Project REACH aims to improve health outcomes and services for adolescents and children by introducing a peer support model at health facilities.

Project REACH is implemented by PATA in partnership with One to One Children’s Fund.

Project Re-Engage Adolescents and Children with HIV (REACH) investigates whether a health facility-based peer support model improves HIV treatment outcomes and care services in children (1-9 years) and adolescents (10-19 years). It engages 59 young people living with HIV (YPLHIV) as Peer Supporters in 20 healthcare facilities. Together, these facilities treat and care for 23,531 children and adolescents living with HIV across five sub-Saharan African countries in urban (85%) and rural (15%) areas and primary (35%), secondary (25%) and tertiary (40%) healthcare settings.

The project is premised upon Peer Supporters (18-24 years) using their lived experiences to improve YPLHIV access to information and services, adherence to treatment and development of resilience in the face of adversity. Peer Supporters also serve as role models to YPLHIV, by adhering to treatment and living openly and positively with HIV in their communities.

Peer Supporters receive supervision, relevant training and a practical toolkit to help them develop and deliver peer-to-peer services and provide operational support in resource-limited health facilities.

“Peer Supporters bridge the gap between health facilities and patients.”

- Health Worker, TASO Gulu Centre (Uganda)

Project REACH (April 2015 to January 2017) is financed by the generous supporters of PATA and One to One Children’s Fund.
BACKGROUND

In 2014, approximately one-third (32%) of the world’s 2.6 million children living with HIV received antiretroviral therapy (ART).\(^1\) Coverage is especially low in sub-Saharan Africa, where 90% of the global paediatric HIV population lives.\(^1\) AIDS has consequently become the leading cause of death for adolescents on the continent, with 1 out of every 6 deaths being HIV-related.\(^2\) This figure indicates a need to provide specialised support to YPLHIV. Overburdened health facilities, however, often are unable to offer the support and information they need to enrol in treatment and stay in care.\(^3\)

Emerging evidence suggests that peer-led models can help address this servicing gap, but greater evidence is needed for these models to be instituted as policy and implemented at scale.

Project REACH aims to provide further evidence on the effectiveness of peer-led HIV interventions. It grew out of the Expert Patient Programme, which engaged HIV+ adults as lay community health workers (CHWs) from 2007 to 2014. The programme reached over 50,000 children and provided additional capacity to 65 facilities across 18 sub-Saharan African countries.

Launched in April 2015, Project REACH specially engages YPLHIV as facility-based Peer Supporters to address a severe staff shortage in the HIV work force and promote the implementation of adolescent- and child-friendly services.

OBJECTIVES

• Improve access to quality paediatric and adolescent HIV prevention, treatment and care services;
• Recruit and provide opportunities for training and career development for YPLHIV; and
• Investigate, demonstrate and advocate for a peer support model as a new promising practice in paediatric HIV treatment and care.

Peer Supporter Spotlight: Olive, Chikowa Health Centre

Olive is 23-years-old and married with 3 children. Before joining REACH, Olive was unemployed and very worried about her HIV status. She thought that she was useless and did not have a positive outlook on life. Olive now champions adolescent-friendly services for her peers at Chikowa Health Centre and in her community. She also often goes “beyond” her Peer Supporter responsibilities, by offering her assistance to health workers in Chikowa’s maternity and malaria programmes. Her desire to help other people encourages her to do more. She loves her job.

“Being a Peer Supporter has helped me overcome self-stigma, personal fears and low self-esteem. I feel freer and stronger, and have plans for my future. The experience has exposed me to the pain, rejection, violence and fear that fellow HIV-positive adolescents – especially girls and young women – often suffer in silence. This motivates me to fight for their rights and support them more.”

“Being a Peer Supporter has been a very emotional, eye-opening and exciting experience for me... I am so grateful to be a part of this life changing project.”

“Peer Supporters are very vital in empowering young people to make active, informed choices that contribute to better life and health outcomes... studies have shown peers play a great role in changing their peers’ decisions through experiential sharing to overcome HIV/AIDS related challenges.”

– Health Worker, Mulago ISS Clinic (Uganda)
PROJECT IMPLEMENTATION

Facility networking, selection and Memorandums of Understanding (MoUs):

- Health facilities within the PATA network were invited to submit applications for Project REACH. Participants were selected from a pool of applicants most in need of assistance with YPLHIV programming and their ability to provide lay workers with supervision and mentorship. Facility locations were also considered to ensure a diverse mix of health settings.
- PATA, One to One Children’s Fund and the selected facilities signed MoUs that set expectations along with time-bound deliverables.
- Selected health facilities received quarterly grant disbursements to contribute towards the costs of Peer Supporter stipends, their supervision, and advocacy activities and programme administration.

