

STAR-EC Technical Brief

ENCOURAGING HIV PREVENTION AND POSITIVE LIVING AMONG YOUTH in East Central Uganda

Background

In Uganda, an estimated 1.2 million young people between the ages of 15 and 24 are living with HIV. Annually, new HIV infections in Uganda are estimated at 124,000 people, of which 80 percent are acquired through sexual activity and 20 percent through mother to child transmission (MTCT).

Uganda's East Central region has a population of 3.3 million people and roughly 32 percent of them are between the ages of 10 and 24. Adolescents living with HIV (ALHIV) have unique sexual, reproductive health, and psychosocial issues. Health and community support systems find it challenging to adequately address the needs of ALHIV to enable them to realize their full potential in life. Some of the challenges faced by adolescents include inadequate access to health information, stigmatization against those who are HIV positive, fear, denial, isolation, poor adherence to treatment, low levels of HIV status disclosure, low self-esteem, uncertainty about their health and future life, and choices of sexual partners. One of the big challenges is a lack of services specifically targeting ALHIV, both those born with HIV and those who acquire it during adolescence.

ALHIV need accurate and targeted information about family planning (FP) options and HIV prevention methods in order to live their full potential and make healthy decisions to protect themselves and their partners. Targeting ALHIV to reduce transmission of HIV requires a continuum of age-appropriate health information, support, and services to young people, from very young adolescents (aged 10–14), to older adolescents (aged 15–19) and young adults (aged 20–24).

Combination HIV prevention strategies that address behavioral, structural, and biomedical issues that affect youth can help reduce HIV infection in young people. Nationally, however, only one in ten health facilities provides youth-friendly services that enable young people to make informed choices regarding their health and to seek services when they need them.

Interventions

STAR-EC used several approaches to increase access to and utilization of comprehensive HIV care and treatment services among ALHIV in East Central Uganda, integrating the revised *National Antiretroviral Treatment Guidelines*², which prioritize initiating HIV-positive early adolescents (10-15 years) on ART.



The swings and merry-go-round at the Iganga Hospital were installed to aid play therapy offered to children under the age of five living with HIV.

¹Addendum to the National Antiretroviral Treatment Guidelines, 2013

The following strategies were tailored to the needs of youth in different health, cultural, economic, and social settings.

Youth-friendly clinics in high-volume East Central Uganda ART facilities

To ensure that HIV-positive youth are enrolled in care at the earliest opportunity, STAR-EC established adolescent clinics at five high-volume health facilities. The clinics provided care tailored to adolescents, designating ART days specifically for younger and older ALHIVs.

Through youth-friendly clinic services, STAR-EC integrated sexual and reproductive health (SRH) and sexually transmitted infection (STI) services into HIV care, which increased access to information and services for ALHIV. The project has emphasized promoting both male and female condom use for sexually active adolescents through group and individual counseling sessions. Adolescents who are not yet sexually active were encouraged to delay sexual debut.

Young positives clubs

STAR-EC mapped out sites with high numbers of ALHIV, and through district PLHIV networks, nine peer support clubs for ALHIV were established. During monthly meetings of the clubs, a health worker, a child counselor, and 'expert clients' (PLHIV who are active on ART and trained by STAR-EC as peer educators) provided psychosocial counseling and referrals to needed medical services. Clubs rotated their monthly meetings at different health facilities, reaching a higher number of adolescents and reducing transportation costs.

ART adherence sessions among newly enrolled adolescents

Adolescents newly enrolled in care and on ART received priority for adherence counseling support. STAR-EC supported 22 high-volume ART sites, which conducted bi-monthly ART adherence support group meetings targeting new ART enrollees. Health workers made appointments for newly enrolled clients who came on specified dates. Participants were sub-

divided according to their age groups and discussion sessions offering information about the importance of adherence and adherence strategies were conducted in local languages.

Clubs for children under five living with HIV

Due to an increased focus on early infant diagnosis (EID) in the region, an increasing number of children have been identified as HIV-positive. STAR-EC supported the facilitation of children's clubs at five high-volume sites to address the unique needs of children aged two to five living with HIV. These clubs encouraged children to feel comfortable at the health centers where they receive medication, play therapy, and nutrition support. At these sites, children were given monthly appointments synchronized with their parents' appointments so that health workers could attend to parents and children simultaneously.

Multi-media education and awareness campaigns

STAR-EC provided age-appropriate messages to youth through a media campaign that included radio and print media. During interactive radio talk shows, issues related to reproductive health (RH) and sexual relationships were discussed. Key resource persons, youth peer educators, and counselors visited the radio stations once per quarter to provide messages on a particular topic.

During group and individual counseling sessions, peer educators and village health teams (VHTs) used visual job aides to facilitate discussions with young people. Posters and brochures were provided during designated clinic days to reinforce messages.

During outdoor campaigns supported by STAR-EC, young people were given risk-reduction messages and were involved in outdoor activities, dialogues, and role plays, including the "Off the sexual network" game, which teaches players about how STIs can be transmitted through networks of sexual partners.

Partnerships with civil society organizations

STAR-EC worked with civil society organizations (CSOs) to support youth with a broad spectrum of HIV-related services. CSOs identified youth in need of services and linked them to nearby health facilities. Some CSOs, such as Youth Alive and Family Life Education Program (FLEP), have youth corners at their private health facilities and support youth-friendly services at selected health facilities during youth clinic days. The project supported these CSOs' work with probation offices to link youth to legal services when required, increasing the number of reported defilement cases and the number of prosecutions against defilers. CSOs also worked with community development officers, who linked youth to other partners and government programs, such as the National Agricultural Advisory services (NAADs) for economic empowerment support. The youth clubs were also used as savings and credit groups in which teens contribute funds to start income-generating activities (IGAs).

