

Youth Care Clubs: Optimising clinic time, fostering peer support, improving adherence

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BACKGROUND

Physical, cognitive and emotional changes during adolescence make young people vulnerable to HIV infection and present challenges to ART initiation and adherence for adolescents living with HIV (ALHIV)¹. Clinic services that are not friendly to youth, including the long waiting times that are common in South Africa's public health services, can prevent young people from accessing care. It has been shown that peer support amongst adolescents living with HIV can have a positive effect on emotional well-being and treatment adherence^{2,3}. Youth Care Clubs (YCCs) aim to offer improved adolescent and youth friendly services (AYFS) in primary health care (PHC) clinics by addressing common barriers such as long waiting times, lack of AYFS trained staff, patients' need for multiple clinic appointments to address different needs like HIV and psycho-social care, and clinic hours that conflict with young people's school and work.

YCCs are an innovative group-based HIV management approach that integrates psycho-social (PSS) and clinical care for 12-24 year old HIV-positive adolescents and youth attending primary health care facilities in the City of Johannesburg and Dr Kenneth Kaunda District in North West Province.

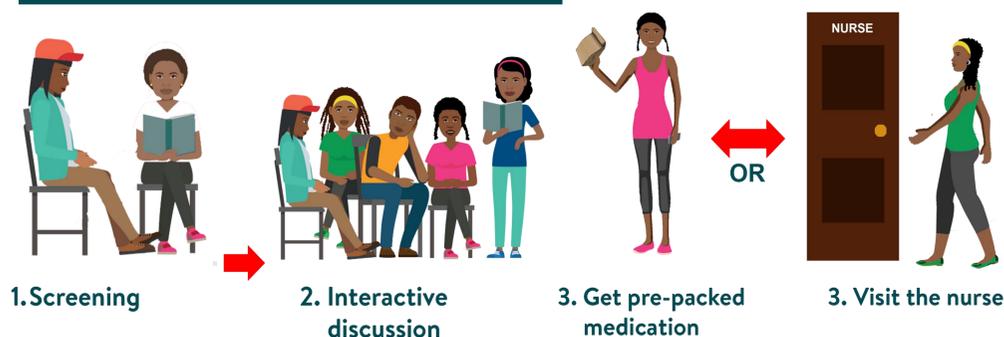
METHODS

Wits RHI's USAID-funded Adolescent Innovations Project (AIP) has developed a YCC model and is implementing YCCs in 31 PHC facilities in two South African health sub-districts: sub-District F of the Johannesburg Health District and the Matlosana sub-District of Dr Kenneth Kaunda District, North West Province.

As part of our evaluation of the model, we examined efficiency gains, ART adherence rates, viral load suppression, and potential psycho-social benefits of the YCC model on ALHIV's clinical and psychosocial care and outcomes.

Screening, retention and viral-load suppression data were extracted from YCC registers. Time-motion observations were conducted assessing standard of care (SOC) clinic visits and YCCs.

3 stages of a YCC visit



The YCC model

- ▶ Monthly clubs at PHCs or near facilities for the first year
- ▶ Run by a lay-counsellor and supported by a clinician
- ▶ Closed groups of 15-20 ALHIV including newly initiated patients, those with viral load suppressed and with viral load not suppressed
- ▶ Separated age groups to ensure age-appropriate learning
- ▶ Routine health (TB, STI, contraception, nutrition) and psycho-social screening
- ▶ Interactive adolescent-focused psycho-social discussions
- ▶ Coordinated annual viral load testing for club members
- ▶ Distribution of pre-packed medication
- ▶ WhatsApp groups among members for ongoing peer support

RESULTS

WHO ARE OUR PATIENTS?

542 patients in YCCs

68% female **32%** male

18 median age (range of 12-25)

HOW HAVE YCCs SERVED PATIENTS?

97% viral load suppression at 12 months, versus **86%** in standard of care

85% retention in YCC care, versus **76%** in standard of care

98% of visits include health and PSS screenings. Patients ever screening positive: 29% for contraceptive needs, 5% for STIs, 4% for TB, 2% for nutrition

ARE YCC VISITS EFFICIENT?

69 minutes average YCC visit time

89 minutes average AYFS "fast track" visit in a PHC

240 minutes average standard of care visit time

15-20 ALHIV are managed clinically and psycho-socially in less than 90 minutes

Reduced number of clinic visits by combining ART refills, contraceptive services and psychosocial support in one YCC visit

CONCLUSIONS

The YCC group model of clinical and psychosocial care provides efficient, comprehensive, convenient care for ALHIV without compromising retention or viral-load suppression, and fosters supportive social relationships between peers and healthcare workers.

Acknowledgements

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