Differentiated prevention, testing and ART delivery for Adolescents and Young People, in Kaduna and Gombe State in Nigeria.

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OVERVIEW

This model reaches and empowers adolescents and young people living with HIV through the use of "Peer Role Models"; adolescent friendly health care providers and peer health educators, to provide basic clinical services and holistic adolescent-centred services within health facilities. This aims at effectively reaching adolescents and young people with the minimum package of interventions in a non-judgemental, confidential and acceptable environment where adolescents can access the full range of HIV care including ART drug pick up at the facility.

ART SERVICES PROVIDED FOR ADOLESCENTS AND YOUNG PEOPLE

- Counselling on; Nutrition, Puberty, STIs & HIV/AIDS (pre/post-test counselling)
- HIV Testing Services
- Pre-enrolment Counselling
- Enrolment into ART program
- Triage
- ART Initiation and Continuation
- Adherence Counselling
- STI Screening and Treatment
- Health Education, SRH Services, Family Planning & Prevention Counselling
- Laboratory Services/DOTS/PMTCT Services if applicable
- Drug Pick up Services

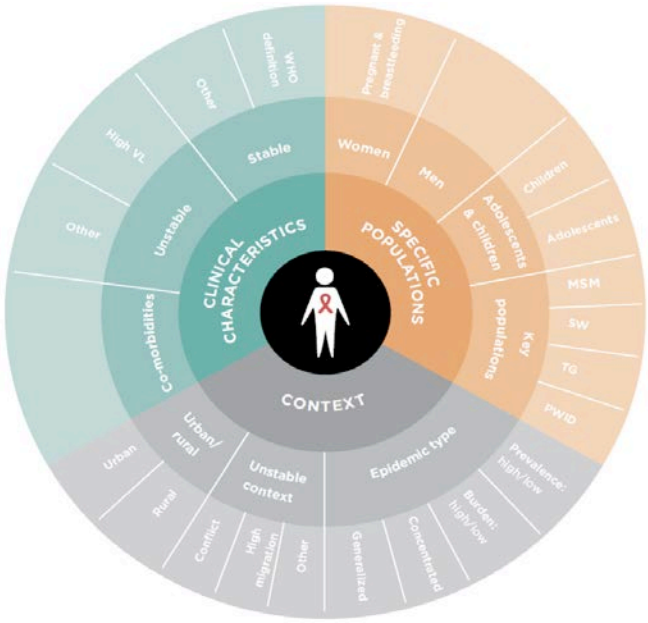
CLIENTS

Clients served through this model are adolescents and young people between the ages of 10 and 24 years. An adolescent/youth wellness center (AYWC) is a standalone facility providing comprehensive adolescent and youth friendly reductive health services; including HIV testing, ART services, health information, life skills support, other related ancillary services and referrals where needed. Clients accessing services in the facility based adolescent and youth wellness clinic comprise both clinically unstable and stable clients.

A stable client is a client who has been on ART for at least 12 months, most recent consecutive viral loads <1000copies/ml (the most recent VL should have been taken within the past 12 months, no current co-infection (TB/HBV/HCV), not currently pregnant or breastfeeding, no medical condition requiring regular clinical consultations, no adverse drug reactions that require regular monitoring, no current illnesses. An unstable client is any client that does not meet the criteria for a stable client which has been mentioned earlier.

The unstable clients or clients with co-morbidities/co-infection may require an intensified level of follow up within the same facility but at the main facility ART clinic. Client's context is mostly urban or semi-urban and the prevalence of HIV is high with a high burden especially amongst the female adolescents and young people who are the most vulnerable population.

Figure 1: The three elements – clinical characteristics, specific populations and context



CHALLENGES EXPERIENCED BY ADOLESCENTS AND YOUNG PEOPLE LIVING WITH HIV (PLHIV)

Challenges	**Solution proffered through Adolescent/Youth Wellness Centres (AYWC)**
Judgemental health care workers	Services are provided by trained adolescent friendly staff and peers
Low HIV and sexual health knowledge	Offer treatment literacy, health education and psychosocial support
Inconvenient clinic hours due to school attendance hours	Flexibility and convenience of drug pick up and clinic visits
Lack of access to youth friendly and non-discriminatory HIV services	Increased access to adolescent friendly services
Limited access to youth focussed sexual and reproductive health requirements	Health Education and provision of SRH services in a non-judgemental manner
Peculiar sexual and reproductive health requirements	Health Education and provision of SRH services in a non-judgemental manner
Limited provider skills to help young people navigate transition into adulthood whilst on treatment	Package for transitioning adolescent to adult care as part of an ART delivery and psychosocial support group
Vulnerability and disclosure issues	Adolescent are empowered with patient literacy

