



PROMISING PRACTICES

The **Grab the Gap Programme** creates opportunities for HIV-positive adolescents who have recently left school to undertake individualized year-long internship-style placements attached to a community health clinic. A peer support programme with a twist, Grab the Gap uses a two-pronged approach to promote the well-being of HIV-positive children and adolescents by:

- Offering opportunities for skills development, mentorship and career-relevant experience to HIV-positive adolescents who have recently left school;
- Leveraging the engagement of these school leavers to improve provision of comprehensive paediatric and adolescent HIV services in a resource-constrained setting.

Grab the Gap is facilitated in partnership by the paediatric unit of TC Newman Community Health Clinic and ANOVA Health Institute in the Cape Winelands region of South Africa.



“Grab the Gap” Creating opportunities for HIV-positive school leavers



Paarl, South Africa

Grab the Gap was developed in response to the frustrations of adolescents, families and health workers at TC Newman Community Health Clinic, who were feeling ill equipped to deal with some of the adherence, disclosure, employment and school performance challenges they were facing. In an effort to address these complex and interrelated socioeconomic issues, **Grab the Gap** was designed to harness the lived experience of adolescents living with HIV to improve access to paediatric and adolescent HIV care, while providing them with skills and opportunities to secure training and improve their own health and wellbeing. Assisting clinics to offer a wider range of psychosocial services and support options would ensure a more holistic model of child- and youth-sensitive treatment and care, and Grab the Gap Youth would have improved job prospects after their participation, training and work experience, improving their eligibility for other positions.

BACKGROUND

In 2014, 2.6 million children were living with HIV globally¹. Children are a third less likely to receive treatment than adults, with less than one in three (32%) accessing antiretroviral therapy (ART) in 2014². 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 alone³. HIV-related deaths have decreased in all other population groups since 2000, while tripling among adolescents in the same period⁴. AIDS is now the leading cause of death in adolescents in Africa, and the second cause of death among adolescents globally⁵. It is becoming increasingly apparent that adolescents are underserved by existing HIV services, with significantly worse access to ART than adults⁶. Overburdened health 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 living with HIV. Adolescents have significantly worse access to ART than adults, with lower rates of adherence, virologic suppression and immunologic recovery⁷. Young people living with HIV require specialized and multifaceted support from healthcare providers and communities to

remain in care⁸. 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 adolescents living with HIV.

HIV-positive children and adolescents face various challenges including disclosure⁹, adherence¹⁰, 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 fear¹¹, family conflict¹² and caregiver challenges contribute negatively to the health of HIV-positive children and adolescents¹³. Poverty and household illness reduces the resilience of HIV-affected families to cope with livelihood stressors and disease burden.

It is suggested that a combination of interventions¹⁴, as well as a targeted approach¹⁵, 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

Grab the Gap Holiday Programme

A career guidance workshop

'Adolescents' frontal lobes are still developing; you can give them the information, but they may only start using it later in their lives.'

- ANOVA doctor

cumulative¹⁶, and ART adherence is most improved when a variety of supportive factors are provided concurrently¹⁷.

Incorporating peer-to-peer interventions into health promotion programmes can make an effective contribution towards increasing adherence and promoting health behaviour change in a variety of health service settings¹⁸ including those which serve young people^{19 20}. Drawing from these emerging findings, **Grab the Gap** utilises a peer support model and multifaceted approach, focusing on both the Grab the Gap Youth and HIV-infected paediatric and adolescent population served by the clinic as intervention targets.

Since the rollout of ART in South Africa, TC Newman Community Health Clinic has been a referral site and specialist clinic for paediatric and adolescent HIV patients in the Cape Winelands region. It currently serves approximately 400 HIV-positive infants, children and adolescents. Reflective of the country's youth unemployment rate of 53.5%, the small town of Paarl in which the facility is situated sees

many HIV-positive school leavers facing unemployment, as well as multiple and compounding health and psychosocial vulnerabilities. **Grab the Gap** aims to address such vulnerabilities by providing development and education opportunities for these young people.

