



Differenciated Retention for Adolescents in Rwanda: Dream Village Case Study

Norman MANZI
Director/ Founder
Dream Village

CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop

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Outline

- The CATS model for Adolescents Living with HIV
- Rwanda's Dream Village Project
- Lessons learned about Retention in care for Adolescents



Differentiated Service Delivery for Adolescents Living with HIV

“Adolescents are unique: they need quality services that meet their needs”

- Adolescents have inadequate access to HIV testing prevention and treatment services
 - In 2021, approximately 1.7 million adolescents (aged 10-19 years) were living with HIV globally and < 60% were on ART ¹
- Adolescents living with HIV (ALHIV) often struggle to remain in HIV-related care and to adhere to HIV treatment due to a myriad of *normal and expected* physical, psychological, and cognitive developmental challenges

¹UNICEF

Differentiated Service Delivery for Adolescents Living with HIV – 2

- **Adolescents' needs are dynamic just like them,** and constant **innovation**, invention, and creativity is needed to design high-impact ALHIV programs
 - Inquisitive
 - Open minded
 - Attentive to physical changes and increased interest in personal attractiveness
 - Have a strong attachment to the health facility where they were initiated on ART ← HOME
- **They need to be listened to, included and consulted**



The CATS Model

- One DSD model designed for ALHIV is called CATS, that is **Community Adolescent Treatment Supporters**
- CATS provide information, peer counseling and support for other children, adolescents and young people living with HIV through:
 - Home visits
 - Clinic visits
 - Adolescent days
 - Adolescent support groups
- The CATS project in Rwanda was adopted from Zimbabwe (Zvandiri/ Africaid) where it has been implemented since 2004 and subsequently scaled up to 11 countries in Africa.

Rwanda's Dream Village

- Dream Village was launched in 2016.
- It provides a package of differentiated services for children, adolescents and young people living with HIV to help them:
 - ✓ know, understand accept their HIV status
 - ✓ start and remain on ARV treatment with understanding and confidence
 - ✓ remain engaged in treatment, care and support services
 - ✓ feel cared for, understood, supported and valued
- Currently supports 721 ALHIV at 12 health facilities (10-19 years)
- Total supported children, adolescents and young people: 3,145 (0-27 years)



Adolescent Retention: Key Notes to Take Home

- WHO describes “retention in HIV care” as the continuous engagement from diagnosis in a package of prevention, treatment, support and care services.¹
- Studies on retention at 6 and 12 months among ALHIV (15–24 years) show:
 - Compared to older adolescents (15–19 years), younger adolescents (10–14 years) were more likely to be retained in care at 6 months¹
 - Older ALHIV drop out of care as they transition from adolescent to adult ART services²
 - ALHIV with previous ART experience were more likely to remain in care compared to ART naïve adolescents at 6 months¹
 - ALHIV with suppressed viral load were less likely to drop out of care compared to those who did not achieve VL suppression^{3, 4}
 - Amongst female ALHIV, 6.5% were pregnant at the time of enrolling into ART. Compared to pregnant ALHIV, non-pregnant adolescents are more likely to remain in care at 6 months¹

¹ WHO 2011

² Meloni et al, 2020

³ Bernays et al, 2017

⁴ Van Wyk et al, 2020

Barriers to Adolescent Retention

- Structural factors (e.g., overcrowded clinics, long wait times, distance from home)
- Social factors (e.g., perceived stigma, harmful cultural and social norms, inequity)
- Psychological factors (e.g., trauma, anxiety, depression, exposure to GBV)
- Inaccurate information about HIV and its treatment
- Lack of fully operational youth/adolescent friendly services
- Lack of supportive social networks (understanding friends, elders, etc.)

What does the CATS model do to improve retention? – 1

CATS provides an environment where adolescent friendly services are accessible, acceptable, appropriate and effective

1. Support groups

- Young mothers / young dads
- Adolescents with high viral load
- Adolescents in boarding schools
- Sex workers
- Care givers



What does the CATS model do to improve retention? – 2

2. Differentiated approaches include enhanced support for:

- ALHIV with opportunistic infections
- ALHIV who are pregnant or breast feeding
- ALHIV who are living alone and/or have no social support
- ALHIV who are married but still young
- ALHIV who are Clinical missing appointments
- ALHIV who are involved in unstructured employment

What does the CATS model do to improve retention? – 3

3. Adolescent days geared to the needs of ALHIV

4. Home visits

- Once a month for ALHIV in standard model
- At least three times a month for those in enhanced model