Peer Supporter recruitment and integration:

- 3 Peer Supporters were recruited per facility against criteria that included: being between the age of 18 and 25, living openly with HIV, adhering successfully to treatment and already being actively involved at facilities as volunteers.
- Each Peer Supporter signed a contract that detailed their conditions of service and the range of activities they would undertake at the facilities (see ‘Results, outputs and impacts’). They also were assigned a Supervisor who provided on-the job training, supervision and mentorship.

Capacity building:

- Peer Supporters attended trainings that improved their HIV knowledge and built their capacity to develop and deliver YPLHIV programming.
- A Simple Toolkit for Community Health Workers and Peer Supporters was also developed and disseminated.
- Peer Supporters and their Supervisors received continual support from PATA through:
  » A multi-country WhatsApp Community of Practice,
  » Monthly telephonic check-ins,
  » Occasional site visits and
  » Access to additional tools and guidance at PATA’s Resource Hub.

Supervisor Spotlight:

Wezzie Chihana, Chikowa Health Centre (Malawi)

Mr. Wezzie Chihana is the Clinical Officer at Chikowa Health Centre. He heads the facility and is a Project REACH Peer Supporter Supervisor. He previously noted that the facility had limited financial and human resources to address the needs of people living with HIV. Chikowa especially struggled with managing new HIV cases amongst adolescents. He thus applied to the programme to help “fill gaps in HIV support services at the clinic” and “help manage” new adolescent caseloads.

Mr. Chihana said the facility started tracking adolescent defaulters after Peer Supporters were introduced. He remarked that, “Without Peer Supporters, we cannot focus on young people and adolescents. Since their introduction at the facility, the number of YPLHIV defaulters on ART has gone down.” He also noted that their success is tied to the set-up of an enabling environment. In particular, he stressed that the facility needs to continue its holistic approach to service delivery, “by ensuring there are adolescent-friendly services”, as well as “supportive staff, caregivers and community members.”

“Peer Supporters have revived the home visit programme at Chikowa Health Centre, which had been inactive for a long time.” “For the first time, our facility has started focusing on adolescents and young people living with HIV, a group we have always overlooked.”
# RESULTS, OUTPUTS AND IMPACT

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<th>Country</th>
<th>Pop. total</th>
<th>Children pop.</th>
<th>% Female child.</th>
<th>% Male child.</th>
<th>Adol. pop.</th>
<th>% Female adol.</th>
<th>% Male adol.</th>
<th>Total LTFU</th>
<th>Retention rate</th>
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<td>51%</td>
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<td>45%</td>
<td>180</td>
<td>98%</td>
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</table>

**Project REACH country breakdown**

Patient population totals, lost-to-follow-up (LTFU) figures and retention rates.
Impact on target populations

Since the programme’s launch in April 2015:

• The adolescent and children patient base at participating facilities has increased by 34%.
• LTFU has decreased by 7%.
• 94% of young patients (n = 38 testimonials and n = 34 patient surveys) said Peer Supporters positively added value at healthcare facilities.
• Testimonials from 39 Peer Supporters (66%) also indicated that Project REACH adds value to their own lives, as well as to adolescents and children living with HIV.

“"They are role models to the other adolescents. They are able to help their fellow adolescent with poor adherence.”

- Health Worker, Tisungane Clinic (Malawi)

“"It was great to hear about the Peers Supporters programme, because I was concerned by the behaviour changes of my shy son, who had asked me many questions about other people living with HIV like him.”

- Parent, Heal Africa Hospital (DRC)

Peer Supporter Spotlight:
Ayalem, St. Gabriel Catholic Health Centre (Ethiopia)

As a house wife and mother of 2 kids, Ayalem previously relied on her husband’s small income as a daily labourer to support their family. The 25-year-old can now afford to pay for rent with her monthly REACH stipend. Being a Peer Supporter has also had an "invaluable impact" on her day-to-day life – she has less infections and her psychological state has improved. The knowledge of HIV/AIDS she has gained as a Peer Supporter has also influenced her parenting and provided additional skills in reducing the risk of HIV transmission to her young children.

I enjoy being a Peer Supporter because… "I feel happy when defaulters are traced back and their adherence and health improve. I also am happy to diagnose new clients who were in denial and finally accept reality after I counsel and share my experience with them. I feel I am useful."

