

RHRU's Youth Friendly Services: Findings of an outcome evaluation

Abstract no: CDD003

Naidoo, N.P., Jankelowitz, L., Makhubela, P., Jaffer, A., Moleko, W., Venter, W.D.F
Reproductive Health and HIV Research Unit (RHRU)

July, 2009

Contact: nnaidoo@rhru.co.za

Background

- Sub Saharan African youth bear a heavy burden of HIV disease, approximately 6000 new infections daily. National antenatal prevalence in 2006 indicated women younger than 20 years and between 20-24 yrs have an HIV prevalence of 13.7% and 28% respectively.
- VCT, considered to be a gateway to HIV treatment, care and support, can be seen to be more pertinent for youth, where they would otherwise not have a natural entry point into adult and child-based health services.
- However, research shows that access to health care services and provision of such services for youth is not as straightforward as it seems as the needs (developmental maturity, status as minors, supports structures, access to resources (financial, health care and HIV information), limited decision making power) of young people receiving VCT are different from those of adults. Yet, despite these differences, few countries have adapted VCT services to meet the needs of young people.
- While there is some exploratory data on VCT in youth e.g. from work done in Kenya and Uganda [1], very little is understood about the efficacy of VCT in young people and its impact on young people after testing, therefore through research and evaluation of projects targeting youth we are able to answer those elusive questions i.e.:
 - What type of youth are coming for HIV testing and why they are testing, what the long term behavioural and social outcomes for young people who test positive and negative are, who do young people who test disclose their status to, and what kind of support structures are in place for young people who test positive for HIV [2]
- RHRU's involvement in adolescent sexual health dates back to the collaboration with the National Adolescent-Friendly Clinic Initiative (NAFCI), which sought to create more youth friendly spaces that would appeal to young people in a way that would bring them into the public health sector.

Snapshot of the Youth Friendly Service Project

- Based on the interaction with NAFCI, in 2007, RHRU established a Youth Friendly Service (YFS) at Esselen Clinic. The aim was and still is to increase access to HIV, sexual and reproductive health care for youth between 12-24 yrs.
- The Inner City Project's adolescent friendly VCT and SRH service is based at Esselen Street Clinic. The programme has evolved from an initial focus on VCT to now include other sexual and reproductive health services for youth in the catchment area. In addition, it aims to develop lessons and best practices for the City of Johannesburg (CoJ), Department of Health (DoH) and other non-governmental organisations (NGOs) working in HIV prevention and service provision.
- The YFS is provided by young staff with youth friendly attitudes. It is designed to assist youth to:
 - Test for HIV, and encourage re-testing if negative
 - Get HIV counselling and information without having an HIV test
 - Change behaviours that place them at risk of getting HIV or spreading it to others
 - Deal with disclosure to parents, to partners, friends, to siblings etc.
 - Deal with stigma in their social networks, in their families or within the communities in which they reside
 - Find care and support services to assist them with managing HIV infection incl. creating support groups
 - Access HIV treatment, social grants
 - Encourage their partner to test for HIV
- Therefore, with the aim of working at multiple levels of influence and addressing the needs of youth, the programme can be summarised into 5 components:
 - Community outreach and mobilization
 - Youth orientated VCT, and post test support services addressing youth needs
 - Referral to youth-appropriate services
 - Sexual health clinical services
 - Education and counselling



Methodology

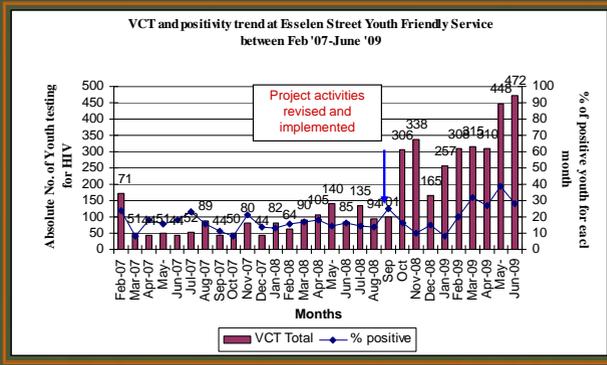
An outcome evaluation completed in December 2008 was conducted using a descriptive study design. Methodology comprised of:

- Retrospective review of routine data,
- Organisational Assessment (adapted Pathfinder International Tool) [3]
- Review of reporting mechanisms and outputs
- And, key informant interviews

Results

- The YFS consists of specially trained providers and ensures privacy, confidentiality, and accessibility;
- Outreach is an integral part in referring youth to the clinic for VCT. Recruitment and training of 10 youth peer educators has facilitated this process;
- As compared to 2007, 2008 showed a 137% increase in number of youth testing for HIV, due to: 1) staff increase; 2) provider-initiated testing; 3) increased age group; and VCT campaigns e.g. Valentines day event encouraging couple testing;
- Additionally within the first 6 months of 2009, the YFS has already achieved 87% (2110/2425) of the total number tested in the previous two years (2007 and 2008);
- There has been an increase in case finding of HIV positive youth as compared to the past due to higher no.s of youth testing;
- M&E – Revision of electronic databases now ensures that indicator information not only for HIV but teen pregnancy, family planning, referrals are regularly collected, collated and reported;
- Integration of services - The bundling of services through functional integration has allowed for a holistic approach to adolescent care, hence screening for STIs, family planning, and TB are an integral component in service delivery. This has resulted in an increase in HIV tests, plus the provision of a more holistic package of care;

- Referral of youth for ART is a streamlined process due to the tight network of 3 initiation sites in the inner city. Due to the close proximity, youth who test positive are referred to Hillbrow Community Health Centre ARV clinic for assessment and treatment. A follow up system is implemented if youth do not adhere to their first visit appointment at the initiation site



Conclusion

- The evaluation highlighted that strengthening the provision of the YFS and developing age appropriate IEC material can only be achieved through empirical evidence on youth HIV knowledge, communication and perceived risk. Through the development of a resource guide which speaks to the implementation, challenges, successes and lessons learned of the project, the YFS hopes to inform other services who plan to provide adolescent health care.

- As with Esselen Clinic and the YFS, functional integration (not physical), collaboration and networking with NGOs has ensured a holistic package of care; however in cases where resources are limited (space, money, staff) it is still possible to achieve integrated youth care by streamlining youth into the existing clinic infrastructure. This may not be a dedicated stand alone site, but may still address the needs of youth accessing these services.

[1] Horizons Program, Kenya Project Partners, Uganda Project Partners (2001). HIV Voluntary Counselling and Testing among youth ages 14-21 – Results from an exploratory study in Nairobi, Kenya, and Kampala and Masaka, Uganda. The Population Council Inc., New York.

[2] Pettifor, A., Rees, H.V., Steffenson, A., Hlongwa-Madikizela, L., MacPhail, C., Vermaak, K., Kellenschmidt, I. (2004). HIV and sexual behaviour among young South Africans: a National Survey of 15-24 year olds, Johannesburg: Reproductive Health and HIV Research Unit, University of the Witwatersrand.

[3] Senderowitz, J., Solter, C., Hainsworth, G. (2002). Clinic Assessment of Youth Friendly Services: A tool for assessing and improving reproductive health services for youth. Watertown, Massachusetts, Pathfinder International.