

Differentiated service models offering PrEP for AYP

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Overview

- PrEP offered to sexually active, **HIV-negative female adolescents**, aged **15 to 24** years
- 6 selected **primary health care services** with adolescent youth friendly services (AYFS)
- **Klipfontein & Mitchells Plain Health** Subdistricts, Cape Town, S. Africa
- **Platforms already within the area** will provide significant opportunities to inform and initiate potential participants about PrEP and provide continuous adherence support, as part of a comprehensive HIV and sexual and reproductive health (SRH) prevention package



PrEP Implementation in 6 clinics

Process mapping with facilities:
 1) NIMART
 2) Staffing vs services
 3) Infrastructure
 4) PN changes

PrEP programme support:
 1) Additional group training
 2) 1/52-2/52 mentoring visits
 3) Troubleshooting: person/phone
 4) DOH support to facilities
 5) PrEP reminder in folders

Retention by data capturer
 1) Phonecall
 2) Whatsapp (SMS)
 3) Home visits x1 facility
 4) PrEP register to capture reasons

Social media
 Social media boosting
 Comms officer

CAB
 CLO

Clinic launch

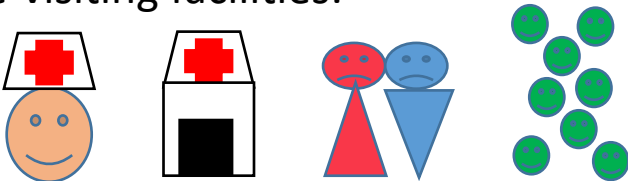
Community day
 Youth day

Networks
 Networks

IEC
 IEC+

NDoH memo

HCP app

Re-visiting facilities:

 PrEP register to capture reasons

PrEP programme support:
 1) Adolescent champions forum
 2) Combined DOH mtgs
 3) Counsellor support
 4) Adolescent journey map

Retention by PN, HCP
 1) Phonecall
 2) Whatsapp (SMS)
 3) Home visits x1 facility
 4) Letters

PrEP Process Mapping for CLINIC A
AYFS: Tues & Thurs afternoon
30-60 mins

Clinic flow:

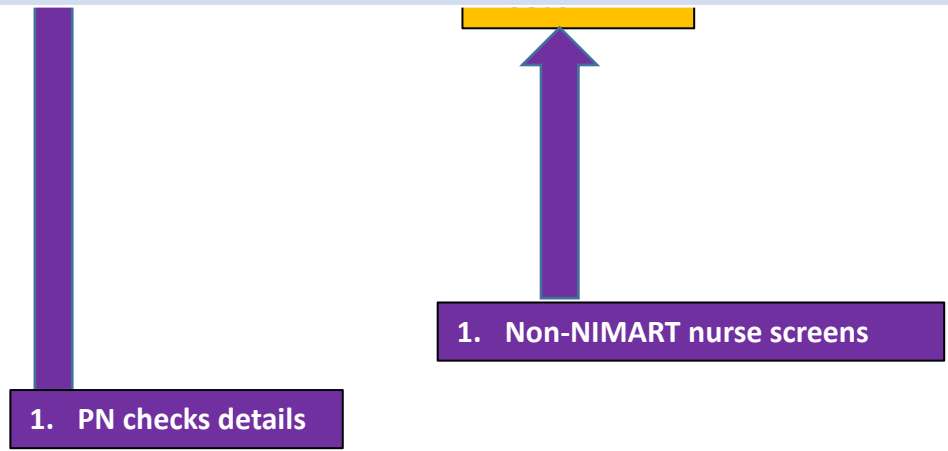
- Walk-in vs booked
- Unscheduled apts difficult given capacity
- Aware need to see on the day

Staffing:

CHALLENGE	RECOMMENDATION/SOLUTION
Walk-in vs booked Unscheduled apts difficult given capacity	Pulling folders the day before to manage capacity Separate PrEP appointment register
1 NIMART nurse only	Non-NIMART nurse screens patient
No PN for 3/52	New PN in place, assists with recruitment
Retention	Retention better
Only seeing target group	TBD