5. Close attention to child protection issues

6. Creation of “cell families” (20 in group)

7. Establishment of young people committee



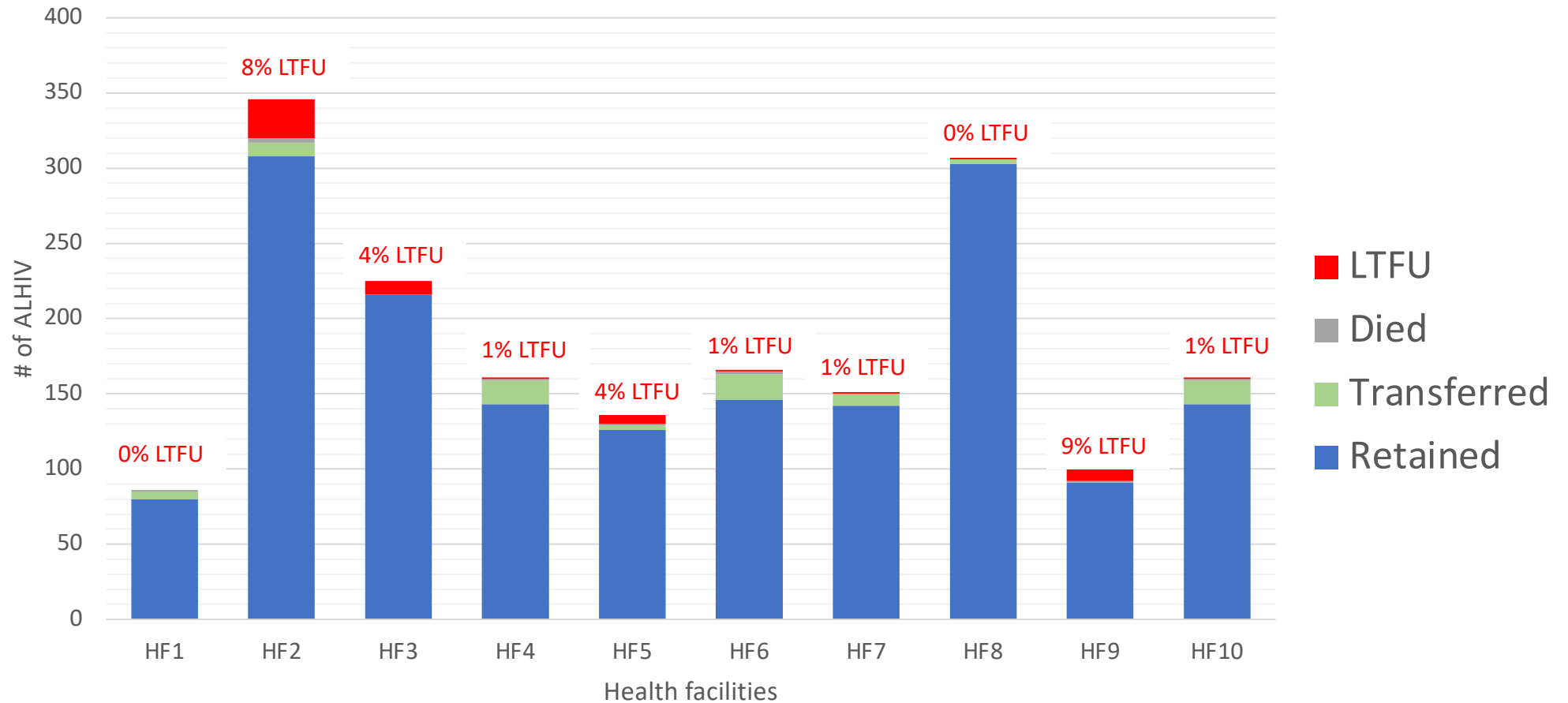
What does the CATS model do to improve retention? – 4

8. Recreational activities to strengthen peer network: sports, music, etc.
9. Virtual support via SMS, text, WhatsApp groups
10. Economic support: savings, market, income-generating

