Improving the quality of care for adolescents living with HIV/AIDS by introducing Psychosocial Support services at Beatrice Road Infectious Disease Hospital (BRIDH) Opportunistic Infections and Antiretroviral Therapy (OI/ART) Clinic in Harare, Zimbabwe

Problem:

The improvement activity occurred at Beatrice Road Infectious Disease Hospital (BRIDH) Opportunistic Infections and Antiretroviral Therapy (OI/ART) Clinic in Harare, Zimbabwe. This is a Public Health Institution and Infectious Disease Hospital in the City Health Department. OI/ART services started in 2006 for adults and Paediatric OI/ART services commenced in 2009. Since the inception of OI/ART services in the public sector in Zimbabwe in 2004, it has been targeting adults and later it was paediatrics but the adolescent group remained a grey area that was overlooked.

Service providers realized that the psychosocial needs of adolescents with HIV/AIDS, including those related to sexuality and reproductive health were neglected deducing from questions raised by the adolescents during interviews.

The practice at this clinic has been that children above twelve years were seen in the adult OI/ART clinic where their unique needs were not addressed.

Intervention:

During clinic attendance by the adolescents, they raised issues concerning their needs. Adolescents wanted to share experiences and air their concerns in a free environment without adults. Service providers and policy makers met and discussed the idea of starting an independent clinic for adolescents so that they are seen on their own separate from adults. A separate room was identified and the adolescents clinic is held once a week with Psychosocial support services being offered on site and through referral networks to community based organizations that run support groups for adolescents living with HIV/AIDS. A partner organization (AFRICAID) that offer psychosocial support for children in the community was involved and helped in the training of healthcare workers and the adolescents.

Stakeholders agreed that a participatory training for healthcare workers in adolescent care including psychosocial support, be carried out involving the adolescents themselves to demonstrate their experiences. A monitoring and evaluation system was established to assess activities and outcomes (Table 1). The indicators would measure number of adolescents referred and attending support groups and the ability to share and openly discuss about their issues and concerns and many other activities.
Results: The effects of the intervention were measured by collecting data on a monthly basis on the activities and certain indicators i.e. number of children attending the clinic, support groups, on ART, group counselling, nutrition counselling and other activities performed.

SUCCESSES

34 Healthcare workers were trained in adolescent care so that they are capacitated in managing adolescents and they are now able to care for adolescents effectively.

5 Expert Patients were identified from among the adolescents living with HIV/AIDS attending the clinic to be peer educators. They went through Clinic Orientation, i.e. attachment to various clinic units e.g. pharmacy, reception, records etc. during the period 7 – 28 June 2010. AFRICAID, supported another 5 day training of Expert Patients from 28 June to 2 July 2010 after which they were attached at BRIDH paediatric/ Adolescent clinic from 5 to 16 July 2010. A refresher-training workshop was held at AFRICAID from 11 to 13 August 2010 for the 5 expert patients including some adolescents from other sites. Another Psychosocial Support workshop for all the children receiving care at BRIDH including the Expert Patients was held from 30 August to 1 September 2010 and ninety (90) children attended.

They are now able to carry out some of the tasks in the clinic hence the initiative of task shifting is being implemented. They are responsible for supervising the younger children in the play area during clinic days, collect data and lead support group meetings though still under the supervision of the nurses and counsellors.

More adolescents are now attending to OI/ART services and Support group meetings as can be seen from the growing attendance number from 254 in August 2010 to 596 by February 2011. Guardians of these children are now very much willing to let their children come to the clinic to meet their peers and share experiences. The children are improving in physical, psychological and social well-being.

A small grant funded by Paediatric AIDS Treatment for Africa (PATA) enabled us to start an adolescent friendly clinic and we recruited and are paying some allowances to the 5 Expert Patients who come to perform some tasks at the clinic. We developed some IEC material for adolescents but due to financial constraints we are not able to print and disseminate it to the beneficiaries.

CHALLENGES

The Expert Patients’ attendance to the clinic for duty is limited to only two days a week due to limited funds for transport yet they feel they need more time to be in touch with their peers.

Monitoring and evaluation for the adolescent programme not yet fully functional and limited to one clinic due to shortage of funds and human resources to cascade it to other clinics and community. The funding from PATA is not
enough for follow up of defaulters and also for further training and refresher courses for more Expert patients. There is also shortage of qualified counsellors to supervise Expert Patients. No funds to renovate some old dilapidated
building to create more space for adolescent activities.

Lessons:

Adolescents attending community support groups have been seen to have a high morale, more aware of their condition and able to share experiences with others. They are able to educate others on issues like adherence, prevention of infection, disclosure, nutrition, relationships, as well as to do self-sustaining projects. Peer education to adolescents is highly effective hence the engagement of Expert Patients is critical. It is a desire that such projects be rolled out to other sites including rural settings. If funding is availed, we wish to extend the programme to meet the Adolescent Girls reproductive issues in particular, as these are more vulnerable and in greatest need of attention.

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