Health providers as advocates in HIV/SRHR service access for adolescents and young people

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• ADOLESCENTS ARE THE ONLY AGE GROUP FOR WHOM AIDS-RELATED DEATHS ARE INCREASING

• HEALTH PROVIDERS ARE AT THE FRONTLINE OF THE HIV RESPONSE
  ➢ They witness HIV/SRHR service access success and failures
  ➢ They confront and overcome real-world barriers

• GIVEN THIS, THEY COULD THEN BE SEEN AS AND ACT AS SERVICE DELIVERY ADVOCATES
To understand health provider perspectives and experiences of power to influence adolescent HIV/SRHR programmes and services
• Cross sectional surveys in English, French and Swahili

• 33 health providers from Cameroon, Eswatini, Ethiopia, Malawi, Kenya, South Africa, Tanzania, Uganda, Zambia, Zimbabwe

• Descriptive statistics used to analyse quantitative data

• Thematic coding used to identify central themes where respondents provided qualitative data
Health provider break down

Mean age of 40 years (range: 20-55 years)

- Male: 85%
- Female: 15%

- Doctor: 55%
- Nurse: 32%
- Counselor: 13%
- Other: 23%
Perceived level of influence on adolescent HIV/SRHR services

- **Major influence**: 75%
- **A fair amount of influence**: 22%
- **A small bit of influence**: 3%

n=32
Highlighting challenges and recommendations for adolescent HIV/ SRHR service quality improvement

n=33

67% Most of the time
24% Some of the time
9% Seldom
Health provider advocacy resulting in adolescent HIV/ SRHR service quality improvement

- Most of the time: 42%
- Some of the time: 35%
- Seldom: 23%

n=31
Self-reported quality improvement resulting from health provider advocacy

- Referrals documentation: 3%
- Appointment tracking: 3%
- Peer support groups: 6%
- Adolescent-friendly health providers: 6%
- Dedicated adolescent space: 9%
- Integrated HIV-SRHR services: 18%
- Dedicated adolescent hours: 27%
- Peer supporters and peer-led services: 27%
Health provider advocacy activities

- Representing AYPLHIV and/or their voices on different facility platforms
  7/31 (23%)

- Reinforcing the provision of differentiated services to AYPLHIV clients based on what they want and need
  13/31 (42%)

- Supporting AYPLHIV empowerment and growth
  11/31 (35%)
• Health provider advocacy has the potential to drive change on the frontlines of service delivery

• Small quality improvements collectively improve and influence the ways in which AYPLHIV receive and experience services

• Health providers should be supported to use their experience to proactively raise issues, provide feedback, challenge existing practice and drive service delivery improvements
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Learn more about PATA programmes and the PATA 2018 Youth Summit at www.teampata.org