ELIGIBILITY CRITERIA

- Young and adolescent specific populations
- Patient's willingness

BUILDING BLOCKS

Figure 2: Building blocks for ART refills

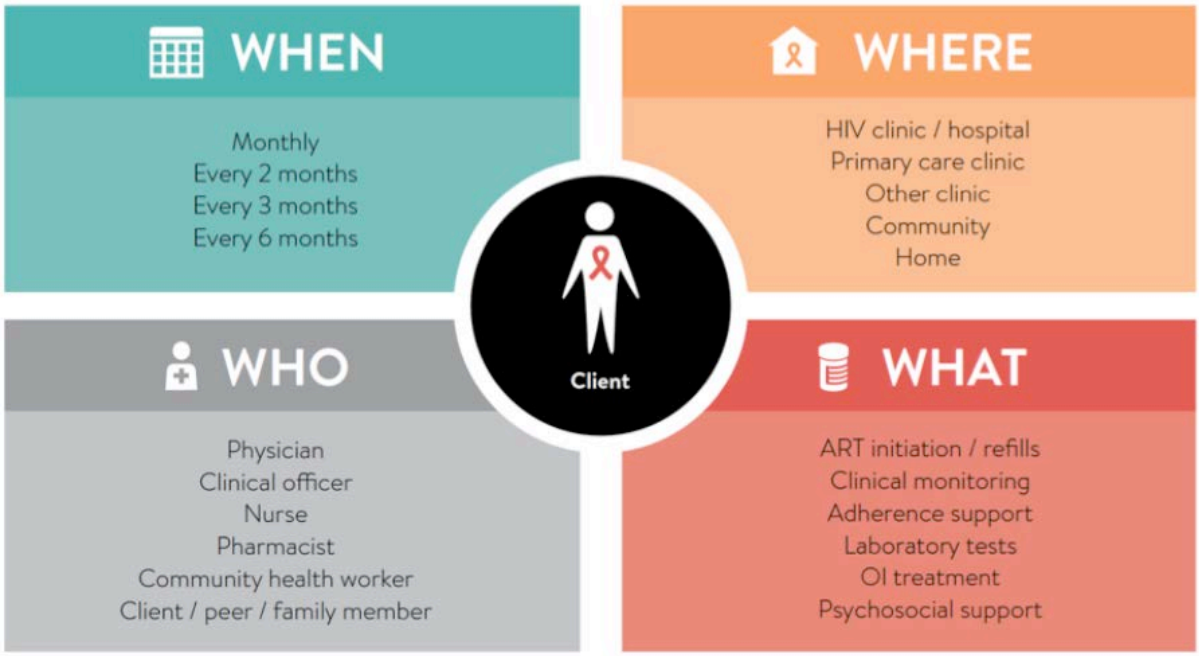


Table 1: The building blocks of a differentiated HIV testing

	Mobilization	Testing	Linkage
WHEN	• During standard opening hours of the facility • After school	• During standard opening hours of the facility • After school	After Testing HIV Positive
WHERE	within health facility	• Adolescent and youth friendly centres • Health facility (OPD)	• Adolescent and youth friendly centres • Health facility
WHO	• Peer Role models • Adolescent friendly health care workers • Peer health educators • Peer	• Peer Role models • Adolescent friendly health care workers • Peer health educators	• Adolescent friendly health care workers • Peer health educators
WHAT	Network Based; Partner Index Notification	• HIV testing(integrated) • Screening for malnutrition • BP check • TB screening • STI screening • Family planning services • SRH Education	• Referral services • Pre-ART initiation counselling • Adherence Counselling • Same day Initiation