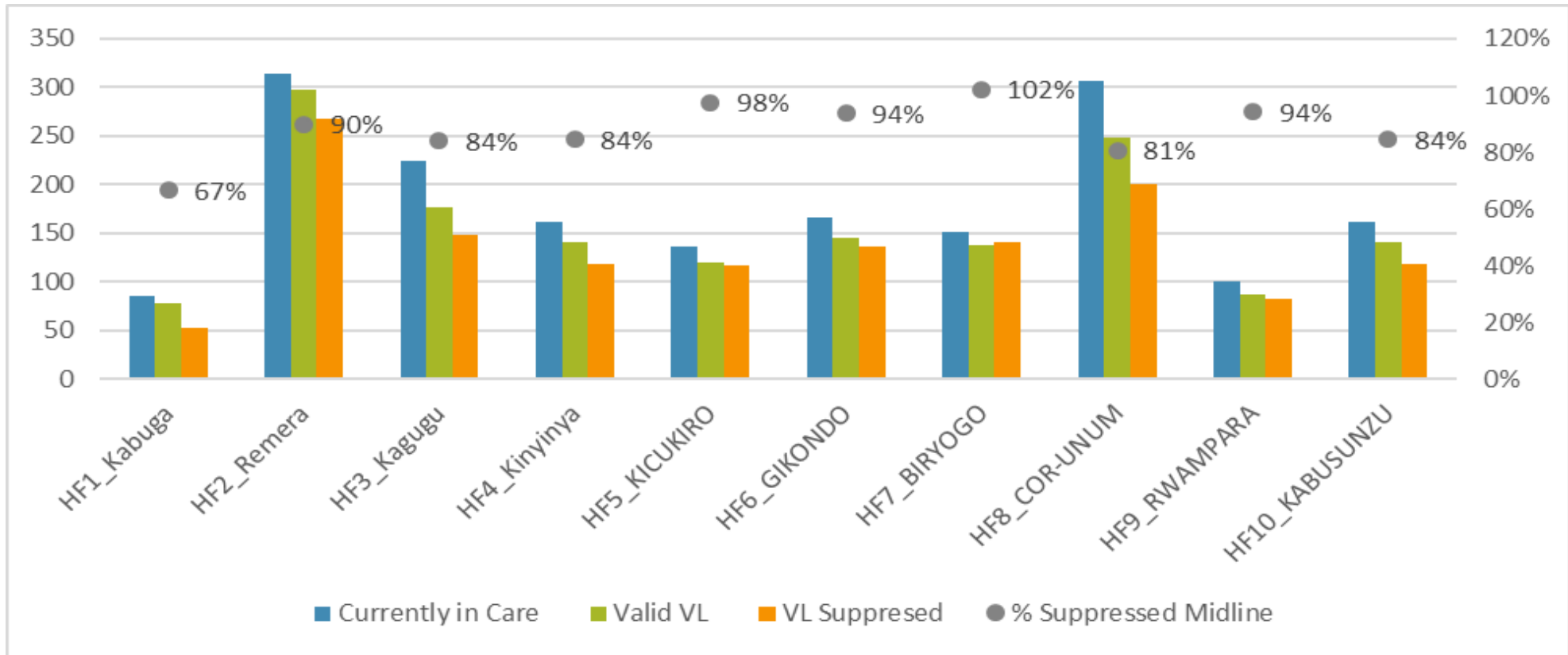


Successful Retention Support: 3% Loss to Follow Up

Retention, Death, Transfers, and LTFU for ALHIV at 10 Health Facilities



Excellent Viral Suppression for ALHIV in Dream Village Program



CATS to adhere well. **88% VL** suppression recorded at Midline (August 2021) compared to **51%** at baseline (Aug 2019)

- Follow ups by CATS facilitated retention in care and improved adherence among CAYPLHIV

Acknowledgements:

1. Rwanda HIV and AIDS national strategic plan 2018-2024
2. Two-year retention in care for adolescents on antiretroviral therapy in Ehlanzeni district, South Africa: a baseline cohort analysis (Emeka F. Okonji, Brian Van Wyk & Ferdinand C. Mukumbang 2021).
3. Recent Interventions to Improve Retention in HIV Care and Adherence to Antiretroviral Treatment Among Adolescents and Youth: A Systematic Review . Marisa Casale, Anna Carlqvist .
4. Dream CATS Guide, CATS delivery Manual
5. Dream village mentorship evaluation reports (2019- 2021)
6. Global standards for Quality health care services for Adolescents, volume 1, standards and Criteria (WHO, UNAIDS)
7. Improving retention in HIV care among adolescents and adults in low- and middle-income countries: A systematic review of the literature . (Kate R. Murray, Lisa S. Dulli, Kathleen Ridgeway, Leila Dal Santo, Danielle Darrow de Mora, Patrick Olsen, Hannah Silverstein, Donna R. McCarraher)

Thank you!