OBJECTIVES

Grab the Gap is a peer model that aims to:

- Recruit and provide skills building and career advancement opportunities for HIV-positive school leavers;
- Engage HIV-positive school leavers as Grab the Gap Youth in the delivery of paediatric and adolescent HIV care and support services; and
- Promote peer support and engagement, creating links between clinic and community.

'I've been looking my whole life for the perfect intervention and I've realized it isn't just about the perfect intervention; if it's not in the right setting, it won't work. We spend a lot of time and energy understanding the context in which we want to do something.'

- ANOVA doctor



Holiday programme

Grab the Gap Youth ran programmes for school-aged children during school holidays. Programmes offered fun activities outside to support learning, teamwork, bonding and positive engagement of young people.

IMPLEMENTATION STRATEGIES

Grab the Gap Youth selection process

Potential Grab the Gap Youth were identified from among the HIV-positive adolescents receiving ART at TC Newman Community Health Clinic. In order to be eligible, the adolescent patients needed to be support group attendees. Further, a number of additional criteria were used to prioritize candidates:

- Completed high school;
- Highly motivated and self-confident;
- Adherent to ART, good clinic visit attendance, and taking responsibility for their own health;
- Actively engaged and participating in support groups;
- Demonstrates strong leadership potential;
- Familiarity with clinic staff and services; and
- Openly living with HIV.

Programme and clinic activities

Upon initiation into **Grab the Gap**, Grab the Gap Youth were assessed in terms of competencies, capacity and interests. Based on this, an individualized year-long internship-style plan was developed with the Grab the Gap Youth that integrated them into clinic and community activities.

Examples of activity areas included:

- Working with young children in the clinic to provide early childhood development (ECD) support such as supervised play, literacy and numeracy games, reading, storytelling, drawing and colouring;
- Running support groups, including

facilitating themed discussions through games and activities to promote health education and psychosocial wellbeing. Topics included sexual and reproductive health (SRH), adherence, retention in care, substance use, career choices and life skills;

- Organising and facilitating holiday outings and youth-specific events during school breaks, such as sports and various entertainment; and
- Home visits to track children and adolescents who had been lost-to-follow up, and assess the home environment for retention barriers and facilitators.

Key implementation methodologies

- **Integration:** Grab the Gap Youth were orientated and integrated into relevant clinic teams together with full time staff. This included taking part in staff and case meetings;
- **Life skills building and career development:** Based on their interest areas, Grab the Gap Youth received personalized career development plans, counselling and related training, with work shadowing opportunities, mentoring and supervision from senior clinic staff;
- **Stipends and transport:** In acknowledgement of Grab the Gap Youth contribution to clinic activities, a monthly stipend was provided, together with a transport and cell phone allowance;
- **Networking:** Grab the Gap Youth were introduced to broader social and community structures, including NGOs and local government;
- **Experiential learning:** This was a 'learning by doing' intervention, with a focus on psychosocial support and the greater and meaningful involvement of people living with HIV;

'If you work with teens, it isn't what you do, but how you do it.'

- 'Grab the Gap' administrator



- **Foster relationships and connections:** The programme developed stronger links between health workers, adolescents and Grab the Gap Youth. Grab the Gap Youth worked in conjunction with patients' families, aiming to create communities of peer support; and
- **Measuring results:** The programme was measured qualitatively using the Kirkpatrick Model²¹ which considers the effect of the intervention on the clinic, as well as Grab the Gap Youth experiences, learning, and the extent of their applied learning.

Each Grab the Gap Youth participated in the programme for one year, allowing for adequate time to successfully complete the programme, and progress to future study or work endeavours. This also served to create space for new participants entering the programme.

PROGRESS AND RESULTS

Grab the Gap yielded notable promising results for Grab the Gap Youth, HIV-positive paediatric and adolescent patients, and clinic staff.