Table 2: The building blocks of a differentiated ART delivery model

	ART refills	Clinical consultations	Psychosocial support
WHEN	• ARV refills are given monthly for clients who are < 6 months on ART • 2 monthly for clients who are > 6 months but < 1 year on ART • 3monthy ARVs for client who are > 1 year on ART	• 2 weeks post ART initiation • Monthly for 6 months • 2 monthly for clients who are > 6 months but < 1 year on ART • 6 monthly for stable clients	At each visit
WHERE	Adolescent and youth friendly centres(AYWC)/ health facility	At main facility ART clinic	Adolescent and youth friendly centres/ health facility
WHO	Trained Adolescent friendly health care workers	Nurse Physician (Clinician)	Peer Role models(adolescent champions) Peer health educators Treatment supporter (who may be the treatment partner or a trusted relative)
WHAT	• ART refills • Co-trimoxazole • SRH education • Games, life skills building, support activities and linkages to other services	Clinical Services	• Psychosocial Support • Treatment and prevention literacy • Positive Health Dignity and Prevention (PHDP).

- Describe the intervention HOW

  - *- **If it is an ART delivery model, what type?** (Health care worker managed group, client-managed group, facility-based individual model, or out-of-facility individual model?*

    The Adolescent and Youth Differentiated ART delivery model is a **'health care worker managed' group**.

  - ***Describe the type of service (Government/NGO, community-based, community-led, health facility satellite, DIC, outreach, involving/employing peers)***
    It is operated as a satellite clinic. Both HIV negative and positive adolescents and youth can walk in and use the youth friendly facilities available to them; board games, card games, table tennis etc. At some point, health talks are offered to the clients and those who do not know their HIV status are encouraged to get tested. Clients who are negative are linked to preventive services while those who test HIV positive are linked/enrolled in HIV care and initiated on ART as soon as possible after appropriate adherence counselling. The services

provided involve trained peers and trained adolescent and youth friendly health care providers.

- ***What kinds of partnerships are vital to the delivery process?***

Partnerships with the State Ministry of Health (SMOH) and the State Action Committee on AIDS (SACA) and Network of People Living with HIV and AIDS in Nigeria (NEPWHAN) are vital to the service delivery process.

IMPLEMENTING THE INTERVENTION

Programmatic data available at the time and anecdotal evidence were used to evaluate and make conclusions on the need to deliver services differently to improve outcomes amongst adolescent and young people. Selected facilities were assessed for availability of space to provide adolescent friendly services with staff that can be trained to provide adolescent friendly services. Facilities should have the capacity to provide the minimum package of HIV prevention, care and treatment services. The facility infrastructure was also assessed. Interaction with both health care workers and adolescent and young people during program necessitated mentorship and supervisory visits revealed challenges faced by this specific population regarding access to HIV/ART services and health care provider's knowledge gap in providing adolescent friendly services.

Based on the challenges identified for both the health care providers and adolescents/young people between the ages of 10 and 24, steps to address challenges were undertaken were taken including trainings of staff at these facilities. HIV prevention, testing and ART delivery services were implemented immediately and integrated as a 'health care worker managed' model. This was initially a pilot project with scale up under roll out in additional sites across Kaduna and Gombe States. Staff at the selected facilities were trained in various adolescent friendly service provision in Prevention, HIV testing, ART delivery services and youth friendly interaction skills. Teaching materials used included national training power point presentation slides with CIHP specific standard operating procedures. Supervision at the initial phase of implementation was required monthly for the first six (6) months and then quarterly as the model became well established. Clients are empowered to access and use health information to make appropriate health decisions and maintain basic health via provision of patient treatment literacy.

National Monitoring and Evaluation tools for testing/enrolment (linkage)/treatment were available to track progress of the intervention. ART registers, enrolment registers, referral log books as well as Monthly Summary Forms (MSF) to aggregate collected data in the registers were employed. Financially, estimated cost required to get start up services running was approximately **$17,240 (Seventeen Thousand Two Hundred and Forty Dollars only)** per annum**. This was not inclusive of infrastructure, staff salaries, renting of the space etc.- a detailed cost survey has not been done.** Funding came from our funder; PEPFAR. In kind contributions which need to be further quantified with more robust cost studies. Implementation of intervention was feasible.

