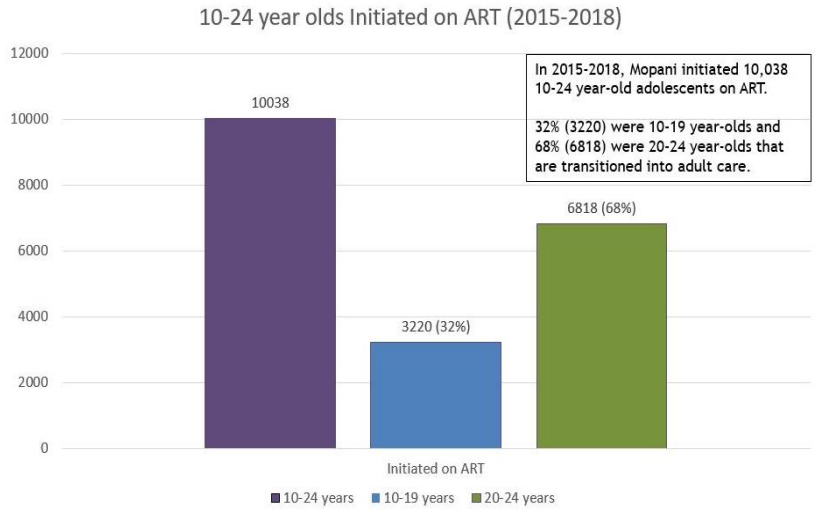
What can we learn from our Adolescent Programme in Mopani District?

Policy Brief Prepared by Melanie Bisnauth, Beverley Matlou, Thulani Machere and Kate Rees.

Introduction

Anova's adolescent programme in Mopani, Limpopo aims to provide HIV prevention, treatment and care and adolescent youth friendly services (AYFS) based on the 90-90-90 cascade. The Mopani Adolescent Programme (MAP) focused on the adolescents living with HIV in Mopani district, Limpopo, from 2015-2018. Anova supported services such as HIV testing (HTS), the promotion of retention in care and adherence, the prevention of HIV transmission through education and social support, and the promotion of sexual and reproductive health services including contraception.

In 2015-2018, Mopani initiated 10038 10-24 year-old adolescents onto antiretroviral therapy (ART). Of the 3220 10-19 year-olds, 55% (1768) remained on ART and 47% (1404) had a viral load of less than 1000 (viral suppression is defined as a viral load less than 1000). Mopani focused on 40 priority facilities across the sub-districts of Giyani, Letaba, Maruleng, Phalaborwa, and Tzaneen to improve the 90-90-90 cascade and overall HIV management for adolescents. These 40 facilities account for 2115, 10-19 year-olds, of whom 43% (901) were retained in care after 3 months, 63% (571) were female and 37% (330) were males. Of the 901 adolescents retained in care, 81% (729) were VLS.



Why did we want to look at MAP?

The purpose of the adolescent programme evaluation was to 1) describe the programme activities, interventions and lessons learned for adolescents in care in Mopani; and 2) to identify strategies to strengthen delivery for the programme when implementing in different districts.

Why are adolescents a concern?

In 2015, Mopani district had a 9.9% HIV prevalence amongst adolescents.[3] There was a need for greater understanding and suitable adaptation of HIV care and treatment services specific for adolescents' health. Sustaining optimal ART adherence in adolescents living with HIV has emerged as a major healthcare challenge, fundamentally due to regimen complexity, psychosocial dynamics and adherence barriers.

Research has indicated the following influence ART adherence and the ability to retain adolescents in care. Developing autonomy and independence of adolescents and building their self-capacity to understand their health risks and benefits is crucial.

