Lessons from service delivery: The nuts and bolts of providing adolescent peer support in low-resource settings

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Background

- The WHO recommends peer support for adolescents and young people living with HIV (AYPLHIV).
- Peer support enables providers, programmes and services to be more responsive, acceptable and sustainable, encouraging AYPLHIV to seek and remain in care.
- Overburdened health facility teams are often unable to offer the psychosocial support and services needed to provide holistic, integrated and comprehensive care to AYPLHIV.
- Peer support interventions draw on the knowledge and lived expertise of young people living with HIV to plan, deliver and monitor HIV services as young peer supporters.
- Peer-led interventions have the potential to deliver high-quality and context-specific services to support ART adherence, retention in care, viral suppression and psychosocial wellbeing.
- Peer support models can also provide young peer supporters with opportunities for leadership development, capacity-building and youth-led advocacy, helping to combat

Broad Lessons

Peer supporters support age-matched AYPLHIV and/or serve as near-peers to younger patients. In all cases, **the aim is to ensure empathic support and share positive coping strategies**. Most effective **peer supporter duties include peer education, basic psychosocial and adherence counseling**, and **recognising signs of poor coping and trauma requiring referral to professional support**. Peer supporters require training on HIV treatment literacy, sexual and reproductive health and rights, counseling, group facilitation, communication and documentation.

Oversight and management are critical for quality assurance including in-service supervision, performance review and mental health support. Access to job aides, supportive materials and feedback from health providers and patients are necessary. Peer supporters' meaningful engagement with health providers helps providers to appreciate the value of the peer supporter role, and proactively facilitates its integration into health facility structures and activities while advocating for adolescent-friendly health services.

Policies barriers in several countries limit lay providers' role in HIV service provision and thus potential scale-up. Where not a formal cadre, peer supporters must have clear role

"The presence of the peer supporters has bridged the gap between the clinic team and adolescents who did not feel comfortable discussing their experiences and challenges with adult staff but now find it convenient to discuss with their peers." - Health provider, Baptist Hospital Mutengene, Cameroon



the negative effects of self-stigma and peer pressure⁵.

While health facility-based adolescent peer supporter programmes have gained recent attention as a promising scalable intervention, there is a need for operational evidence and practical examples. This analysis utilises practical examples of peer-led interventions to examine key lessons in providing adolesent peer support in low-resource settings.

Peer support activities range from support groups to peer-to-peer counselling and treatment buddy programs. Generally, AYPLHIV are formally or informally engaged as peer supporters at health facilities or in communities to provide care for and promote the health and wellbeing of their peers. A peer supporter can be a peer, or a near-peer (someone a few years older who understands the needs of AYPLHIV). In all cases, the aim is to ensure a source of empathic support and share positive coping strategies.



descriptions, defined accountability, compensation and workplace protections. Conditions of service should be harmonized with the most comparable cadre. Their scope of work and supervision require clear boundaries that respect their limited training, young age and heightened vulnerabilities.

Peer supporters gain leadership and capacity-building opportunities, helping to combat self-stigma. However, because young peer supporters age out of the youth category, it is important to link them to skills-building, livelihood strengthening, career development and mentorship opportunities throughout their service term.



Steps for scale-up

- Undertake consultations with stakeholders including AYPLHIV, peer supporters and health workers to establish specific needs, requirements and opportunities.
- Identify program platforms for learning and scale-up.
- Perform a projected costing to determine operational costs for training, delivery and support. Depending on prevailing practice in terms of compensation in country, peer supporter transport may also be compensated.

"The peer support programme has helped me to meet new friends at the clinic whenever we have support groups meetings. It has also helped me learn a lot from my peers. I would want activities to continue always." – Adolescent living with HIV, FACES - Tungane Youth Centre, Kenya

"When I go to (Peer Supporter), I tell the truth. We can speak freely as a young person." – Peer supporter, PATA 2016 Youth Summit

"As an individual, I have gained a lot of information and skills on how I can work with adolescents that are living with HIV and I have gained leadership skills, counselling skills and public speaking skills." – Peer Supporter, Baylor Malawi, Malawi



Materials and methods

- Since 2015, Paediatric-Adolescent Arreatment Africa (PATA) has implemented the Re-Engage Adolescents and Children with HIV (REACH) programme, which supports young people living with HIV age 18-24 years to task-share HIV service provision with professional health providers for their AYPLHIV peers.
- REACH is implemented in 20 health facilities across six sub-Saharan African countries.
- Each facility manages implementation according to the particular needs of its adolescent population, operations and national policies.
- Since REACH's inception, PATA has monitored service delivery and aggregate patient outcomes at REACH facilities, as well as facility-specific implementation models.
- PATA has systematically gathered qualitative acceptability data from providers, peer supporters and adolescent patients.
- The lessons drawn from these multi-year analyses are presented here.



- Design a clear peer support model based on these considerations and available evidence.
- Develop a scope of work for peer supporters, which provides clear boundaries in appreciation of the limitations in peer supporter training, their young age and heightened vulnerabilities. Pay careful attention to maintaining these boundaries in peer supporter training, supervision and monitoring.
- Peer supporter duties should include peer education, basic psychosocial and adherence counseling, recognizing signs of poor coping and trauma and referral to sources of professional support. The role may also support the creation and maintenance of youth-led safe physical spaces for AYPLHIV to meet.
- Source or develop tools and resource materials to support training, implementation and monitoring.
- Clarify plans and criteria for recruitment, training standards, terms of service, supervision and reporting lines.
- Provide pre-service training to strengthen peer supporter skills and knowledge. Training should focus on HIV treatment literacy and sexual and reproductive health and rights, as well as counseling, group facilitation and communication skills in accordance with clearly articulated program quality standards. Training should also include basic administration and record keeping to support improved documentation.
- Ensure ongoing in-service support through mentorships, regular supervision and performance review. Access to job aides, supportive materials and regular feedback from health workers and clients is recommended.
- Provide sufficient mental health support for young peer supporters and ensure investment in their safeguarding. Have plans in place to deal with their potential harms, including intimidation, harassment and coercion of female peer supporters in particular. Additional safeguarding measures are needed where peer supporters are drawn from key populations.
- Because young peer supporters age out of the youth category and are often unpaid for their work, it is important to communicate and plan for this from the onset. Link peer supporters to skills building, livelihood strengthening, career development and mentorship opportunities throughout their term of service.

"The peer supporters not only add availability of human resources but work best with young people considering they themselves are young people, who understand beyond what most adult providers could comprehend. They are an attraction, inspiration and motivation for adolescents facing stigma and discrimination and adherence challenges." - Health provider, Lira Infectious Diseases Clinic, Uganda

"I have a strong passion for working with young people. I acquired HIV because I was naïve and only wish someone had educated me much sooner. Being a peer supporter has helped to boost my confidence while working with young people. I now know HIV is not a death sentence and feel more motivated to help those who are living with HIV, live a healthy and productive life but also to educate those who are still negative on preventive measures through behavioural change communication to stay negative." – Peer Supporter, Lira Infectious Disease Clinic, Uganda

Conclusion

Peer support programmes are a critical strategy to improve adolescent-friendly health services. Young peer supporters can fulfil an important role in raising awareness and challenging stigma within health facilities, enhancing quality of AYPLHIV services, and contributing to a responsive environment for improved outcomes for AYPLHIV.

Policy and operational complexities are inherent in integrating lay cadres of AYPLHIV into health systems. While it may not be possible to establish a professionalized peer supporter cadre in all national systems, ensuring basic needs are met and implementation standards upheld will help to ensure quality at scale.

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