DATA

- ***Share any data, quantitative or qualitative, on outcomes or perspectives – could be uptake of the intervention, anecdotes from clients, etc.***

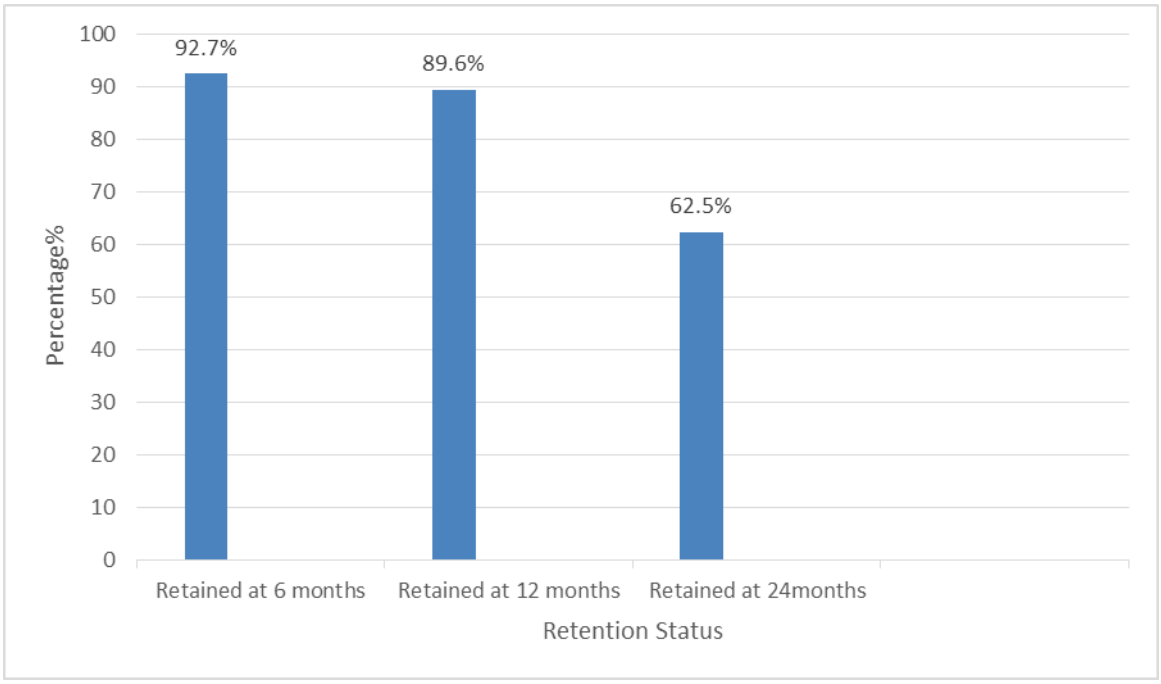
Table3: NUMBER OF ADOLESCENT TESTED FOR HIV, HIV POSITIVITY AND ART INITIATION RATE FROM JANUARY TO MAY 2018

Total number tested for HIV	#Total Positive	HIV positivity rate	#Started ART	ART initiation rate
1822	37	2%	30	93.7%

TABLE4: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF SELECTED PATIENTS IN AYWC FACILITY

Variable	**Frequency**	**Percentage**
Sex		
Male	10	10.4
Female	86	89.6
Educational Level		
Below secondary	34	35.4
Secondary and above	62	64.6
	Mean	**Std. deviation**
Age at enrolment	19	5.5

CHART 1: RETENTION RATE AT 6, 12 AND 24 MONTHS FOR PATIENTS WHO STARTED ART WITHIN MAY 2015 - MAY 2016 IN AYWC FACILITIES. N = 96



- ***Is there evidence of success? (including client outcomes, client satisfaction, HCW perspectives, waiting times, etc.)***

KEY FINDINGS

Client Satisfaction: Various parameters were used as proxies to explore level of client satisfaction. These include the following:

Frequency of visit (15/11)
The youth friendly facility sees clients visiting 2-4times a week and some say they come as often as they can.

Effect of visit (13/11)
The frequency of the clients' visits was observed to have no effect on their jobs and schooling.
"It doesn't hinder me from going to work"
"No, it doesn't hinder me in any way"
"No, it doesn't affect my school or the job that I do"
Most clients interviewed said it takes them less than one hour to reach the facility. Interestingly, some trek/walk to the facilities.

Cost of visit (11/11)
Most clients at these facilities stay within 5 to 10 kilometers from the centres considering the amount in naira spent on transportation fare. A number of them actually trek "*…I don't spend anything*" … to the center while others spend between N50 to N200.

Waiting time (12/11)
Most of the clients agreed that during their visits to the centres, they are attended to promptly.

"*I no dey spend much, dem dey attend to me immediately*"
It can be observed that most of the clients are satisfied with the services with the quality of care they get at the centres.

