related risk[8], and poor adherence and loss to follow-up, contribute to poor outcomes in this population. Adolescents have significantly worse access to ART than adults, with lower rates of adherence, virological suppression and immunological recovery[9]. Young people living with HIV require specialized and multifaceted support from health providers and communities to remain in care[10]. Adolescent-friendly service provision has demonstrated notable positive impacts on health outcomes[11]. It is essential to focus on implementing innovative best practices to ensure that quality care is delivered in a sustainable and holistic manner to children and ALHIV.

'School is lonely. Even teachers can hurt us; they make me feel that having HIV is so bad. They warn others about HIV like it is the end of the world.'

- ALHIV, Estates Clinic

Estates Clinic

Newly established one-stop adolescent shop providing integrated SRH and HIV services

HIV-positive children and adolescents face various challenges including disclosure[12], adherence[13], cognitive delays and clinical conditions. Even when access to treatment and adherence support is in place, complex social issues such as stigma, psychological distress and fear[14], family conflict[15] and caregiver challenges contribute negatively to the health of HIV-positive children and adolescents[16]. Poverty and household illness reduce the resilience of HIV-affected families to cope with livelihood stressors and disease burden.

It is suggested that a combination of interventions[17], as well as a targeted approach[18], should be used to effectively address HIV-positive children and adolescents' unique needs. The positive effects of simultaneous interventions targeting various aspects of a young person's life are cumulative[19], and ART adherence is most improved when a variety of supportive factors are provided concurrently[20].

Drawing from these emerging findings, KARHP works in a resource-limited rural area to provide a one-stop adolescent shop to provide adolescent-friendly SRH services integrated into HIV treatment and care, with the aim of improving access to SRH services, retention in care and ART adherence.

OBJECTIVES

The KARHP one-stop adolescent shop aims to improve SRH, retention in care and ART adherence amongst adolescents through:

- Increased access to a range of SRH and HIV services;
- Encouraging collaboration using a clinic-CBO cooperation model between Estates Clinic and PRICHO;
- Creating an adolescent-friendly space;
- Harnessing the expertise of people living with HIV as peer supporters; and
- Reducing SRH- and HIV-related stigma.

Estates Clinic

Support group activities facilitated at the one-stop adolescent space

Estates Clinic

One-stop adolescent consultation room

IMPLEMENTATION STRATEGIES

Needs identification

An assessment was conducted in consultation with health providers and ALHIV, to identify which adolescent-friendly services were required.

Meaningful involvement

In line with international best practice, a key intervention strategy used in KARHP was the meaningful involvement of people living with HIV. ALHIV were involved in the assessment of service gaps and design, and peer supporters were engaged in the implementation and monitoring of the programme.

For more information about PATA clinic-CBO collaboration work with its partner, Positive Action for Children Fund, please visit http://www.teampata.org/what-we-do/Clinic-CBO%20Collaboration%20(C3)%20Programme.

Clinic and CBO collaboration

A key strategy was clinic-CBO collaboration. This approach ensures joint health system and community ownership and participation in planning and execution of activities, and builds operational bridges between the clinic and the CBO. Clinic-community models should ensure that power differentials are minimized through ongoing support and jointly-established goals requiring the full participation of both clinic and community.

Authorization and agreement

The concept of a one-stop adolescent stop was presented for authorization to the District Medical Office in Kafue, and then promoted in the community. In addition to district authorization, motivation was provided to clinic management as the programme shifted operations (TB and HIV nurses were required to integrate services and a designated space was needed).

Identification of a space

In response to the need for an adolescent-specific, confidential and adequately-sized space, the sister-in-charge identified an appropriate area to set up the one-stop adolescent shop. This required a minor reorganization of the clinic space for an adolescent-only

waiting bay, communal information room and consultation room. It was important to identify a space that maintained confidentiality for adolescents away from the adult clinic space, and allowed private consultations for individual adolescents.

The one-stop shop is a separate two-room structure for adolescent services. One room is designated as a private consultation room, and the other a communal information room for group meetings and SRH information dissemination (including a television and information, education and communication materials). The space is decorated in colour and intended to be appealing to adolescents. Two dedicated nurses are assigned specifically to the provision of adolescent-friendly SRH services in the space.