Adolesce
arrives

RT or



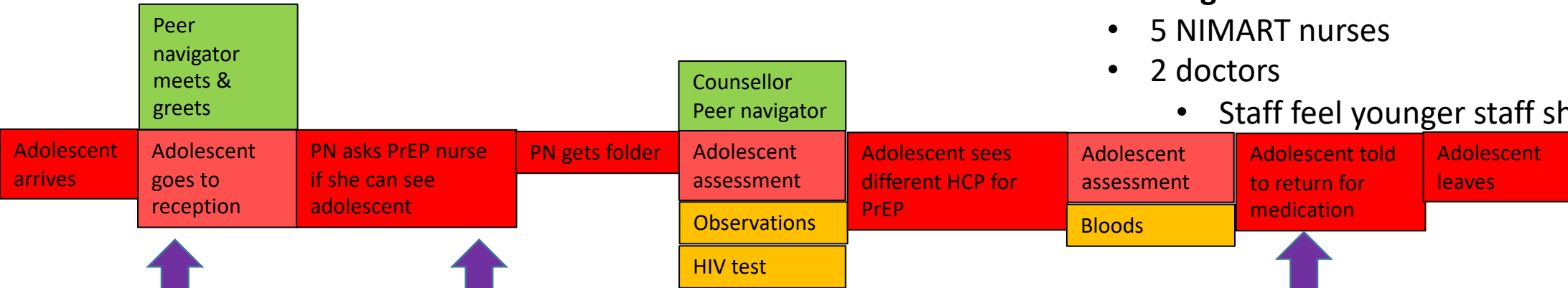
Other:

- Clinical proforma interpreted as bloods prior to initiation
- Other NGO competition
- Only target group seen
- Not enough clinic rooms

Plan: Non NIMART screens; Staffing; Same day start

PrEP Process Mapping for Clinic B

Up to 8 hours



Clinic flow:

- Walk-in vs booked
- Unscheduled apts difficult given capacity
- Aware need to see on the day

Staffing:

- 5 NIMART nurses
- 2 doctors
- Staff feel younger staff should take over

1. PN check details

1. 1 nurse only
 1. Has quota
 2. Puts adolescents at bottom of pile
 2. 4 other nurses
 3. 2 DRs
 4. ?Avoid back and forth

1. Same day initiation
 2. Fast track medication available

Plan: Further training request (3rd one now)

PrEP Process Mapping for Clinic B

Up to 8 hours

Clinic flow:

- Walk-in vs booked
- Unscheduled apts difficult given capacity
- Aware need to see on the day

Staffing:

CHALLENGE	RECOMMENDATION/SOLUTION
Clinic flow very lengthy	Improved
2 trainings (DOH & Anova)	Requested further
Only 1 nurse giving	More staff now giving
Retention	1) Want a pill every 6 months

