



Re-engaging recipients of care in Liberia: The power of peer navigators

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Outline

- Background
- Methods/Approach
- Results
- Recommendations and Lessons Learned



Background/Context – 1

LibNep+ mission is to build a positive future for persons living with and affected by HIV and AIDS through networking in the national response, leadership in advocacy, prevention strategies, education and policy to minimize the adverse personal and social effects of HIV and AIDS

- ✓ To improve the lives of people living with and affected by HIV and AIDs so that they have an opportunity to live positively and attain their full potential
- ✓ To promote, coordinate and build the capacity of associations and support groups of PLHIV in full support of national and global HIV and AIDS response
- ✓ To create a platform for rapid deployment of HIV and AIDS services at community level
- ✓ To strengthening the capacity of members to manage, monitor and coordinate key activities related to the response
- ✓ To build the capacity of member associations to efficiently perform on good governance, including policy formulation and program implementation
- ✓ To advocate with government, donor, partners and stake holders for resource mobilization toward the national response
- ✓ To establish linkages and partnerships with national, regional and international networks to support the national response
- ✓ To ensure that the rights of positive persons are respected
- ✓ To advocate for reduction of all forms of attitudes of discrimination and stigmatization associated with HIV and AIDS

Background/Context – 2

- LibNeP+ objectives includes peer support to linkage, retention, and re-engagement
- This case study will focus on **re-engagement**
- At the start of FY21, LibNep+ partnered with FHI360/EpiC to provide peer counseling and navigation services at 15 of 21 PEPFAR-supported health facilities providing ART services

Methods – 1

LibNeP+ supported and trained 53 peer counselors / navigators at 21 health facilities

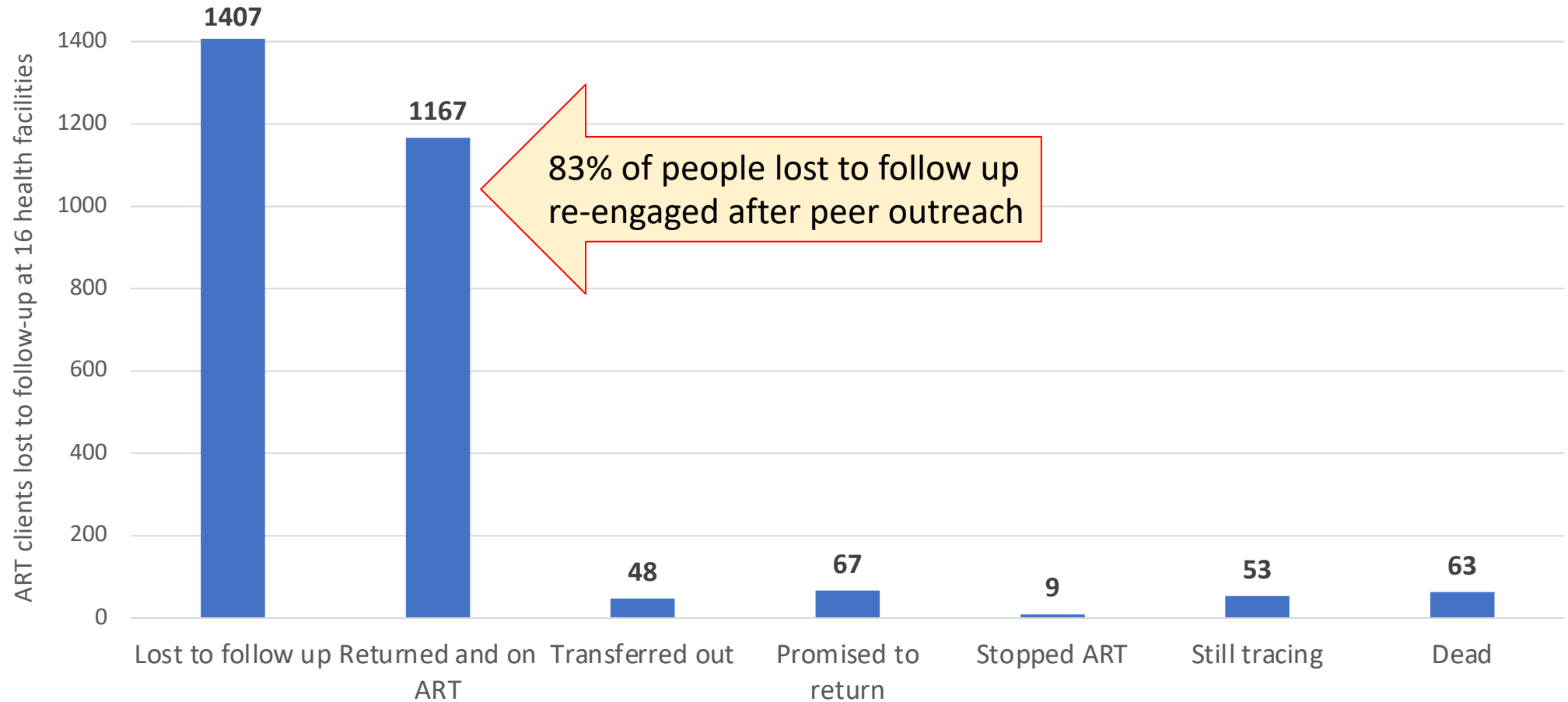
- Eligibility criteria for peer navigators:
 - ✓ Actively engaged in HIV care/treatment at the health facility
 - ✓ Have accepted HIV status and are willing to disclose
 - ✓ Doing well on treatment, including sustained viral suppression
 - ✓ Able to read and write
 - ✓ Have a bit of HIV/psychosocial counseling skills and/or be able to talk to someone who is depressed
- Training content:
 - ✓ Followed national counseling guidelines
 - ✓ Included training on key activities and data collection tools