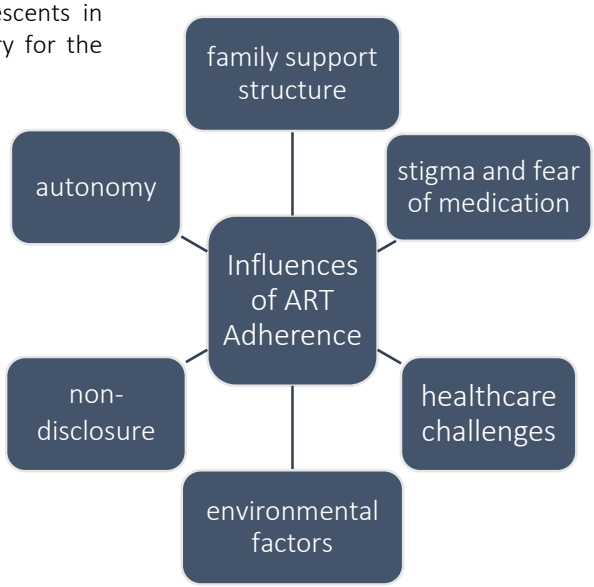


Figure 1. Influences of ART adherence

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What did Anova do?

Anova supported the 40 facilities across Mopani district by providing technical assistance. This included HTS, pregnancy tests, STI screening, family planning services including condom use, linkage to care, phlebotomy services, and healthcare information such as educational material (i.e. pamphlets). There were specific programme activities; a) *support for schools*; and b) *disclosure and ART training* c*) adherence clubs and support groups for adolescents and disclosure groups for caregivers* d) *stakeholder engagement*.

Support for schools	• Conducted campaigns weekly focusing on ages 10-24, attending school • Provision of SRH services including pregnancy and STI screening • Linkage to care, counselling and treatment	There was full disclosure coverage amongst 75.3% of adolescents living with HIV in focused facilities and enrolled in support groups across Mopani.
Disclosure & Management Training of HCPs	• Training and mentorships for 80 facility staff across 40 clinics on processes of disclosure, management of post HIV disclosure, to ensure adherence of ART. • Training package focused on the psychosocial and clinical components of adolescent care • Educational tools for training included the WHO reproductive and medical contraceptives criteria wheel	From Dec 2016 to May 2018, Anova established and sustained 169 support groups, reaching a 74% full disclosure for 1026, 10-19 year-old adolescents in the 40 priority facilities across Mopani district. Each facility had 4-5 support groups, catergorised by age (10-13 and 14-19 years old grouped together), disclosure of status and VLS.
Establishing adherence clubs, support & disclosure	• Involvement of caregivers to enhance disclosure process by equipping them with skills and knowledge to disclose own status and adolescents HIV status • Support through mobile phone tracing with linkage officer • Education monthly on risks of non-disclosure, lack of adherence in community • Enhance retention through provision of adolescent differentiated care	Department of Social Development and Education (DSDE) have been involved in consultations and meetings on a quarterly basis as psychosocial needs arose. DSDE have primarily worked with the 40 focus facilities, utilizing the school health program to communicate with adolescents.
Stakeholder engagement	• Working closely with DoH and Dept. of Social Development and Education	

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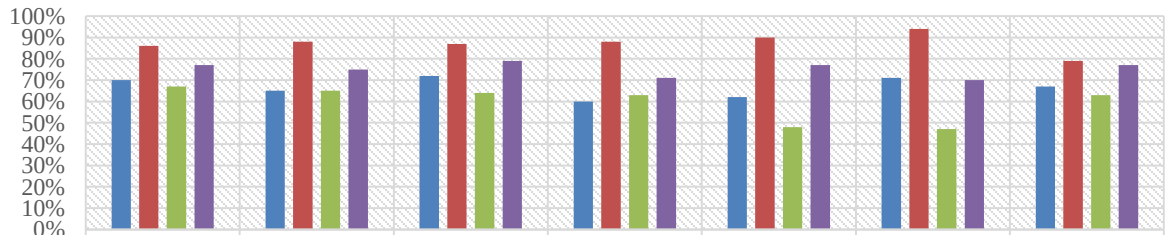
What was our approach?

Of Mopani's 40 priority facilities, a purposive approach was used to select **7 healthcare facilities with a wide range of challenges and successes** in which qualitative semi-structured interviews were conducted with 18 healthcare staff such as operations managers, professional/enrolled nurses, social workers, linkage officers and adherence club counsellors. A thematic analysis was used to guide the identification of domains that emerged from all transcribed data using NVivo QSR 11 software.

What does this tell us?

