Background

- AIDS-related illness is the leading cause of death amongst adolescents in Southern and East Africa, with AIDS-related mortality in this age group tripling since 2000, while declining in all other age groups.
- The importance of peer-led interventions in supporting the health and wellbeing of people living with HIV (PLWHIV) is well recognized. Such interventions draw on the knowledge and lived expertise of PLWHIV to plan, deliver and monitor HIV services. More recently, the principles of peer engagement are being applied to support populations of adolescents and young people living with HIV (AYPLHIV).
- Peer-led interventions have the potential to deliver high-quality and context-specific services to support ART adherence, retention in care, virological suppression and psychosocial wellbeing. However, more rigorous evidence is needed.

Objectives

While the contribution of AYPLHIV as peer supporters is increasingly relied upon, their voices often go unheard and their efforts unrecognized. This study was conducted in response to the urgent need for operational evidence and practical examples of peer-led interventions at health facility level, as well as to investigate how peer supporters can be fully integrated into adolescent and youth-friendly health services (AFHS).

Methods

- In response to a call to PATA partners, in-depth surveys (n=14, 6 countries) documenting AYPLHIV peer-led models were received and analyzed thematically.
- Focus group discussions and surveys were conducted with adolescent and youth peer supporters and supervisors (n=94, 6 countries) attending the PATA 2016 Youth Summit.

Challenges

- Few peer models are targeted specifically to key populations such as young men who have sex with men, young sex workers, young transgender and gender non-conforming key populations, and young people who inject drugs. Reasons include restrictive legal and policy environments, stigma, discrimination, lack of awareness and inadequate funding.
- Despite being highly cost-effective, funds for programme activities and training supporting peer supporters with a stipend or salary can be difficult to raise and maintain.

Successes and lessons learned

- Peer models can be integrated within and between health facilities and the community.
- Well-designed and implemented peer services demonstrate promise in improving ART adherence, retention in care, virological suppression and psychosocial wellbeing.
- Peer support models also provide peers with opportunities for leadership development, capacity-building and youth-led advocacy.
- The needs of AYPLHIV are diverse and there is no one-size-fits-all model. As far as possible, adolescent and youth peer services should be differentiated to meet the specific needs of young key populations.
- Peer supporters can model positive behaviours by demonstrating positive living while still having fun and connecting with peers, which can help to combat the negative effects of self-stigma and peer pressure.
- Engaging peers in service delivery through facility-based peer support models can reduce the burden on health workers by creating task-shifting opportunities.
- Including peer supporters within health facility structures and activities such as meetings and committees is important so they can learn, be integrated and build relationships with staff.
- Creating safe spaces for inter-generational dialogue between peers and health providers offers opportunity for AYPLHIV to provide valuable input that can facilitate improvements in adolescent-friendly health services (AFHS).
- Health facility staff should be briefed on the importance of the peer supporter role in order to understand their value and create buy-in.

References


For further information

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Promising practices in peer support for adolescents and young people living with HIV

“IF YOU TRUST US, HELP US TO DO IT BY OURSELVES”

- Call to Action - Peers to Zero Dar es Salaam Peer Supporter Declaration

Young people offer a unique voice in the global fight against HIV. We play a crucial role as peer educators and peer supporters, providing and linking youth to quality HIV and SRH services.

- Call to Action - Peers to Zero Dar es Salaam Peer Supporter Declaration

We are geographically diverse. We have come together to promote the voices of young people living with HIV and to demonstrate the importance of working with and through young people to achieve their rights.

“Building agency through involvement is a fundamental tenet of psychosocial support. The children and caregivers themselves are experts in their own situation... When they start engaging with you they can appreciate their strengths and pull them out. They know what the challenges are and they can find ways of overcoming them.”

- Lynnette Mbedi, REPSI

Involving AYPLHIV as peer supporters in the design, implementation and evaluation of HIV services can support the health, wellbeing and service uptake of AYPLHIV through the provision of highly relevant and context-specific services, while reducing clinic staff workload. At the same time, these programmes can offer experiential opportunities for young people to improve future career prospects, self-esteem and resilience. Despite their clear benefits, peer-led services require careful planning and implementation, as well as organisational and staff capacity.

Special thanks to the organisations that shared their peer models and experiences:

- Africaid, Zimbabwe
- Boise College of Medicine Children’s Foundation, Tanzania
- Machinga Health Centre and Youth Impact, Malawi
- Matero Main Clinic, Zambia
- Mugerwa Youth Development Centre, Uganda
- Mugerwa Ministry Joint AIDS Program (MJAP)
- Mpho CLIC Clinic and Million Memory Project, Zimbabwe
- Sunburst Project/RCTP-Faces, Kenya
- Uganda Network of Young People Living with HIV and AIDS
- Chisomo Community Programme, Zambia
- Kapowa NPOZ, Zambia
- Shape, Zambia

Good practice for facility-based peer support models

- Peer supporters should be recruited from attending and adhering adolescents who are actively involved in support groups and comfortable to disclose their HIV status.
- From the onset, mentorship, skills development, training and psychosocial support should be planned for, budgeted and integrated into peer support models.
- Comprehensive orientation and dedicated job descriptions for peer supporters must be provided so that peer-based interventions do not replace the roles or responsibilities of professional staff.
- Peers should have access to Information, Education and Communication (IEC) materials, necessary job aids and referral forms, clear training and protocols on how to utilize them.

Ongoing supervision for peer supporters is needed to clarify tasks and responsibilities to contribute to effective task-shifting in service delivery.

Implementers of peer models may provide different types of financial and in-kind support to peer supporters such as a transport or food allowance, stipend, vocational training support or a salary. Facilities should strive to support and remunerate peer work as far as possible, in acknowledgement of the value and expertise that peers offer.

- Ideally engage more than one peer supporter per clinic to enable collaboration, mutual support and task-shifting with the option of matching different levels of experience or involving both male and female peer supporters.
- Peer supporters must be assisted to link and provide youth access to key populations, and young people who inject drugs. Reasons include restrictive legal and policy environments, stigma, discrimination, lack of awareness and inadequate funding.
- Despite being highly cost-effective, funds for programme activities and training supporting peer supporters with a stipend or salary can be difficult to raise and maintain.

Conclusion

- Few peer models are targeted specifically to key populations such as young men who have sex with men, young sex workers, young transgender and gender non-conforming key populations, and young people who inject drugs. Reasons include restrictive legal and policy environments, stigma, discrimination, lack of awareness and inadequate funding.
- Despite being highly cost-effective, funds for programme activities and training supporting peer supporters with a stipend or salary can be difficult to raise and maintain.

Finding spaces for the delivery of confidential peer services can be challenging.
- A significant time investment is required by clinic and programme staff to train, mentor and provide on-the-job and psychosocial support for young peer supporters.
- Provision of peer support is not a long-term career opportunity, and few mechanisms exist to manage peer supporter expectations and provide skills building, career development and mentoring.

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