Community Youth Clubs

A differentiated model of care for HIV positive youth integrating SRHR services
Background

• South Africa's population is largely made up of young people (66% below the age of 35 years)\(^1\) with a high HIV prevalence and incidence\(^2\).

• We are struggling in reaching the 90-90-90 for youth with only 40% of HIV positive youth (15-24) on ART

• Facility youth clubs have shown good retention in care

• Community models of care:
  – decongest facilities
  – appealing option to youth (meeting outside facilities that are not always youth friendly)
  – Convenient and quick

1. UNFPA http://southafrica.unfpa.org/en/topics/young-people-1
Background: SRHR context

- In context of high rate of unplanned pregnancies and high rate of gender based violence, provision of SRHR services to youth is key.

- Integrated sexual and reproductive health with HIV services is recognized as key by policy makers internationally (WHO guidance on youth-friendly services) and nationally (SA National Adolescent & Youth Health Policy 2017).

- Community youth clubs is a model of care that offers integrated SRHR and HIV services.
Local context

- Khayelitsha: Peri-urban township of ~500,000 people outside Cape Town

- MSF supporting City of Cape Town in Youth clinics (age 12-25) since 2009:
  - Termination of pregnancy since 2009
  - Youth clubs since 2012
  - Youth community clubs since 2017
  - PrEP provision since 2017 (study)
The Building Blocks of Community Youth Clubs

**WHAT**
- Group of 15-20
- Age 20-25 in clubs for >2 yrs
- ART refill
- Adherence support
- Psychosocial care

**WHERE**
- Community hall

**WHO**
- Nimart nurse
  - (clinical management including pap smear, family planning)
  - Counselor / Facilitator
  - (club preparation, symptom check, facilitate sessions)

**WHEN**
- 2 monthly
Services provided to youth club members

<table>
<thead>
<tr>
<th>WHEN</th>
<th>STABLE ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>By who</td>
<td></td>
</tr>
<tr>
<td>DURING CLUB</td>
<td>Weight</td>
</tr>
<tr>
<td>Lay counsellor</td>
<td>Phone number check</td>
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<td></td>
<td>Pre-packed ART refill</td>
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<tr>
<td>AFTER CLUB</td>
<td>Annual VL + annual clinical review</td>
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<tr>
<td>Club allocated nurse</td>
<td>Family planning</td>
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Running CYC sessions

Phase 1
- Weight & symptom check
- Phone number confirmation
- Register completion
- Group files, next YC date written on card

Phase 2
- Quick ice breaker,
- Introduce topic (including SRHR topics)
- Encourage youth to participate in discussion

Phase 3
- Distribute pre-packs to youth
- Take rest of pre-packs to nurse
- Condoms and lubricants distributed
- Send youth who need to see nurse for family planning
- Annual HIV clinical check up done by nurse, including pap smear (done at the facility) and provision of family planning
Topics covered on the YCC session guide

Session 1: Welcome to your Youth Club
Session 2: Disclosure and relationships: do I, don’t I?
Session 3: Adherence and social life: tips and experiences
Session 4: Stigma and discrimination: sexual orientation and HIV
Session 5: Sex and relationships
Session 6: Stress and coping skills (includes colour images for printing)
Session 7: Who am I?
Session 8: My future (includes colour images for printing)
Session 9: Gender roles and expectations
Session 10: Violence within relationships
Session 11: Communication within relationships
Session 12: Being a young parent (includes colour images for printing)
Session example

• Violence within relationship

Divide the club into small groups of two or three and provide them with scenarios and questions to discuss.

• Now think about who has the power in those different relationships and why. Encourage discussion, e.g. boyfriend has power over girlfriend because he is stronger, teacher over pupil because he is older, husband over wife because he has the money etc.

• When there is a strong power imbalance in relationships the ‘stronger’ person may take advantage of the other. This may happen in the form of verbal, physical, sexual or economic abuse. It is not healthy and you should seek support.
Outcomes

Out of 79 club members, 3 transferred out and of the remaining 76, 65 (86%) completed a VL at 18 months. Out of 65, 64 (98%) had a suppressed VL.
Lessons learned

• Community youth clubs can provide integrated HIV care and SRHR services to youth (family planning, pap smear, education)

• Psychosocial support is a vital component of SRHR services and some of it can be provided via youth club models

• Community youth clubs show non inferior results to youth facility clubs

• Challenges in running community youth clubs include availability of transport, need for dedicated nurse at each visit as well as good planning of the services.
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