Retention is a major concern across all seven facilities for adolescents. The facilities of Giyani CHC, Grace Mugodeni CHC and Shotong and Sekwai/Sophia Clinics had the lowest VLS adolescents between the ages of 10-24 years old. We wanted to investigate further what was happening on the ground with the programme.

VLS and RETENTION IN CARE (10-24 VS. ALL AGES)



	Matswi Clinic	Mapayeni Clinic	Carlotta Clinic	Shotong Clinic	Grace Mugodeni	Giyani CHC	Sophia/Sekwai Clinic
VLS (10-24)	70%	65%	72%	60%	62%	71%	67%
VLS (all ages)	86%	88%	87%	88%	90%	94%	79%
Retention in Care (10-24)	67%	65%	64%	63%	48%	47%	63%
Retention in Care (all ages)	77%	75%	79%	71%	77%	70%	77%

VLS (10-24) VLS (all ages) Retention in Care (10-24) Retention in Care (all ages)

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What did we find out?

The following results address the Adolescent Programme challenges as well as the strategies and achievements that were discussed to help combat those challenges that arose.

The word cloud diagram (below) represents the most common words that arose in the semi-structured qualitative interviews with the seven facilities. The more common the word/topic was discussed the larger it is. The most common topics discussed were **training, adherence, support through information and from health districts.**

ADOLESCENTS ARE SCARED OF US AT TIMES. OUR ADOLESCENT IS OUR PASSION, THEY ARE OUR FUTURE FOR TOMORROW. WE HAVE STAFF WHO ARE PASSIONATE ABOUT THE ADOLESCENTS AND WE HAVE ANOVA WHO IS GIVING EXCELLENT SUPPORT.

-Operations Manager, Shotong Clinic

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The Adolescent Programme in Mopani had conducted the following activities (Table below) that speak to the NDoH standards. *The following represents the 10 AYFS National DoH Standards. In Mopani, these standards were not implemented specifically at facilities but should be used to help guide the adolescent programme.*

STANDARD	INTENT	ACTIVITIES	CHALLENGES
STANDARD 1 Management systems are in place to support the effective provision of youth-friendly health services.	The management systems that are place ensure that health services effectively meet the needs of adolescent clients. The clinic's service plan is based on information obtained about young people in the community through the community profile, adolescent needs assessments, and data from the clinic's health information system.	• Operations Manager (OM) take on a leadership role, send their HCWs for training and support and allocate them to the units/departments and areas of the facility where adolescents are seen to provide services in an efficient and effective manner to young people • Knowledge sharing amongst clinical staff members for those that were not able to attend training due to lack of human resources at facility	• Miscommunication internally in facilities with understanding performance and unclear between OM and HCPs • Adherence counsellor files for adherence clubs hidden from staff members failing to understand importance of role and not attend to youth if counsellor is not present • Record keeping and maintenance of registry books • No knowledge sharing practices in place with staff trained creating isolation and disrupting work flow
STANDARD 2 The clinic has policies and processes that support the rights of adolescents.	There are policies and processes to ensure that the rights of adolescents are known and respected by all clinic staff. Services are provided taking into account the right of adolescents	• Sexual and reproductive rights are taught within the facility	• Facilities did not have health promotion material visible or available for young girls • Disjointed messages providing as healthcare information for contraception (Implanon)
STANDARD 3 Appropriate adolescent health services are available and accessible.	Adolescents are aware of the health services available to them. During the official hours of operation, every effort is made to accommodate the needs of adolescents. Where possible, specific times are allocated for the provision of adolescent services. Adolescents are welcomed in the clinic and provided with the full range of services. The essential service package for youth-friendly clinics is provided. There is a mechanism in place to solicit community support for adolescent health services.	• Service provision of extended/flexible hours for adolescents attending facility after hours due to school, etc. • Fast track lanes provided for adherence clubs/support groups • Ensuring that medication is available beforehand by planning ahead and contacting networks and partners for support for community • Adherence club counsellor used to directly provide medication door-to-door to adolescents	• Services not available after school due to staff reallocated • PNs inserting contraceptives (Implanon) without formal training and not educating young girls on full benefits leading to push back from community • Adolescents queue if they dropped out of school and don't have uniforms • Parents/guardians do not give treatment to adolescents
STANDARD 4 The clinic has a physical environment conducive to the provision of adolescent-friendly services.	The clinic provides a safe, clean environment, including infection prevention measures. The clinic ensures client privacy. An effort is made to make the clinic comfortable.	• Space (i.e. chill room) provided at the facility that allows adolescents to feel comfortable to attend and access services	• Lack of water, and space lead to running adherence clubs in confined/shared space that violates confidentiality and trust

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The following represents the 10 AYFS National DoH Standards. In Mopani, these standards were not implemented specifically at facilities but should be used to help guide the adolescent programme.