STAR-EC also worked with Youth Alive and FLEP to organize youth into small groups called "positive peer pressure clubs." Club participants were trained to become peer educators and offer HIV prevention information and link other youth in their communities to health services.

Recreation and sexual health education and care in non-clinical settings

STAR-EC introduced the use of 'knowledge rooms'—places in communities where people could get health information and services and also participate in recreational activities, such as pool and board games, and view televised sports competitions. STAR-EC supported 'knowledge rooms' in Naluwerere, Bugiri District and Lugala, Namayingo District, which reached out-of-school youth living near 'hot spots' (busy truck stops and landing sites). Unemployed youth are more likely to engage in risky behavior, including substance abuse, cross-generational, transactional, and casual sex, multiple concurrent partnerships, and sex work.

The 'knowledge rooms' were staffed by community health workers (CHWs) who offered a range of services, including safe sex negotiation skills counseling, partner reduction counseling, the '*Off the sexual Network*' game, as well as information about gender-based violence (GBV), dangers of cross-generational and casual sex, and HIV prevention. CHWs also linked visitors to HIV testing and counseling (HTC), STI screening and referral for treatment, TB screening for HIV-positive persons, family planning, voluntary medical male circumcision (VMMC), ART, post-exposure prophylaxis (PEP), psychosocial support, and livelihood support.

Linking and retaining youth into care

In order to link more adolescents into care, STAR-EC reached out to orphans and vulnerable children (OVC) to identify those who were HIV-positive and connect them to services. In collaboration with community development officers (CDOs), STAR-EC identified places where OVC lived and offered HTC services to them and the members of their households.

Additionally, STAR-EC supported 'expert clients' (PLHIV enrolled in ART who are well-versed in the health system) and VHT peer educators to reach out to communities to sensitize fellow youth and link them to services.

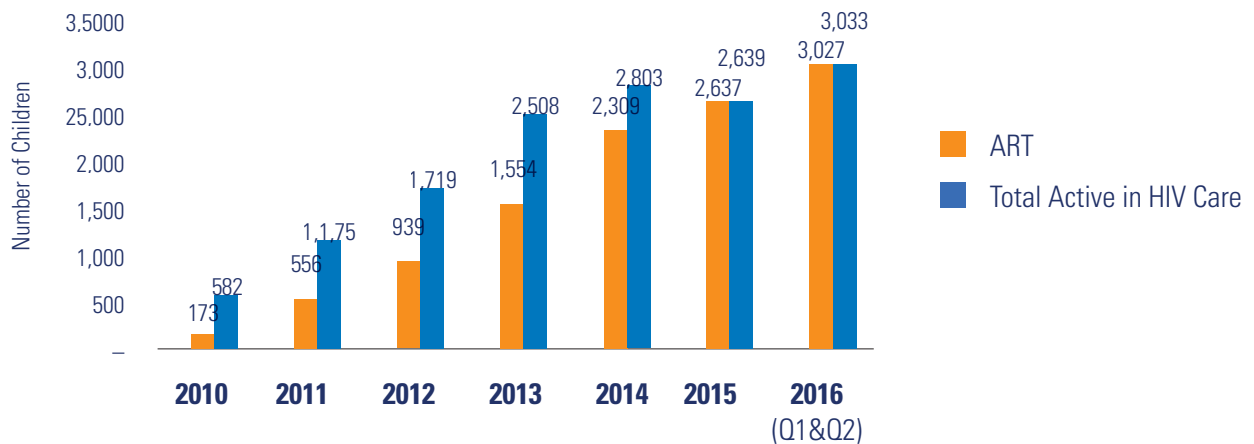
STAR-EC promoted active follow up with youth using peer leaders who were also clients, to follow up with ALHIV who missed a clinic appointment to encourage retention.

Results

The number of young people enrolled in ART steadily increased from 173 in 2010 to 3,027 in 2016, and the total number of young people enrolled in HIV care increased from 582 to 3,033 over the same time period (Figure 1).

With the support of STAR-EC, a total of 126,955 youth aged 10-19 years of age were tested for HIV between July 2015 and June 2016 in the nine districts of East Central Uganda. Among the 635 who tested positive, 561 (88 percent) were linked to care.

Figure 1: Trend of ALHIV active in HIV care since PY2



Conclusion

Through STAR-EC support, the networks through which adolescents are reached with comprehensive HIV and TB prevention, care, and treatment services in East Central Uganda have been strengthened. STAR-EC has increased and improved the provision of youth-friendly resources and services at the facility and community levels, and improved linkages between these services to help ensure youth access a range of support to help them stay healthy. The project built the capacity of CDOs, CSOs, health service providers, and volunteers to address the complex health and psychosocial needs of ALHIV, and fostered communication between these groups and other public agencies.

The involvement of peer educators and young positives who are enrolled in ART was critical to effectively reaching more youth with HIV services. The facilitation of peer support sessions helped to address age-specific concerns and reduced stigma felt by ALHIV, and monthly youth clinic days provided ALHIV with a safe, comfortable place to discuss their health and psychosocial needs with caregivers and health service providers.

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STAR-EC Headquarters

Plot 10 Kiira Lane, Mpumudde Division, P.O Box 829, Jinja
 Tel: +256 434 120225, +256 434 120277, +256 332 260182, +256 332 260183
 Fax: +256 434 120232 • www.starecuganda.jsi.com