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University of the Witwatersrand
WITS RHI

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

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Background

Physical, cognitive and emotional changes make young people more vulnerable to HIV infection and present challenges to ART initiation and adherence for adolescents living with HIV (ALHIV) [1]. In South Africa, clinic services that are not friendly to youth, including very long waiting times are common, and 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 some of the 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 lives.

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 we are implementing YCCs in 31 PHC facilities in two South African health sub-districts: sub-District F of the City of 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..

The following Youth Care Club (YCC) tools available:

- YCC Implementation Guide
- YCC Workbook
- YCC "How-to" video
- Standard Operating Protocol (SOP) for YCCs
- YCC Appointment cards
- Save-the-date Poster
- YCC Training slides
- YCC Registers

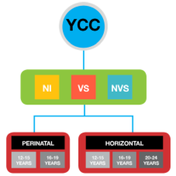
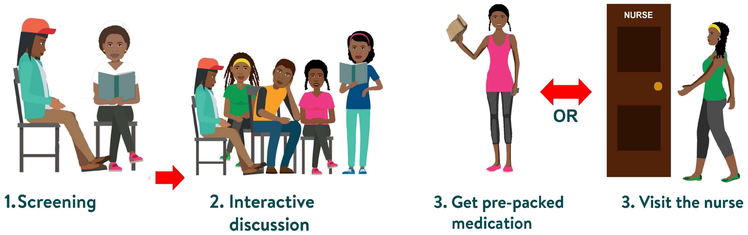


Figure 2: YCC Group Allocation

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 suppressed viral loads and with unsuppressed viral loads to foster peer learning (Figure 2)

►Separated age groups to ensure age-appropriate learning (Figure 3)

►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

►Offers smooth transition into adult care (Figure 3)

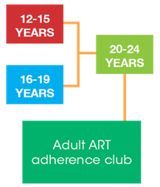


Figure 3: Transition into adult care

References:

1. 1.Hornschuhet al., 2016. Experiences of HIV-Positive Adolescents and Young Adults in Care in Soweto, South Africa. ***J HIV AIDS SocServ***, 13(4).
2. 2.MacKenzieRK, van LettowM, GondweC, NyirongoJ, SinganoV, Banda V, *et al*. Greater retention in care among adolescents on antiretroviral treatment accessing "Teen Club" an adolescent-centred differentiated care model compared with standard of care: a nested case-control study at a tertiary referral hospital in Malawi. ***J Int AIDS Soc***. 2017 Nov;20(3):e25028.
3. 3.OrisL, Seiffge-KrenkeI, Moons P, GoubertL, RassartJ, GoossensE, *et al*. Parental and peer support in adolescents with a chronic condition: a typological approach and developmental implications. ***J Behav Med***. 2016;39(1):107–19.

Results

WHO ARE OUR PATIENTS?

589 patients in YCCs
68% female **32%** male
18 median age (range of 12-25)

HOW HAVE YCCs SERVED PATIENTS?

75% viral load suppression at 12 months
81% retention in YCC care, versus 84% 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

WHAT YCC MEMBERS HAVE TO SAY?

"I needed to get guidance and to be reminded that I'm actually on treatment, so in order to know that I need to be at times surrounded with people who have it so as to share our difficulties." *(Male youth)*

"I thought I was going to meet with people who were going to tell me that I am now HIV…you have to do this and that…but I learned a lot because I saw other people sharing their ideas which I didn't know, I learned that there is someone of my age who has experienced bigger things than what I have experienced." *(Male youth)*

"It's different because the one from YCC we get everything packed when I have some problem, and not feeling well, they instantly help me, even if my self-esteem is down they find a way to lift me up, they are supportive in every way." *(Female youth)*

"The most helpful thing…. is the collection of medication…. usually if you do it the normal way… you would have to get a day off from whatever either work or from school and the minute you say can somebody else collect my medication it is an issue" *(Female youth)*

ARE YCCs COST EFFECTIVE?

An estimate total ongoing operational cost for a YCC is approximately $80 USD per YCC group per month or approximately $4.00/ month per YCC member.
**Estimate includes: YCC facilitator, register, materials and refreshments. It does not include medications or diagnostic tests.*

Above costs estimates can be reduced by using only existing Department of Health staff for YCC facilitation.

ARE YCC VISITS EFFICIENT?

69 minutes average YCC visit
89 minutes average AYFS "fast track" PHC visit
240 minutes average 'Standard of Care' visit
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.

Conclusion

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.

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