STANDARD	INTENT	ACTIVITIES	CHALLENGES
STANDARD 5 The clinic has drugs, supplies, and equipment necessary to provide the essential service.	YFS essential services are provided with the appropriate drugs and supplies and equipment.	• Maintenance (i.e. expiration dates and no overdue medication registered) and ensuring sufficient stock of medical supply for community	• Nurses misunderstood about stock expiry dates and uncertainty if stock was expiring the following month were allowed to be inserted, meaning stock was sitting there and young girls were refused Implanon
STANDARD 6 Information, education, and communication (IEC) promoting behaviour change and consistent with the YFS essential service package is provided.	The clinic is recognized as a resource centre and focal point for promoting healthy lifestyles for adolescents. The clinic has a role and responsibility to develop channels for sharing SRH information and materials within the community. The materials are accurate, simple, targeted to adolescents and consistent with the YFS essential service package. The materials are available in appropriate.	• IEC material provided at facility and community with posters, brochures, pamphlets at facility • Educational health talks (including sexual and reproductive health, STIs, AGYW, etc.) provided at community level • Utilizing a school health nurse to build and strengthen relationships at educational institutions with facility	• Lack of IEC material such as posters, pamphlets, notice boards to promote health education • Lack of school health nurse and unclear indication of which facility staff responsibility are responsible to provide health talks to adolescents • Facility and schools may work in isolation, lacking a referral pathway for adolescents
STANDARD 7 Systems are in place to train staff to provide effective adolescent-friendly health services.	A system is in place to identify staff learning needs and to develop plans to meet these needs. Training and development activities are conducted to prepare staff to effectively carry out youth friendly services. Staff has conducive attitudes toward working effectively with young people.	• Training of HCWs on disclosure, adherence, and utilizing an adherence club counsellor to work within facility and community	• PNs trained for AYFS but allocated to different areas of facility that do not attend to adolescents due to shortage of staff or directed by OM
STANDARD 8 Adolescents receive adequate psycho-social and physical assessments.	An adequate and appropriate assessment is conducted that takes into account the social, economic and cultural background of the adolescent, as well as their risk for HIV, STIs and unintended pregnancies.	• Mental health assessments and follow-up support provided for risk reduction • Psychosocial support with social workers and forensic nurse • Referral system in place for facility and hospital to assist with cases (i.e. sexual assault, rape)	• 15-17 years olds were most challenging to support due to denial and not accepting HIV status when reached full disclosure • Child headed households, cases of incest, sexual assault and substance use referral services far away from facility
STANDARD 9 Adolescents receive individualized care based on standard case management guidelines/protocols. Adolescent-friendly health services.	Adolescents are cared for using standard case management guidelines. Service delivery guidelines are available for the YFS essential service package. Communication with adolescents is conducted in a way that encourages them to participate in decisions about their care.	• Child and youth policies and guidelines present at facility and used to help guide day-to-day routine and activities (ideal clinic)	• Guidelines and policies present in facilities but not always referred to at times due to hectic and busy work environments
STANDARD 10 The clinic provides continuity of care for adolescents.	Adolescents are cared for using standard case management guidelines. Service delivery guidelines are available for the YFS essential service package. Communication with adolescents is conducted in a way that encourages them to participate in decisions about their care.	• Peer educators and adolescent mentors that are virally suppressed used to help educate and motivate for other adolescents that are not VLS	• Youth champions present in only some facilities and therefore no community liaison with adolescents concerns