Quality of care (14/11)
When asked the quality of services provided at the centres, the quotes below show the extent to which users of this facilities are satisfied. It is satisfying to hear them express the benefit the centres had brought them. Some even applauded the commitment of some of the healthcare workers
"*We enjoy the services rendered here, but there is still room for improvement*"
"*This center is not doing so badly in terms of quality of service but is not enough*"
"*We don't have any problem with quality service, especially the lady in-charge here, she makes sure we are well attended to and on time*"

Possibility of mistreatment (17/11)
When asked of possibility of poor treatment, most respondents answered in the affirmative that they have not been poorly treated "*Instead, they show us care and even encourage us to bring people who have the same problem they don't segregate*".
Another respondent said;
"*The workers are very hospitable, we're always laughing and playing together. It's like family here*"

Challenges faced

Respondents were asked of possible challenges they face while accessing care and most of them answered affirmation that they do not have any form of challenge. However, some noted a few concerns as listed below by;
"*… there was a shortage of ARV drugs*"
"*Not even one*"
"*I don't have any challenge*"
"*I have never faced any difficulty*"
"*… we are not getting transport*"
"*I don't have any problem*"

Improvement ideas (26/11)

With some of the challenges identified, the respondents were asked what they think will improve services at these facilities and possible new ideas that will make the facilities more functional. Responses included the following suggestions:

- Purchase a generator to ensure more light
- Install a Refrigerator
- Install a TV with cable network for more programmes e.g. DSTV

- Water supply
- Send the "final" drugs (the understanding here is a cure for HIV/AIDS)
- Privacy and confidentiality. This is supported with the quote below;
  "And where the youth friendly clinic is, is somehow, there are times when I come I do see people that I know very well and seeing me standing there, they'll be like, what am I doing here? Somehow is a way of kind of exposing me to be stigmatized".

  Another respondent supported by saying
  "Yes, a place that is kind of secluded, somehow, just for that purpose, it will go a long way"

- More games (not specific)

Other thoughts
A few respondents further requested that the age range, should be increased to allow for more clients to access services at the facilities. Especially the youth friendly centres it was suggested that the age cut-off should be increased to 26 or 29 years as against the 10-24years limit.

Healthcare workers (HCW)

