

ADVOCATES IN ACTION!

Peer supporters driving change on the frontlines of service delivery



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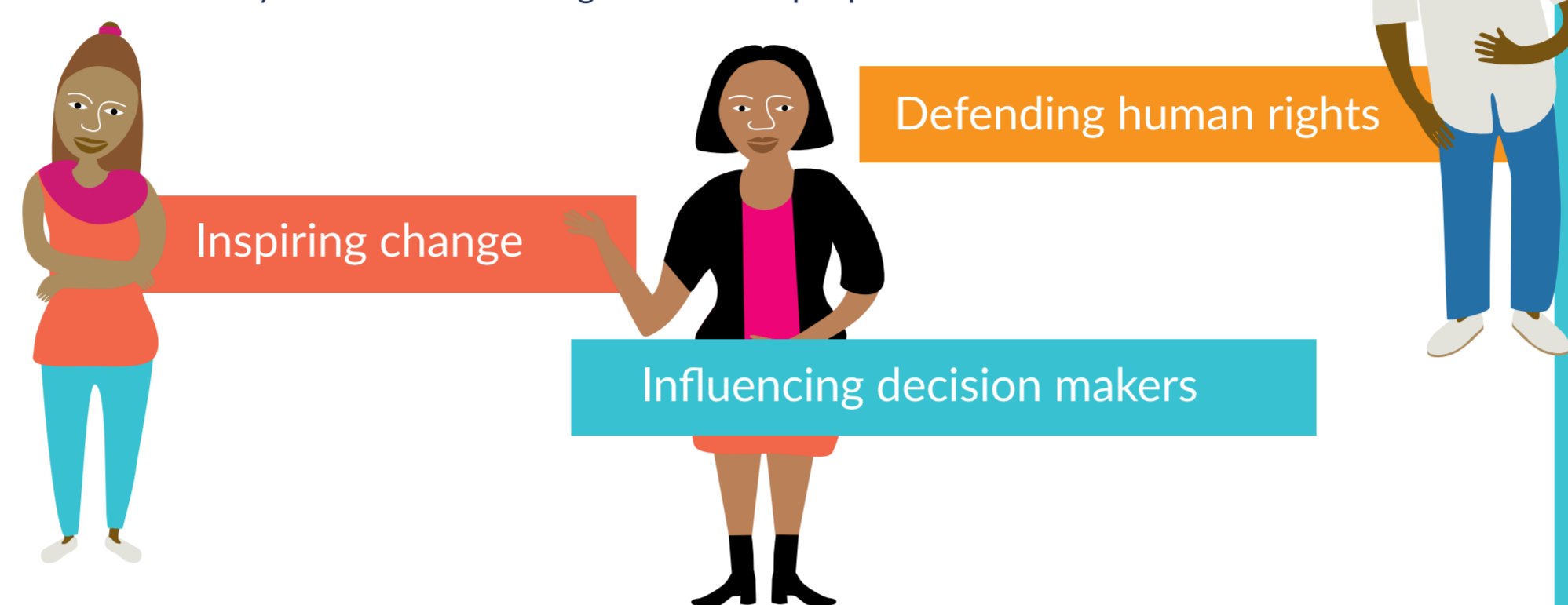
BACKGROUND

Adolescents are the only age group for whom AIDS-related deaths are increasing. Engaging young people living with HIV (YPLHIV) as peer supporters has shown to improve facility-level health outcomes and viral suppression through improved linkage, adherence, retention and psychosocial support.

However, the potential power of young peer supporters to act as **drivers of change and influence service delivery** has not been explored.

ADVOCACY IN ACTION

Advocacy means different things to different people.



Here is one helpful definition provided by the International Planned Parenthood Federation (IPPF):

"Advocacy means identifying and calling for change. Advocacy calls for changes in laws, policies, practices and structures in order to improve people's lives."

Advocacy is not just about raising awareness of an issue, it is about trying to seek change in the policies, practices, systems, structures, decisions and attitudes that cause discrimination, exclusion or injustice.