Best Practices Tool for Adolescent Programming and AYFS

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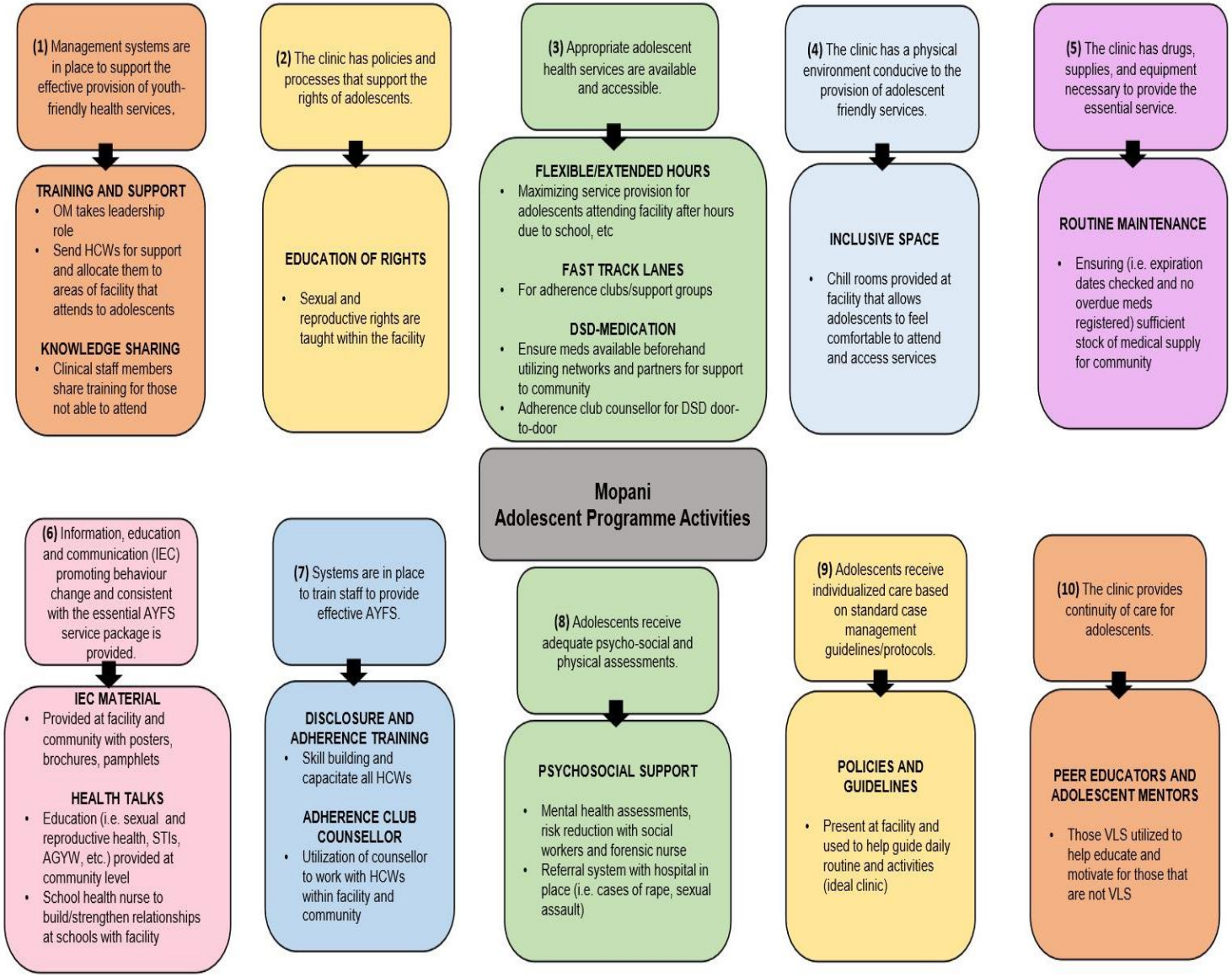
It is also important to incorporate adolescents' vision and knowledge when implementing AYFS services. As much as possible, there should be some young staff members who can take the lead in providing positive learning environments and skill-building for AYFS.

The following tool takes the best practices and strategies that we learned from Mopani in accordance to NDoH standards. This tool should be used as a guide to ensure that all components of the programme are met.



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