Being a Peer Supporter has… "improved my confidence, knowledge and communication. Moreover, it increased my ambition in life!"
Outcomes at health facilities

Participating facilities reported an increase in the range of dedicated services (e.g. specified days or spaces, support groups, sexual reproductive health (SRH) education, income generation activities, camps, clubs and play supervision) for adolescents or children:

- All 20 facilities added at least 1 new adolescent- or child-focused service since 2015.
- 20 facilities (100%) said they have adolescent-focused activities and 19 (95%) have child-focused activities.
- 97% of Supervisors (n = 38) rated the performance of Peer Supporters as ‘fair’, ‘good’ or ‘very good’.
- Peer Supporters assist in a range of treatment, care and support tasks:

“They assist in day-to-day activities, such as retrieving client files, tracing defaulters, filing lab results and looking after children in the clinic.”

- Health Worker, Joint Clinical Research Centre (Uganda)
Project data indicates that Peer Supporters instrumentally help with the following activities across the 20 health facilities:

- Disclosure support (95% of facilities).
- Follow-up with patients and tracing of defaulters (90%).
- Adherence counselling and treatment literacy (85%).
- Psychosocial care and support (80%). Peer Supporters specifically helped organise support groups (75%), dedicated spaces or clinic days (75%) and teen camps or clubs (75%), as well as engaged families (75%), to improve treatment outcomes and the quality of care for adolescents and children.
- Peer Supporters at 10 facilities (50%) also assisted with clinic administration and pharmacy operations.

“They have reduced on waiting time of clients and improved coordination of health services in the clinic... and relieved pressure on the technical staff and enable them to concentrate on the patient to manage conditions and ART response”.

- Health Worker, Nkuruba Health Centre (Uganda)

Peer Supporter Spotlight: Faswiha, Mulago ISS Clinic (Uganda)

Faswiha is a 22-year-old Peer Supporter. She lost her mother and father when she was very young. She learned of her HIV status when she was 9-years-old and follows her doctor’s instructions to suppress her viral load. With the loving support of her aunt, Faswiha continued studying and obtained a diploma in counselling. She is very passionate about helping children and adolescents; she will always make extra efforts to ensure that they receive services in a way that makes them feel comfortable. Her contribution in the clinic is paramount; she has supported peers with adherence, disclosure and HIV prevention. She also conceived of an income generating activity for teenage mothers. It is through her advocacy that Makerere University is lobbying for funds to train teenage mothers to become small-scale entrepreneurs in farming, animal rearing, tailoring, hair-dressing or retail.

“As a young adolescent living with HIV, life has not been easy for me... I am working to mobilise money for school fees because my goal is to achieve a high level in counselling. It always has been my goal to help millions of young positive children to have a healthy, positive life.”

Faswiha talks to peers at the Mulago ISS Clinic’s adolescent corner.
Peer Supporter and facility outputs

59 Peer Supporters worked an average of 66.5 hours a month. Their stipends helped cover their basic needs costs. Some Peer Supporters also used the stipends to purchase livestock for subsistence farming, fund entrepreneurial ventures or continue their education.

50 Peer Supporters (85%) had orientation trainings from staff at the health facility. In addition:

- 18 facilities (90%) provided a training about developing and delivering peer-to-peer programmes, 13 (65%) of which were nationally accredited or recognised.
- Peer Supporters and their Supervisors at 15 facilities implemented the PATA and One to One Children’s Fund toolkit, with 10 facilities reporting the toolkit to be ‘useful’.

To formalise and integrate Peer Supporters at facilities:

- All Peer Supporters have contracts and a dedicated Supervisor.
- 19 facilities (95%) involve their Peer Supporters in multidisciplinary staff meetings. 17 facilities (85%) said their Peer Supporters made suggestions that resulted in programmatic changes.
- 17 facilities (85%) involve Peer Supporters in decisions that affect their paediatric HIV services.
- 18 facilities (90%) have conducted performance appraisals with Peer Supporters.
- 92% of Supervisors (n = 38 reports) rated Peer Supporters as ‘highly beneficial’ or ‘vital’ to facility operations.

“Our biggest challenges are the reluctance of HIV+ children and adolescents to be open about their status and the struggle to meet the demands of those who have already disclosed. Both need continuous support. To address these challenges, the clinic needs to strengthen our technical and financial capacities.”

– Health Worker, Karallo Medium Clinic (Ethiopia)
Advocacy outputs

• Since April 2014, representatives of the 20 facilities promoted facility-based peer support programmes at 73 local, provincial, national and global-level meetings.
• PATA promoted peer support models amongst 5 regional and global working groups and at 7 high level meetings.
• Project REACH data informed the adolescent section of the World Health Organization’s forthcoming Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection.
• Data from Project REACH will be featured at oral poster and Global Village presentations at the 21st International AIDS Conference held in Durban, South Africa from 18-22 July 2016.