Adolescent day and appointment system

The clinic has a dedicated adolescent day, where adolescents attend by appointment for ART services and are encouraged to access SRH services at the same time. In addition, TB screening and treatment as well as health talks and informal counseling by peer supporters are provided. For any other services, adolescents can present on any weekday and will be fast-tracked so that they can be seen immediately and return to school. An adolescent-friendly appointment system was also developed to avoid waiting times. The system allows appointments to be made rapidly for drop-in clients so that no adolescents are turned away. On Saturday mornings, ALHIV meet outside of school hours to participate in age-appropriate support groups and social activities.

Participation

Project participants are adolescents currently accessing health services at Estates Clinic. Through community awareness campaigns and engagement with schools, PRICHO encourages adolescents to seek health services at the clinic.

Community awareness

Campaigns were held in the community to provide information and reduce stigma, with the aim of influencing positive change amongst community members, especially caregivers of ALHIV. As part of the campaign, awareness raising sessions promoted one-stop adolescent shop services in order to drive demand amongst adolescents.

Estates Clinic

[Before] Youth friendly corner outside the clinic. This space has been replaced by a designated one-stop adolescent shop (see next photo)

Estates Clinic
[After] Adolescent one-stop shop

Training and capacity-building

Peer supporters and health providers were provided with sensitization training on the importance of adolescent-friendly services as well as how to provide SRH information and referrals to adolescents.

Range and integration of services

The one-stop adolescent shop offers a variety of integrated SRH, HIV and TB adolescent services:

- HCT;
- ART and TB treatment and adherence support;
- Family planning services;
- Condom provision;
- Contraceptives;
- Information talks (group and individual);
- Provision of educational materials;
- Weekend HIV support groups (separated by age);
- Family planning, SRH and disclosure counselling;
- Referrals to other medical and psychosocial services; and
- Outings and recreational activities.

In addition, the one-stop adolescent shop facilitates easy access to:

- Prevention of mother-to-child transmission (PMTCT);
- Contraceptives requiring clinical procedures;
- Cervical cancer screening;
- Medical male circumcision;
- Feeding and nutrition programmes; and
- Young motherhood support groups.

PROGRESS AND RESULTS

KARHP yielded notable promising results for HIV-positive adolescent patients, the clinic and CBO.

Adolescents accessing the one-stop shop benefited from improved:

- Retention in care;
- Access to an increased range of adolescent-friendly SRH services;
- Environment and separate space to meet, share and access services;
- Knowledge of SRH, HIV and adherence;
- Health outcomes, including virological suppression;
- Household members tested for HIV;
- Stigma-free environment and improved health provider attitudes; and
- Psychosocial support.

The clinic and CBO benefited from:

- Dedicated resources to reach and serve adolescents;
- Increased insight and sensitivity to the lived experiences of their adolescent patients;
- Increased numbers of adolescents accessing and retained in services;
- Improved adolescent health outcomes;
- A formal agreement and working relationship between the clinic and CBO;
- Improved clinic and CBO capacity to reach and return adolescents who had been lost to care;
- Increased caregiver engagement and disclosure to adolescents; and
- More positive health provider attitudes.

CHALLENGES

Despite the successes of KARHP, implementers did encounter several challenges. These included:

Challenging household and community environments

The challenges of adolescent ART adherence and SRH are complex and situated within the contexts in which adolescents live. Many factors outside of the intervention site, such as the home and community, impact adolescent health. Child abuse, rape, gender-based violence, forced marriages and HIV stigma are barriers to adolescent SRH and service access. These challenges are compounded by multiple additional stressors such as poverty and unemployment, and impact care giving and household resilience.

The impact of KARHP at the Estates Clinics

'When I did not know about HIV, I did not want to know anything; I just did not want to take my tablets. I did not tell my mother and I stopped taking my medication for a while. But then I joined the Saturday group, and met other young people who encouraged me to take my tablets, and I learnt more about HIV.'