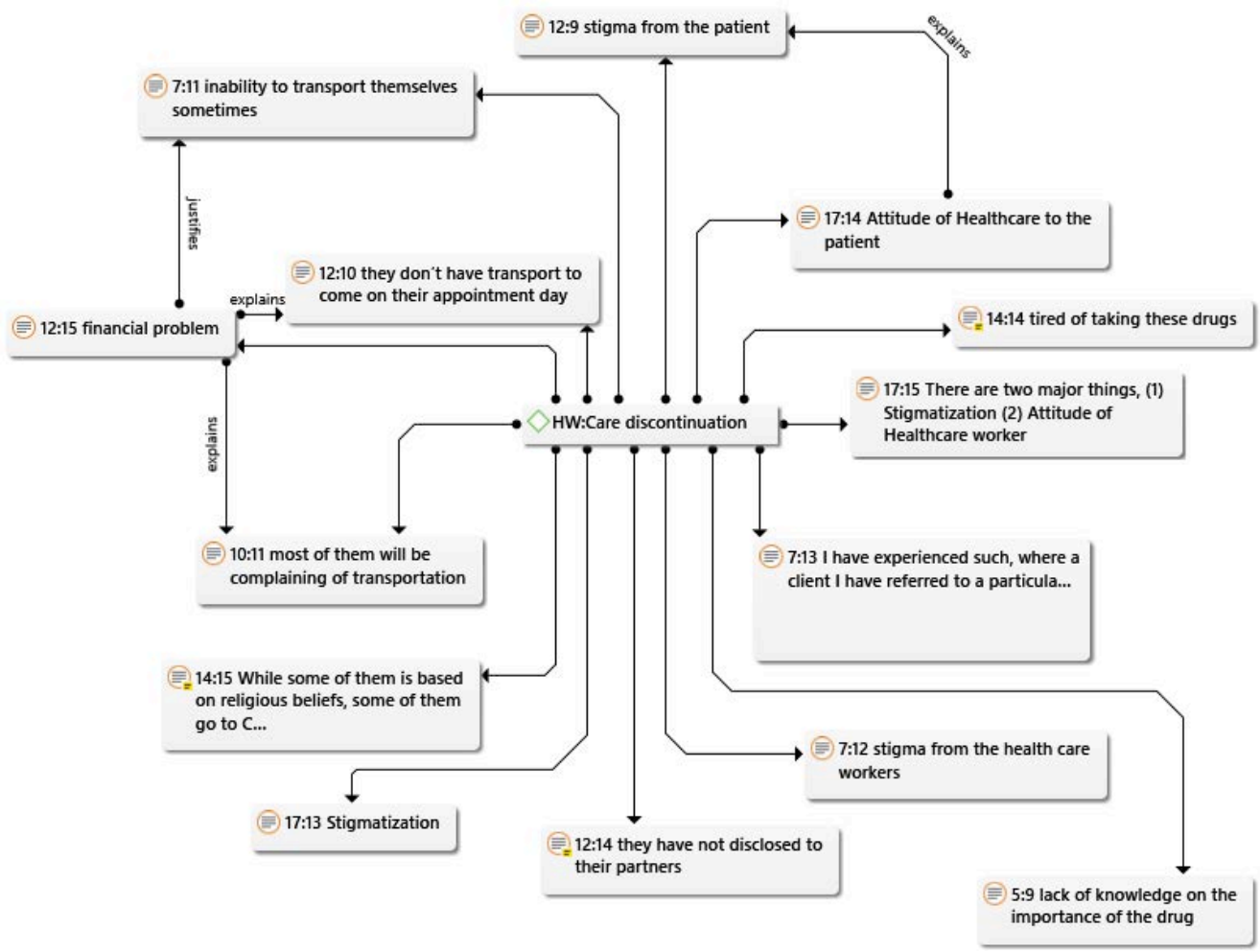
- **Services provided**
  Typically, all the facilities implementing this model selected for this study provide HIV testing and counseling and care. In addition, some other care and services are provided depending on the model level of care. They include:
  - Prevention messages
  - Family planning and nutrition counseling services
  - Treatment and care support including ARV drugs that same day
  - Referral for TB and STI and other opportunistic Infection
  - TB services (integration)
  - Adherence counseling
  - Partner notification services (PNCS)
  - condoms

- **Daily client load**
  On the average, 2 – 10 clients or slightly above are seen in the youth friendly centres. A healthcare worker supported this;
  "Averagely in the youth friendly center, you can see like four (4) five (5) people in a day. Because it is not a clinic day, we have a particular clinic day, in the clinic we can see like ten (10) to fifteen (15) in a clinic day. But if it is not a clinic day, we can see like four (4) five (5) that come with at least one small complain or the other"

Care discontinuation

The network analysis diagram below shows possible reason why some clients discontinue treatment.

CHART 2: NETWORK ANALYSIS SHOWING POSSIBLE REASONS FOR TREATMENT DISCONTINUATION



Improving retention

HCWs were asked to suggest possible ways to improve retention of person on care and treatment. Suggestions included:

- To improve client retention through strengthened tracking systems
- Strengthen adherence counselling.
- Initiate skill acquisition programme
- Support Income generating activities
- Maybe provide transport support where needed
- Help indigent clients with some food stuff
- Install cable TV and also provide incentives like gifts for the patient
- Put more games at the friendly centres

"Like this our table tennis (ping pong) is really keeping people, then there is the video games or computer games, when the youths are there, they don't feel as if they are in a clinic.

- ***WHAT MADE THIS A SUCCESS? WHAT CHALLENGES AROSE AND HOW DID YOU RESPOND TO THEM?***

SUCCESS

- Provision of adolescent friendly health services by trained HCW
- Provision of adolescent and youth friendly environment with indoor and outdoor gaming activities which improved facility attendance by adolescents and young people.
- Peer to peer support which strengthened adherence and retention in care.
- Health education including SRH education life skills and preventive messages which improved the overall well-being of attending Adolescents and young people.
- More importantly, uptake and utilization of services by satisfied young people.