Adolescent arrives

bloods

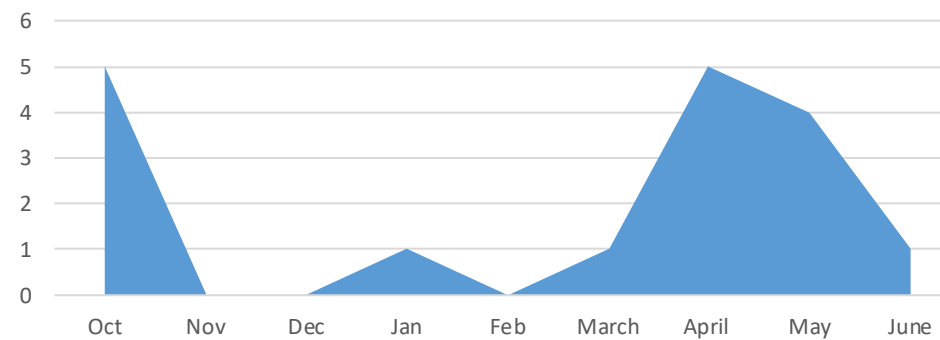
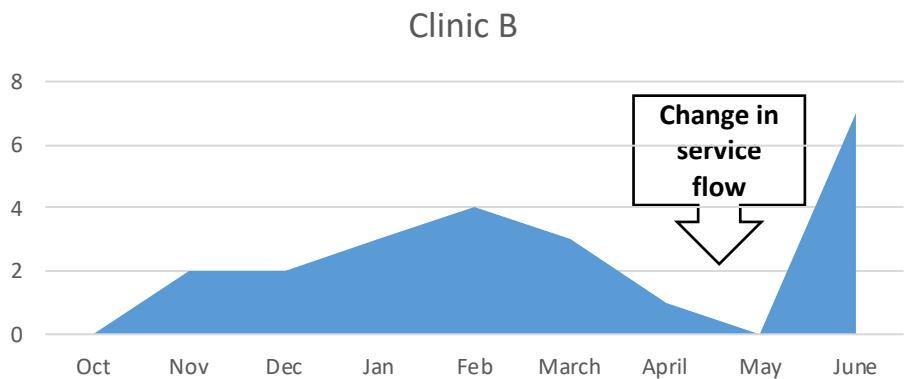
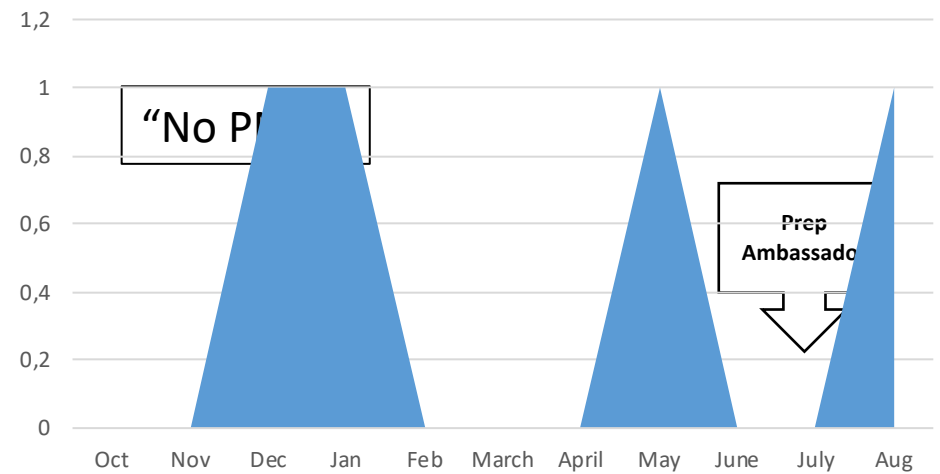
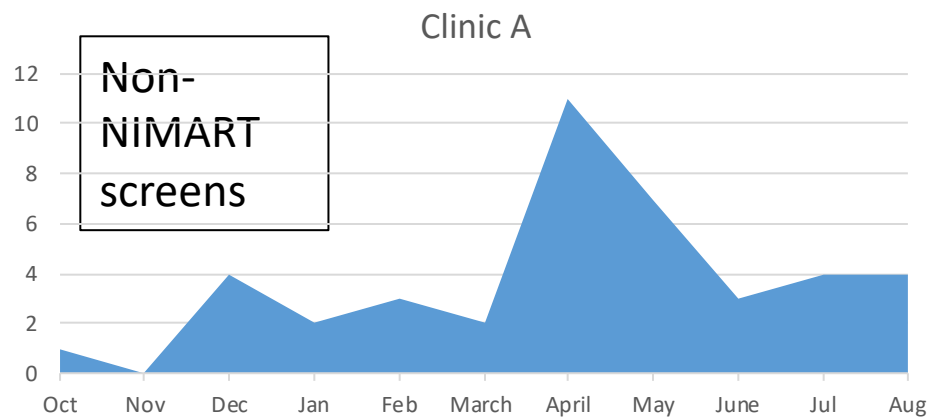
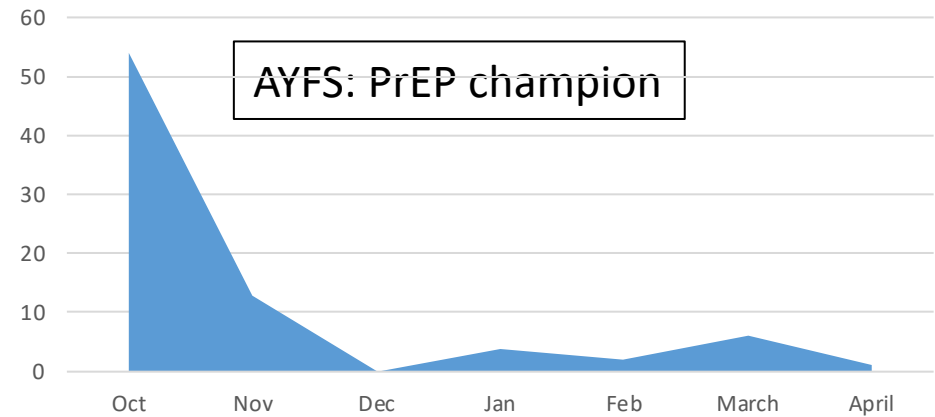
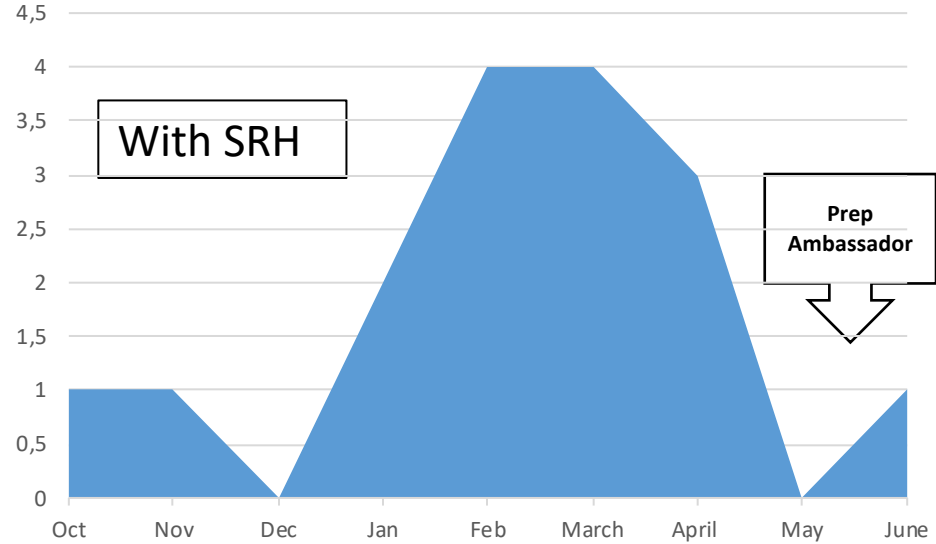
1. PN check details