- ALHIV, Estates Clinic

'The meeting space before was very small. It was also outside, and did not have sufficient covering or shade. It was very hot and visible to others. The room and space now is much better; it is private, more confidential and more comfortable. The collection of services assists and helps young people living with HIV be retained and adherent to their treatment.'

- Peer Supporter, Estates Clinic

'Since my boy started accessing services here, I saw a change. He blamed me at first. He now is able to advise others to take care of themselves. He can see he is not the only child who has HIV. There are many others. I really appreciate him coming to this group; it helped so much.'

- Caregiver of ALHIV

'The Saturday group and coming to the clinic is much better now because we have our own space which is bigger, private and separate to the rest of the clinic. It is easier to talk about relationships and things that affect us.'

- ALHIV

The nurses, medical assistants and doctors are good to us; they always encourage and support us.'

- ALHIV

Resource constraints

The provision of comprehensive and quality adolescent-friendly SRH services requires additional clinic and organizational capacity. Additional financial and human resources and staff expertise were not available to operationalise the service in a way that could ensure that these services were holistic, of high quality and met the psychosocial needs of adolescents.

Collaboration challenges

It was initially difficult for the clinic to envisage and accommodate the operational changes required to make their services adolescent-friendly. The process of CBO cooperation, negotiation and authorization delayed the initiation of the project.

Poor adolescent adherence and follow-up

Adherence is a challenge for many ALHIV. Some adolescent patients were providing incorrect contact information, perhaps due to concerns about stigma, which hampered the project's ability to follow-up. Follow-ups were also challenged by limited funds to support home visits.

'An adolescent recently passed away from HIV. They found all of his tablets under the bed.'

- Peer Supporter, Estates Clinic

LESSONS LEARNT

The context of the intervention is just as important as the design of the intervention. It is important to consider the intervention's relevance and application to clinic, community and household settings. The intervention must be sensitive to the environment, and negotiate and establish buy-in from the clinic and community. Extensive negotiation, transparency, commitment and trust between implementing partners is critical to success.

Health providers should take the time to understand adolescents, their lives, and the contexts in which they live, and be sensitive and responsive to their realities. It is critical to sensitize health providers and peer supporters on the importance of adolescent-friendly SRH services, as well as build their skills to implement such services. Opportunities for training and further development should be provided to both professional clinic staff and peer supporters.

The provision of psychosocial support services is critical in delivering adolescent-friendly SRH services. This requires acknowledgement of age-specific psychosocial needs of adolescents living in rural areas, as well as tools, capacity and expertise to address these needs.

Having a functional and robust monitoring and evaluation (M&E) system that can be integrated and accessible to both the clinic and the CBO is important. Important factors such as patient age, gender and services accessed should be recorded. Data should be used to evaluate project impact and inform project quality improvement.

CONCLUSIONS

KARHP, a clinic-based one-stop adolescent shop, aims to improve ALHIV access to SRH services, retention in care and ART adherence. It does so through providing adolescent-friendly SRH services integrated into HIV treatment and care.

The intervention yielded promising results for adolescent participants as well as Estates Clinic and PRICHO, and could be tailored to different environments and localities. To effect positive change, adolescent-friendly services require dedicated resources, careful planning as well as implementer buy-in and knowledge about adolescent-friendly services.

Resources & links

- S2S, Psychosocial & Adherence Counselling Support Training Toolkit, 2010, www.sun.ac.za/southtosouth
- Museum of AIDS in Africa, http://museumofaidsinafrica.org/
- PIH, Accompagnateur Training Guide, 2012, http://www.pih.org/library/accompagnateur-training-guide
- TAC, HIV in Our Lives, 2007, http://www.tac.org.za/community/files/file/InOurLives/HIVInOurLivesEnglish.pdf
- International HIV/AIDS Alliance, Community Engagement for Antiretroviral Treatment, 2006, http://www.aidsalliance.org/assets/000/000/982/Trainers_manual_Community_engagement_for_ART_original.pdf?1409672556
- International HIV/AIDS Alliance, Toolkit: Understanding and challenging HIV stigma, 2007, http://www.icrw.org/files/images/Understanding-and-challenging-HIV-stigma-Introduction-and-Module-A.pdf
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