

Building networks for young people living with HIV (YPLHIV) in Malawi using a multi-disciplinary approach: lessons learned from a peri-urban expansion

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BACKGROUND

Few evidence-based interventions address the unique needs of YPLHIV during the critical transition to adult care, and even fewer include skill-building and preparation for employment. Baylor College of Medicine Children’s Foundation Malawi (BCM-CFM) and Grassroot Soccer (GRS) designed the Transition Training (T2) program to address these needs and decrease HIV-related morbidity and mortality among YPLHIV. The GRS approach aims to build their **assets** – employability skills, self-care skills and future orientation; improve **access** to networks of medical and non-medical resources; and increase **adherence** to medical treatment, positive and healthy behaviors, and repeat uptake of services. After implementing T2 in an urban setting, BCM-CFM and GRS partnered to adapt and design a version for peri-urban and rural settings.



Figure 1: Continuum of care of people living with HIV (PLHIV). T2 is built specifically for adolescents transitioning into adulthood.

INTERVENTION OVERVIEW

BCM-CFM’s young adult clients selected relevant topics for the program. The final product was a 20-session program that combines play-based learning, HIV+ guest speakers, and personal mentorship to **strengthen future orientation, improve self-concept, build employability and self-care skills, and expand the network of medical and non-medical resources for participants**. The four modules include:

1. Employability Skills

2. Self-Care

3. Employment and Entrepreneurship

4. Computer Literacy



Images 1 and 2 (L to R): Curriculum cover for T2 and representation of the participants’ toolbox with employability and self-care skills.

The revised T2 program was piloted in urban Lilongwe (n=15, median age=18 years) and in the peri-urban setting of Salima District Hospital, (n=20, median age=19 years) from October 2017 to April 2018.

METHODS

A **participatory, convergent parallel mixed methods evaluation** was conducted to assess the effectiveness of T2 in improving adherence and employability outcomes amongst participants in two districts in Malawi: Salima and Lilongwe (LLW). A quantitative survey was administered to participants pre- and post-intervention, and qualitative interviews and focus group discussions were conducted with Salima participants, Ministry of Health employees, and program facilitators.

LIMITATIONS

- Key limitations of this evaluation include:
- Small numbers of participants in study
 - Inconsistent clinical data collection - viral load testing was not conducted as planned (immediately pre- and post-intervention for both Lilongwe and Salima groups). The varying time points for pre-intervention testing (up to 18 months prior) limit the attribution of any effects to the program itself, and limit comparison of participant treatment outcomes.

RESULTS

Table 1: Pre- to post-intervention percent change in group mean scores

Pre- to Post-intervention Changes	Salima (n=20)	LLW (n=15)
	Percent change	Percent change
Support (6-item scale with 4-point Likert)	5.24%	2.04%
Leadership/mentorship (4 items)	-1.43%	2.11%
HIV & SRH knowledge (7 true/false statements)	19.29%	3.09%
Adherence self-efficacy (6 items)	-1.43%	-2.50%
Disclosure self-efficacy (3 items)	6.30%	2.51%
SRH Skills (7 items)	3.21%	0.05%
Employability skills (10 items)	2.95%	0.09%
Self-concept (6 items)	2.70%	2.69%

Qualitative Feedback – Salima Participants (n=14)

What did you learn the most from T2? Self-care/self-dependence (53%), How to disclose (38%), adherence (23%) “My adherence is now stable hence it is now easy for me to adhere to medication. Previously my parents were at the forefront to remind me while now I am doing it by myself without their support.” –Salima T2 participant
What would you tell me about your sexual rights and responsibilities? I have a responsibility to use condoms (54%); Being HIV+ does not limit me/my right to have safe sex (23%); I have a responsibility to disclose to my partner (23%); I have a right to say no to sex (23%) “Being positive doesn’t limit you to be in a relationship, just practice safer sex by using condoms. I have the right to say no to sex.”– Salima T2 participant
What are some of the things you like about T2? Computer classes, entrepreneurship, learning about contraceptive methods
How has being a T2 participant had an impact on your clinic attendance? My clinic attendance has improved (50%); I feel comfortable to attend clinic on my own (rather than with my guardian) (20%)

LESSONS LEARNED & RECOMMENDATIONS

- Concepts around gender were built into T2 revisions but are not heavily emphasized in the Teen Club curriculum and training. **Future programs should include sufficient time in the training of facilitators to unpack and assess gender concepts.**
- HIV+ CBO members co-facilitated the program in Salima, creating positive links to the HIV+ adult community and ensuring sustainability of the program. **Future programs should expand the role of HIV+ CBO members in program delivery.**
- Salima T2 participants had low baseline knowledge and the biggest changes on HIV & SRH knowledge. **YPLHIV in peri-urban and rural areas need age-appropriate information on HIV and SRH. Future programs should also review the HIV & SRHR content delivered in Teen Club curriculum.**
- A 5th module (*Internships*) was planned, but despite sensitization and recruitment, many businesses and organizations were unwilling to host an intern. **Partner with a local TEVET organization for further skills training and internship placements and community sensitization.**
- The majority of the Teen Clubs in Malawi have smaller programs, where older and younger teens are mixed. **Pilot program as integrated component of Teen Club.**
- Qualitative feedback and some survey outcomes indicate positive results, but other survey domains and clinical outcomes showed little or slight negative change. **A more rigorous and expanded program evaluation is needed.**

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