MITIGATING EFFORTS TO ADDRESS CHALLENGES

- **Staff attrition due to reposting of trained personnel:** Advocacy visits was paid to the state ministry of health and facility management to improve retention of trained Adolescent and youth service providers
- **Stigmatisation for ALHIV:** Improved awareness on SRH including HIV prevention and treatment.
- **Distance to AYFHC:** Referrals and linkage to AYWC facilities with the shortest distance to residents of the adolescents

- **DO YOU HAVE PLANS TO EXPAND OR TAKE YOUR INTERVENTION(S) TO SCALES?**

NEXT STEPS

Following the evaluation of the effect AYWC on retention for Adolescents living with HIV in care, there are plans to scale up this model to other comprehensive health facilities. AYWC will be established to create demand for services by adolescents and improve uptake of these services.

HOW ARE YOU WORKING WITH GOVERNMENT AND OTHER PARTNERS?

We plan to engage relevant stake holders such as ministry of women affairs, ministry of youth and sports on retention of trained HCW in the AYWCs and sustainability of the AYWC in the facilities.

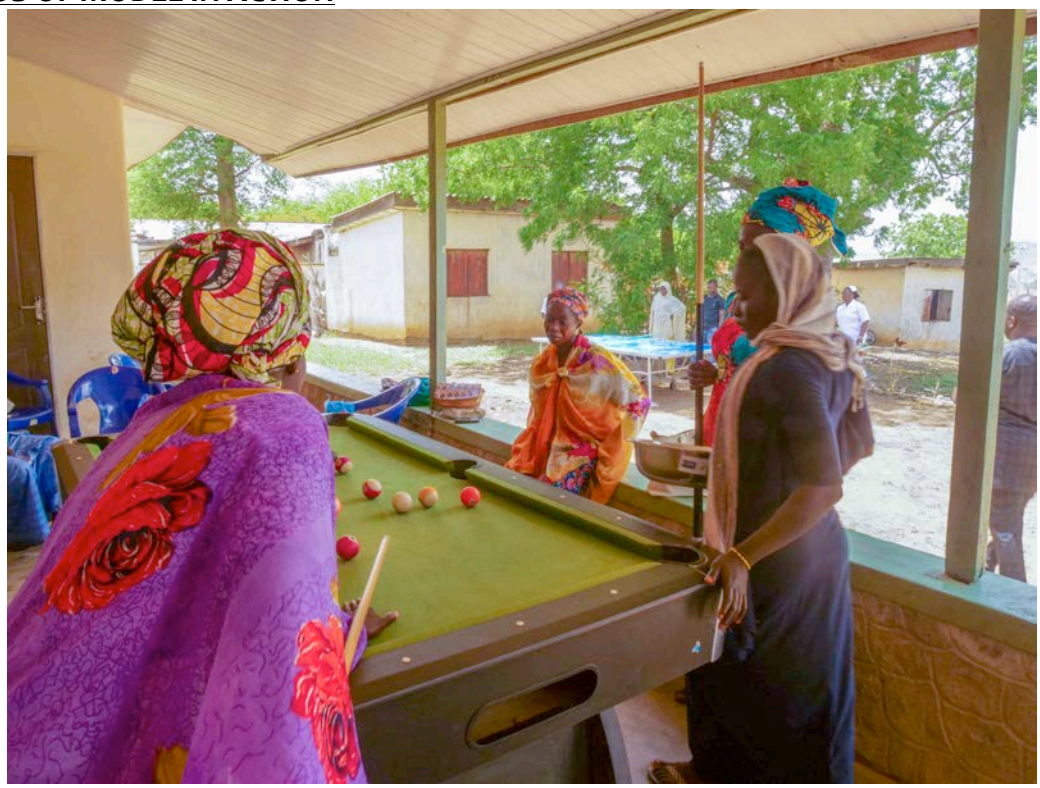
ANNEXES

QUOTES FROM CLIENTS AND HEALTH CARE PROVIDERS

"If the healthcare workers are given more training it will help to improve the Youth and Wellness Center".
Mr. Salisu Abdullahi
Health Care Provider (AYWC)

"If there are more games in this facility I think it will help in attracting more young people".
Miss James Peter
Client (AYWC)

PHOTOS OF MODEL IN ACTION



Pic 1: Adolescents playing snooker in Youth & Wellness Center, Kaltungo, Gombe State.

Pic 2: Adolescents playing snooker in Youth & Wellness Center, Kaltungo, Gombe State.

Pic 3: Health care worker counselling a client in Youth and Wellness Center, Kaltungo, Gombe State.

Pic 4: Adolescents playing table tennis in Youth and Wellness Center, Kaltungo, Gombe State.