Peer Supporter Spotlight: Nehomi, Hôpital Pédiatrique de Kalemelembembe (DRC)

Nehomi is a 21-year-old first year undergraduate student. Born with HIV, her mother disclosed of her status when she was 12-years-old shortly before she boarded an aeroplane. Nehomi then perceived AIDS as a death sentence. After she told her parents she “hated” them, Nehomi cried throughout the flight. She accepted her status after several meetings with her doctor at Hôpital Pédiatrique de Kalemelembembe, and upon realising that her peers have survived more complex problems. She is now the hospital’s lead Peer Supporter and is “invited all over the city” to speak as a motivational speaker and HIV youth educator. She hopes one day to become an advocate for YPLHIV across the globe.

As a person living with HIV… “I sometimes get a bit depressed but I do not allow that feeling to last; I speak to my doctor whenever I feel down... My doctor always says, ‘Do not care about the written pages of your life. Be more focused on pages that you still have to write; this is where the future resides.’”

I enjoy being a Peer Supporter because… “I have learned a lot and I am still learning with the support of my Supervisor. I feel proud that adolescents love me a lot and they enjoy spending time with me at the clinic. They believe in me and one of them told me she would like to be like me when grows up. That statement inspired me to help more.”
PROJECT CHALLENGES

Despite the successes of Project REACH, 18 facilities said the following were the "biggest" challenges they encountered in implementation:

- **Recruitment:** Some facilities struggled to recruit candidates because their potential applicants feared repercussions from publicly disclosing their statuses.

- **Orientation and training:** Some facilities said they implemented "long" inductions because their Peer Supporters "did not have any working experience." Supervisors also said they needed more capacity to provide regular mentorship to and organise trainings for Peer Supporters.

- **Lack of budget for effective programme implementation and administration:** 7 facilities said additional resources are needed to cover incidental communications, transportation and support costs. For example, 2 facilities noted they could not afford the cellular airtime needed to facilitate home visits. Peer Supporters often needed to travel "long distances" for follow-up visits, and did not have reliable private (car or bicycle) or public transportation options.

- **Peer Supporters also generally need to travel "long distances" for follow-up visits, but they often did not have reliable private or public transportation options.**

Peer Supporter Supervisor Reflections:

"The presence of Peer Supporters is an innovation in our context and well appreciated by families, for this kind of management has never been known in Cameroon."

- Health Worker, Clinic la Source (Cameroon)

"The challenge we had in terms of missing appointments among teens has significantly dropped. Issues of stopping drugs due to fatigue have also minimised. More teens prefer to visit the clinic on their own now: before their parents got their medication. It was so challenging then because it was difficult to tell how the teens were doing."

- Health Worker, Neno District Hospital (Malawi)

"The clinic is now the youth place after the Peer Supporter programme started. They come every day to learn sewing, knitting and art and attend youth meetings three times a week."

- Health Worker, Heal Africa Hospital (DRC)

"Initially the Peer Supporters did not think that their contribution was really vital, because they thought that medical support is the crucial issue in service delivery. However, they later recognised the gaps and saw the impact of their input. Their confidence levels then gradually improved!"

- Doctor, St. Gabriel Catholic Health Centre (Ethiopia)

"Peer Supporters have been instrumental in bridging the gap between the health care workers and clients. This is especially so among adolescents. One of the adolescents in the clinic got pregnant but was scared to inform the health workers directly. She informed one of the Peer Supporters who in turn informed me. I called the adolescent to reassure and encourage her to adhere to treatment as well as come in for counselling. The adolescent came and we provided support, explained the importance of adherence and provided infant feeding counselling. The adolescent later called me and said she gave birth to a healthy baby boy."

- Doctor, Joint Clinical Research Centre (Uganda)

"Our major implementation challenge has been in outreach. Due to limited funds, there are fewer resources for home visits and adolescent defaulter tracking. Follow-up phone calls are also limited as the organisation has to source funds for airtime. Some patient cases needing Peer Supporter assistance require more home visits or longer call times."

- Health Worker, Baylor College of Medicine Children’s Foundation (Malawi)
LESSONS LEARNT:

18 facilities observed the following when implementing Project REACH:

- Adolescents and children were more forthcoming about their “true situation” to Peer Supporters than Health Workers (28%),
- Health Workers had an enriched understanding of youth needs (22%),
- The relationship between patients and facility staff improved (17%), as well as clinic operations and services (22%),
- There was patient demand and requests for Peer Supporters to specifically assist with treatment literacy, adherence counselling and psychosocial and/or disclosure support (67%), and
- Caregivers became more involved in treatment and care regimens (11%).

