

Appendix I: Further details on adolescent specific services provided at Mpilo OI ART clinic

Training

Training for healthcare staff at Mpilo OI ART clinic focussed on improving the quality of care and sensitising staff regarding adolescent specific needs, including reproductive health.

Focus group discussions were held with staff to ascertain their knowledge, attitude and practice regarding the HIV status and AIDS; with efforts made to address any underlying stigmatising behaviours or attitudes that were identified.

Adolescents themselves were given training in reproductive health, teen leadership and literary skills. They also selected their own peers to be mentors in their programme.

Activities targeted at adolescents

Adolescents were divided into sub groups for the purpose of assigning them to relevant activities. The 10-15 year olds activities focussed on strengthening independence; including group of activities at weekends. Issues addressed included tactics to deal with social problems encountered at school and information relating to available support for items such as school fees or family support.

Additionally, life skill training programmes for adolescent head of households, such as dealing with utility bills, was incorporated from 2009.

Those aged 15 and over were involved in meetings to help determine how care should be delivered and were also provided with training to allow them to act as peer educators and peer counsellors.

Activities outside of the clinic were also arranged. These included youth club meetings and overnight camps focussing on trust and team building. Saturday debates on disclosure, adherence, condom use and nurturing talents were also held.

Tracing

Volunteers were trained in defaulter tracing which aimed to bring defaulters back into care with those who carried out this work receiving incentives from a partner organisation.

Counselling

Much counselling support utilised the concept of the “expert patient” employing a focal adolescent counsellor, providing a familiar trusted presence. Family members were also utilised as counsellors, focussing on the promotion of family cooperation in helping adolescents maintain good drug adherence.

In collaboration with the Information Education and Communication (IEC) department of MSF, slogans/themes such as “An HIV free generation is my responsibility” and “I am a champion” were utilised with the goal of building adolescent’s self-esteem.

Appendix 2: Comparison of outcomes for individuals with and without CD4 data at the time of ART initiation, as well as at 6 and 12 months post initiation, stratified by whether adult or adolescent at time of initiation. *

	At initiation		6 months		12 months	
	CD4 data available	No CD 4 data	CD4 data available	No CD 4 data	CD4 data available	No CD 4 data
Adults						
Rate of death, per 100 person years (95% CI)	2.5 (2.1-2.9)	3.0 (2.7-3.3)	1.4 (1.1-1.8)	0.8 (0.7-1.1)	0.7 (0.4-1.3)	0.6 (0.5-0.8)
Rate of LTFU per 100 person years (95% CI)	8.0 (7.3-8.6)	10.0 (9.4-10.5)	4.0 (3.4-4.6)	6.5 (6.0-7.0)	4.3 (3.2-5.4)	4.2 (3.8-4.7)
Adolescents						
Rate of death, per 100 person years (95% CI)	3.7 (2.9-4.8)	3.9 (3.1-4.9)	1.2 (0.6-2.2)	1.9 (1.4-2.5)	0.9 (0.4-2.2)	1.3 (0.9-1.9)
Rate of LTFU per 100 person years (95% CI)	4.3 (3.4-5.4)	5.4 (4.4-6.6)	2.4 (1.6-3.8)	2.9 (2.3-3.7)	2.0 (1.1-3.7)	2.6 (2.0-3.6)

*At each time point of interest only those who are not by that time dead, transferred or lost to follow up are included