Grab the Gap Youth benefited from:

- Improved retention in care;
- Improved health outcomes, including virological suppression;
- Improved skills and eligibility to participate in the job market;
- Increased work, study, and internship opportunities; and
- Improved levels of confidence and self esteem.

Positive outcomes for HIV-positive paediatric and adolescent patients included:

- Improved health outcomes and retention in care;
- Improved support and case

'He is honest and confident and living positive. I would like to be like him. I like the programme because of the exercise activities. I get to hang out with people. I learn new things.'

- Adolescent patient,
TC Newman Community
Health Clinic)

In focus: Phumla*

20-year old Phumla joined Grab the Gap in 2014, working with pre-school children in the Infectious Diseases Unit at TC Newman Community Health Clinic. Her responsibilities included reading to children, supervising exercise activities and stimulating play.

Through Grab the Gap Phumla secured a 6-month learnership after participating in the programme, whilst investigating study options. She then registered for an office administration course. She currently works for ANOVA during college holidays. Phumla is an enthusiastic and reliable person who enjoys reading and music. Because Phumla was born with HIV and orphaned, she is passionate and dedicated to supporting other young people living with HIV.



* Pseudonyms used to maintain the confidentiality of participants as per their request.

In focus: Cuma*

'The gap year programme has really helped build my confidence and has given me new ideas. I know it's also helping other HIV-positive adolescents who are now keen to share in the support group and show others how well they are doing.'

Born with HIV, 23-year old Cuma has great insight into the complexities of being a young person living with HIV. He was recruited into **Grab the Gap** by hospital staff that noticed his people skills and engaging attitude. He provides adherence support to adolescents who are referred to him by clinicians at the clinic. Through the programme, he has work-shadowed a hospital counsellor and gained practical experience working with adolescents. He runs the clinic's 'holiday programme' where adolescents attend to play games, interact and have fun. *'It's a wonderful programme, where they get to know each other, and do team building activities to improve self confidence and self esteem. We focus on games, sport, and emphasizing being positive and knowing who you are. The kids can't wait for it... and we get more skills and have lots and lots of fun!'*

The programme is supporting Cuma in taking a sport science course. His dream is to work as a life coach or counsellor.



* Pseudonyms used to maintain the confidentiality of participants as per their request.

management through peer-led referral mechanisms which allowed Grab the Gap Youth to identify adherence challenges early, and address them through home visits, and referrals for counselling and psychosocial support services.

- More infants and children reached developmental milestones through ECD activities;
- Improved school performance;
- Access to stimulating role models who motivated living positively and staying in care; and
- Assistance with accessing social protection through navigating local services and opportunities.

Clinic staff benefited from:

- Increased time to focus on core clinic responsibilities as result of task-shifting and sharing; and
- Increased insight and sensitivity to the lived experiences of their paediatric and adolescent patients.

CHALLENGES

Despite the successes of **Grab the Gap**, implementers did encounter several challenges. These included:

Resource constraints

The programme required financial and human resources to implement activities; mentor, train and support Grab the Gap Youth; and cover stipend, transport and phone costs. These costs may be challenging in other resource-constrained settings.

High turnover of Grab the Gap Youth

The high turnover was both a challenge and a sign of success. Improved skills and networking resulted in Grab the Gap Youth receiving new opportunities that were taken up. When Grab the Gap Youth left, service gaps arose, with additional human and financial resources being required to recruit and train new Grab the Gap Youth.

Adolescent adherence challenges

The challenge of adherence is complex and situated within the contexts in which adolescents are living. Many factors outside of the intervention site, such as the home and community, will impact adherence as well as the intervention itself. The success of the programme is limited by the same factors that drive non-adherence.