In addition, the sustainable integration of a facility-based peer support model requires an enabling and supportive environment to thrive. Commitment to the meaningful involvement of YPLHIV in the planning, delivery and monitoring of services that affect them is essential.

“When the clinic holds meetings to determine services for adolescents, we involve the Peer Supporters for ideas, and have implemented several of the recommendations that they have provided about how to approach services differently.”

- Health Worker, Baylor College of Medicine Children’s Foundation (Uganda)

Peer Supporter Spotlight: Sylvester, Chantal Biya Foundation (Cameroon)

Sylvester has been a patient at Chantal Biya for more than 10 years. When he was younger, Sylvester used to “wonder” how his older HIV+ friends stayed healthy. He later learned that he needed to take his medication like them. After completing primary school, Sylvester worked as a mechanic and hairdresser. Clinic staff said he is “very enthusiastic” about his work as a REACH Peer Supporter, because it has been his “dream” to help people with the same condition. His experience has motivated him to commence a psychosocial counselling training programme at the Foundation and return to school one day to become a social worker.

“This experience allowed me to learn more about HIV... and how to deal with other people living with HIV by encouraging them as a role model, using my own example. In addition, I have a close relationship with all the doctors in the unit where I work. I attend multidisciplinary meetings with Health Workers and I feel welcomed in those meeting. My life has changed positively since I have joined the programme.”

As a person living with HIV... “I would like to share my experience with those who doubt the existence of the disease or who believe in witchcraft. I would tell them that I was born HIV-positive and I am currently 19-years-old. I have been on medications since my birth. I previously experienced difficult times in my life due to the illness but today I am fine. I am happy of who I am and happy I can help my peers.”

Sylvester offers support to a young HIV+ patient
KEY FINDINGS AND CONCLUSION

Project REACH demonstrates the critical role that facility-based Peer Supporters can play in expanding adolescent treatment access and addressing gaps in adolescent-friendly services. Engaging YPLHIV as lay workers in over-burdened facilities has bridged a gap between adolescents and children living with HIV, health workers and their local communities. In particular, the Peer Supporters have empowered adolescents and children by:

- Relating to their fears and concerns,
- Helping them navigate the healthcare system,
- Motivating them to adhere to treatment and stay in care and
- Serving as positive role models.

After interacting with Peer Supporters, many HIV+ youth who were struggling with depression found the personal support they needed to overcome various challenges and adopt more positive outlooks in life.

Additionally, Peer Supporters, who are patients themselves, have become vital colleagues at health facilities. Peer Supporters assisted health-care workers through task shifting and providing additional capacity in overburdened facilities. They have especially been involved in:

- Re-engaging adolescents who were lost to follow up,
- Expanding peer-to-peer psychosocial support at facilities and
- Linking health facilities to broader communities.

“Peers are the best teachers... REACH needs to have wider coverage because young people transferred from nearby clinics for this programme.”

- Health Worker, Zalewa Clinic (Malawi)

Resources & links

- PATA Resource Hub: http://www.teampata.org/publications-resources/pata-partner-resources

REFERENCES

Thank you to the Project REACH Peer Supporter Supervisors and the following health facilities and local partners for their participation:

**CAMEROON:**

Centre Médico-Social "Ange & Eva"
Chantal Biya Foundation
Clinique la Source

**Democratic Republic of Congo (DRC):**

Heal Africa Hospital — Children Aid Programme (CAP)
Hôpital Pédiatrique de Kalembelembé

**ETHIOPIA:**

ALERT Hospital
Karallo Medium Clinic
Mekdim Ethiopia National Association Clinic
St. Gabriel Catholic Health Centre

**MALAWI:**

Baylor College of Medicine Children’s Foundation - Malawi
Chikowa Health Centre and Sustainable Rural Growth and Development Initiative (SRGDI)
Neno District Hospital
Rainbow Clinic
Tisungane Clinic
Zalewa Clinic and Beyond Our Hearts Foundation

**UGANDA:**

Baylor College of Medicine Children’s Foundation - Uganda
Mulago Immune Syndrome Suppression (ISS) Clinic and Makerere University
Joint AIDS Programme (MJAP)
Joint Clinical Research Centre (JCRC)
Nkuruba Health Centre
The AIDS Support Organisation (TASO) Gulu Centre
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Telephone: +27 21 447 9566
Email: info@teampata.org
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Twitter: @teampata
Facebook: Paediatric AIDS Treatment for Africa

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Twitter: @onetoone_cf
Facebook: OnetoOneChildrensFund