1. 5 nurses
2. 2 DRs

Plan: Further training request (3rd one now)

Clinic Updates: PrEP Implementation

Clinic	Initiation	Retention	PrEP model				Comment
			PN	AYFS model	NIMART	Dr : Nurses	
XXX	16	2 (13%)	PrEP ambassador	AYFS mainly contraception		No Dr	Cyclical initiation, retention
Clinic A	49	13 (27%)		AYFS in and out	Non Nimart screens 1 NIMART	1/7:7/7	Steady initiation, retention
Clinic B	26	12 (46%)		AYFS merged		=	Steady initiation
XXX	82	5 (6%)		AYFS outside of clinic	NIMART = AYFS champ	1/7:77	High initiation, low retention
XXX	3	2 (66%)	"No PN" (PrEP ambassador)	AYFS within clinic	Non-NIMART screens	=	Low initiation, ok retention
XXX	25	4 (16%)		AYFS merged	No NIMART?	1/7:1/7	



Key lessons

- Include ALL staff not just sole responsibility
- Learning forums to discuss success, challenge, solutions
 - Adds a bit of competition!
- Process mapping
 - Staff capacity
 - Improve service flow
- Feedback from staff
- Feedback from patients

Take home messages: 3S's

- **S**imple changes can make a big difference!
- **S**hared and supportive learning
 - Successes, challenges, solutions from others doing the same
- **S**upport keeps up motivation

Summary

- **WHAT?** AYFS (service, HCP focused) & PrEP (drug, patient focus)
- **WHY?** Need linked to risk of HIV & SRH
- **WHERE?** Adolescents in Public Healthcare Facilities in Cape Town, SA
- **HOW?** Developed programme, closely linked to NDoH; demand creation, education, processes, flow, feedback from staff & patients
- **CHANGE?** AYFS improvement & PrEP continues...
- **KEY LESSONS?** Structured approach & feedback
- **TAKE HOME MESSAGES?** Simple, share, support