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 family and community.
- **Healthcare workers should take the time to understand adolescents, their lives, and the contexts in which they find themselves and be sensitive and responsive to their realities.** Healthcare workers should be motivated to undertake peer interventions and not become disheartened with small setbacks and disappointments.
- **Encourage adolescents to seek the gap.** Given the resource-constrained context, some adolescents may see the programme as their 'once in a life time' opportunity. Youth living with HIV, including Grab the Gap Youth, may feel extreme pressure and fear failure, which could impact their performance. The programme is one of many entry points and opportunities, where successes and disappointments all provide moments of learning.
- **Patience is required.** Adolescents have unique needs and are at a particular developmental stage; they may not respond in ways that healthcare workers would expect.
- **Supervision and mentorship is essential in order to develop Grab the Gap Youth and support and guide their performance.** Building relationships with Grab the Gap Youth whilst articulating boundaries, being firm and leading by example is important. Utilising group work and peer supervision offers a peer-to-peer learning model where clear and direct feedback is encouraged.
- **Creativity.** Despite needing structure, flexibility and creativity are also necessary to respond to different school leavers' strengths and needs. Tailoring the model to suit individual participant skills is necessary, and staff may need to try a variety of approaches.
- **The programme is not a 'quick fix'.** Peer support interventions require long-term commitment, and expectations and evaluations must take this into account.

'We try to create as many gaps (opportunities) as possible. Never stop giving children growing up with HIV gaps, even if they fail. But they have learnt through it, that's great! What is challenging in our society is that we want all gaps to be a success. If it doesn't work, at least there has been resilience built and more gaps created. Sometimes people don't want to create or take gaps for fear of failing.'

-ANOVA doctor

- **Creating an enabling environment for learning.** Information on its own is insufficient for behaviour change and improved adherence to ART. The intervention aims to create an environment Grab the Gap Youth can integrate the information that they learn.

CONCLUSIONS

Grab the Gap is a peer support model that creates opportunities for HIV-positive adolescents who have recently left school to undertake individualized year-long internship-style placements attached to a community health clinic. It offers development opportunities to HIV-positive adolescents, while leveraging their engagement to provide comprehensive paediatric and adolescent HIV services.

The intervention yielded promising results for Grab the Gap Youth, HIV-positive paediatric and adolescent patients, and clinic staff and can be tailored to different environments and localities. Peer interventions require clinic, staff and patient engagement, careful planning as well as dedicated resources to effect positive change.

‘Most programmes try to give a nice show for the children; a nice camp for a week. That is all nice, but is focused around giving knowledge and information. It isn’t good enough to give information only.’

- ANOVA staff member



Grab the Gap yielded notable promising results for Grab the Gap Youth, HIV-positive paediatric and adolescent patients, and clinic staff.

Resources & Links

- S2S, Psychosocial & Adherence Counselling Support Training Toolkit, 2010, http://sun025.sun.ac.za/portal/page/portal/South_to_South/Apstools
- Museum of AIDS in Africa, <http://museumofaidsinfrica.org/>
- The Kirkpatrick Model, <http://www.kirkpatrickpartners.com/OurPhilosophy/TheKirkpatrickModel>
- PATA, 2015, http://www.teampata.org/uploads/CHWToolkit_web.pdf
- PIH, Accompagnateur's Handbook, 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>
- UNICEF, Facts for Life: How Children Develop, 2010, <http://www.factsforlifeglobal.org/>
- International HIV/AIDS Alliance, Community Engagement for Antiretroviral treatment: A training manual, 2006, <http://www.aidsalliance.org/resources/259-building-blocks-young-children-and-hiv>
- REPSSI, Psychosocial Care and Support for Young Children and Infants in the Time of HIV and AIDS — A Resource for Programming, 2007, <http://www.repssi.org/psychosocial-care-and-support-for-young-children-and-infants-in-the-time-of-hiv-and-aids-a-resource-for-programming/>
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- 8 PATA, op. cit.
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Writing and editing: Heleen Soeters, Luann Hatane, Lesley Gittings and Daniella Mark

Images: page 3 © 2006 Jane Brown, Courtesy of Photoshare

Publication design: [Jennifer Geib {writing, layout + design}](#)

Printing: Paarl Media (Pty) Ltd t/a [Novus Print Solutions](#)

Published December 2015

PATA Promising Practices

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PATA Promising Practices
are kindly supported by
M·A·C AIDS Fund