Methods – 2

Peer navigators provide the following retention support:

- Peers go to the health facility every Thursday to collect information from HCWs on client attendance, missed visits, next appointment
- As needed, they follow up with clients via phone calls and/or home visits using information on the client locator form which provides key information like primary and alternative telephone numbers, direction to home and color of the house
- Once contacted, the client decides on the best place to meet for a discussion
- The PN provides information and supportive counseling and returns with the client to the health facility if needed
- Re-engagement is documented by the PN, the linkage and retention counselor and the HIV focal person

Results: 83% of people lost to follow-up re-engaged after peer outreach



Facilities and Assigned number of Peer Navigators

Facilities	Total
Du-port Road Hospital	4
ELWA Hospital	6
T B Annex Hospital	2
Catholic Hospital	3
JFK Medical Center	7
Star of Sea Health	3
Clara Town Health Center	4
Redemption Hospital	5

Facilities	Total
Barnersville Health Center	2
Sr. Barbara Ann	3
James Davis Jr (JDJ) Hospital	4
Careysburg Health Center	1
Du-side Hospital	1
C H Rennie Hospital Margibi	4
Liberian Government Hospital – Grand Bassa	4

- A total of 53 Peer Navigators are assigned at 15 PEPFAR supported health facilities in 3 counties.
- All Peer navigators are involved with Index Testing, Viral load Demand creation as well as LTFU tracing and retention activities at their assigned facilities.

Findings: Barriers to Retention

- Internalized stigma
 - Concerns about involuntary disclosure
 - Preference for distant health facilities (expensive, more difficult to access)
- Financial constraints
 - Transportation costs are a barrier to access
- Provider attitudes and behaviors
 - Lead to discomfort and unofficial/self-transfers
 - Nurses sometimes deny services if ROC arrive late to the health facility
- Inadequate counseling provided by nurses/healthcare workers
 - Limited time
 - Limited skills
 - ROC prefer counseling by peers

Challenges

Challenges for not reaching the eligible targets (Retention, Index and Viral Load) were most often due to:

- Wrong numbers provided by clients from the beginning of enrollment on ART when diagnosed
- Change in locations by clients,
- Self-denial of clients due to religious/traditional beliefs and
- Clients/ PLHIV not sharing their status to partners to encourage for regular testing.

All of these were discovered doing our PNs interaction with some hard-to-reach clients that were found and brought to the facilities.

Recommendations and Lessons Learned

- Peer outreach and counseling is a powerful tool to re-engage people who have interrupted treatment and/or are lost to follow up
- Recommendations to *prevent* treatment interruption:
 - Training of HCW (and all health facility staff) to minimize stigma and discrimination
 - Address transport costs by decentralizing care, spacing appointments for people doing well on ART, expanding multi-month ART distribution, and expanding DSD models that include community-based treatment, mutual support and microfinance
 - Reconsider the use of recipients of care as counselors where applicable
 - Considering relocating support group meetings from health facilities to the community locations (particularly government-run health facilities)
 - Continued phone calls help

Thank you!

