A facility-based peer support model across 20 facilities in five sub-Saharan African countries

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PROJECT REACH

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Background

- AIDS is now the leading cause of death among adolescents (age 10-19 years) in Africa.
- Emerging evidence suggests that peer-led service delivery models may improve outcomes and health service engagement for adolescents and young people living with HIV (AYPLHIV).
- However, greater evidence is needed for these models to emerge as policy and be implemented at scale according to established standards.

Project REACH is implemented in 20 health facilities across Ethiopia, Uganda, Malawi, DRC, and Cameroon

**ETHIOPIA:**
- ALERT Hospital
- Karallo Medium Clinic
- Mekdim Ethiopia National Association Clinic
- St. Gabriel Catholic Health Centre

**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

**CAMEROON:**
- Centre Médico-Social “Ange & Eva”
- Chantal Biya Foundation
- Clinique la Source

**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

**DEMOCRATIC REPUBLIC OF CONGO (DRC):**
- Heal Africa Hospital – Children Aid Programme (CAP)
- Hôpital Pédiatrique de Kalemelembé
Project Re-Engage Adolescents and Children with HIV (REACH)

- Implemented by PATA in partnership with One to One Children’s Fund and 20 health facilities.
- Supports 23,531 children and AYPLHIV in care.
- Investigates a health facility-based peer support model to improve HIV treatment and care services for and treatment outcomes in children and AYPLHIV.
- Engages 59 AYPLHIV as Peer Supporters in 20 health facilities across five sub-Saharan African countries.
- Provides evidence and examples across contexts (see charts to the right).

The project reached adolescents and children in various settings.
1. Facility networking, selection and Memorandums of Understanding (MoUs):
   - Health facilities within the PATA network were invited to submit applications. Facilities were selected from a diverse pool of applicants requesting assistance with AYPLHIV programming and support for lay health workers through supervision and mentorship.
   - PATA, One to One Children’s Fund and the selected facilities signed MoUs.
   - Facilities received quarterly grant disbursements towards the costs of Peer Supporter stipends, supervision, advocacy activities and programme administration.

2. Peer Supporter recruitment and integration:
   - Each facility recruited 3 Peer Supporters against criteria that included: age 18-24 years, living openly with HIV and adhering successfully to treatment and care.
   - Each Peer Supporter signed a contract that detailed their conditions of service and the range of activities they would undertake at the facility, and were assigned a Supervisor who provided on-the-job training, supervision and mentorship.

3. Capacity-building:
   - Peer supporters attended trainings that improved their HIV knowledge and built their capacity to develop and deliver AYPLHIV programming.
   - PATA also disseminated A Simple Toolkit for Community Health Workers and Peer Supporters, and gave regular support to Peer Supporters and their supervisors through: a multi-country WhatsApp Community of Practice, telephonic check-ins, site visits and access to additional tools through PATA’s online Resource Hub.
Results

Since the programme’s launch in April 2015:

- The AYPLHIV and child patient base at participating facilities has increased by 34% and loss to follow-up (LTFU) has decreased by 7%.
- All 20 facilities added at least 1 new child or adolescent-friendly service.
- 19 facilities (95%) involve Peer Supporters in multidisciplinary staff meetings. 17 facilities (85%) said Peer Supporters made suggestions that resulted in programmatic changes.
- Peer Supporters assist in a range of treatment, care and support tasks (see charts to the right).
- 94% of young patients (n=38 testimonials and n=34 patient surveys) said Peer Supporters added positive value at health facilities.
- Testimonials from 39 Peer Supporters (66%) indicated that Project REACH adds value to their own lives, as well as to children and AYPLHIV.
- 92% of Supervisors (n=38 reports) rated Peer Supporters as ‘highly beneficial’ or ‘vital’ to facility operations.
Voices from the Field

“I feel happy when defaulters are traced back and their adherence and health improve.”
— Ayualem, Peer Supporter at St. Gabriel Catholic Health Centre (Ethiopia)

“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 previously experienced difficult times in my life but today I am fine. I am happy of who I am and happy I can help my peers.”
— Sylvester, Peer Supporter at the Chantal Biya Foundation (Cameroon)
Voices from the Field

“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.”

— Olive, Peer Supporter at Chikowa Health Centre (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)
“Peers are the best teachers.”
- Health Worker, Zalewa Clinic (Malawi)

“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.”
- Faswiiha, Peer Supporter at Mulago ISS Clinic (Uganda)
Conclusion

• Project REACH demonstrates the critical role that facility-based Peer Supporters can play in expanding treatment access and addressing gaps in AYPLHIV-friendly services.

• Results show that Peer Supporters can be assimilated into health facility teams, but true integration will require policy shifts and health systems strengthening.

• The sustainable integration of facility-based peer support requires an enabling and supportive environment to thrive. Commitment to the meaningful involvement of AYPLHIV in service planning, delivery and monitoring is also essential.

• The two-year pilot project is set to end in April 2017. Upon its conclusion, PATA and One to One Children’s Fund intend to disseminate lessons learnt that will support improved implementation of facility-based peer support, as well as data about the project’s impact in AYPLHIV access and adherence in sub-Saharan Africa.

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Resources

Project REACH data informed the adolescent section of the World Health Organization’s Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection – second edition.

For further details about this project,

• Download the Project REACH Promising Practice at http://www.teampata.org/publications-resources/pata-resources

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