Top tips for YPLHIV advocates, from the Y+ advocacy toolkit

RESULTS

Respondents were **60% female**, with a mean age of **22 years**.

Almost all (**98%**) peer supporters considered themselves advocates.

Advocacy activities included:

Community outreach and awareness-raising

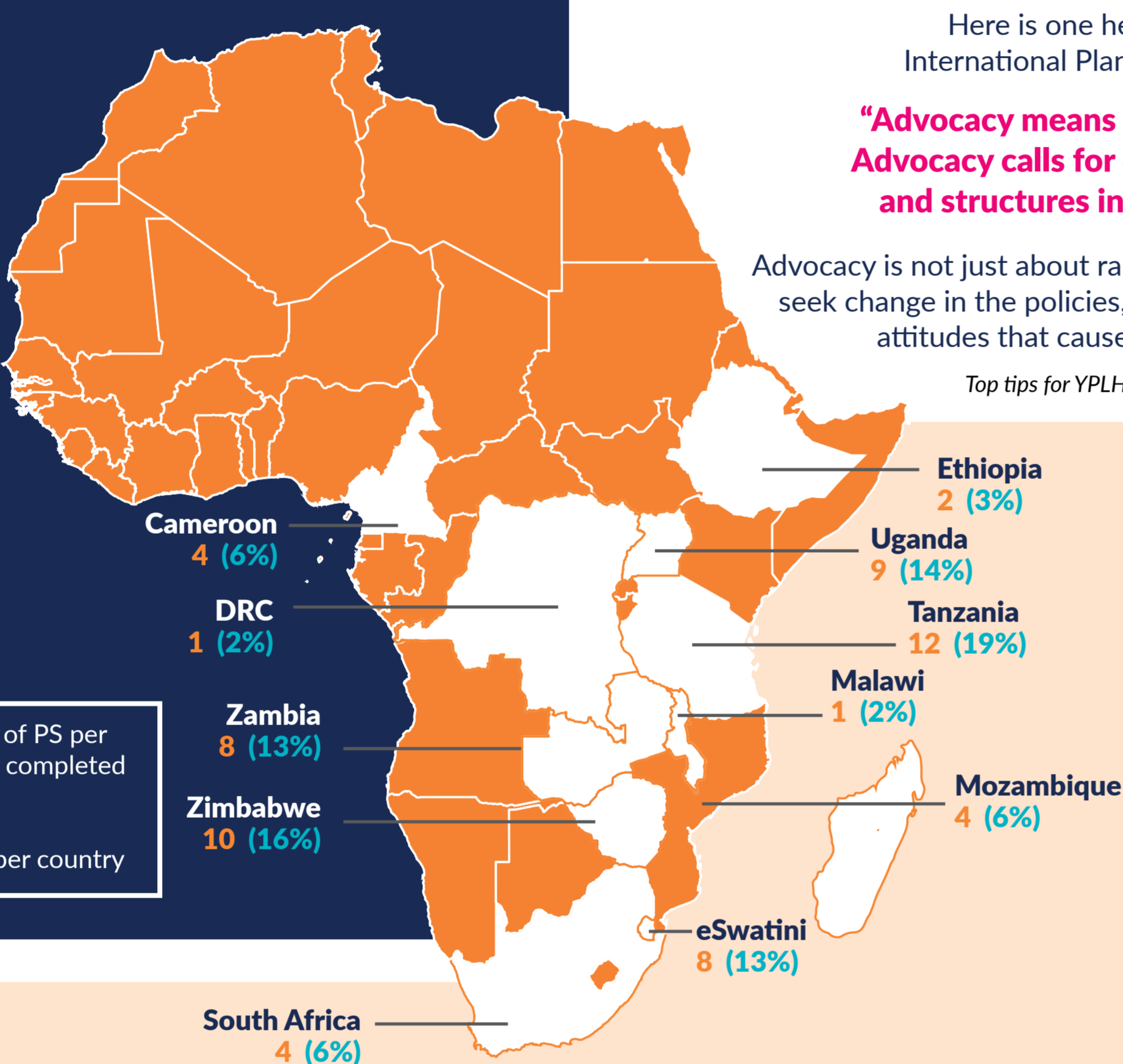


Peer representation on various platforms

Providing **peer-to-peer education and support**

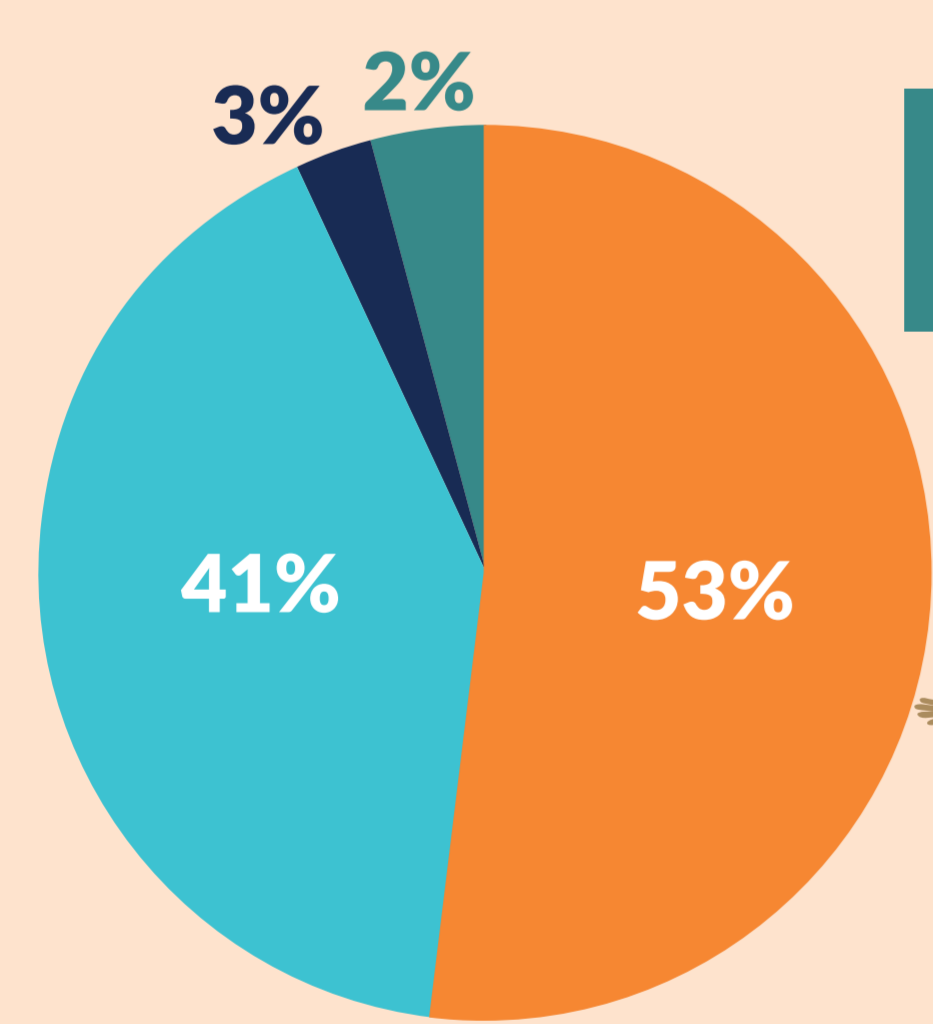
METHODS

In 2018, Paediatric-Adolescent Treatment Africa (PATA) conducted a cross-sectional semi-structured survey with **63 YPLHIV engaged as peer supporters** in 49 health facilities across 11 sub-Saharan African countries. Surveys aimed to **better understand young peer supporters' perspectives and experience of having power to influence and change adolescent programmes and policies that affect them**. Univariate statistics and thematic coding were used to analyse quantitative and qualitative data.



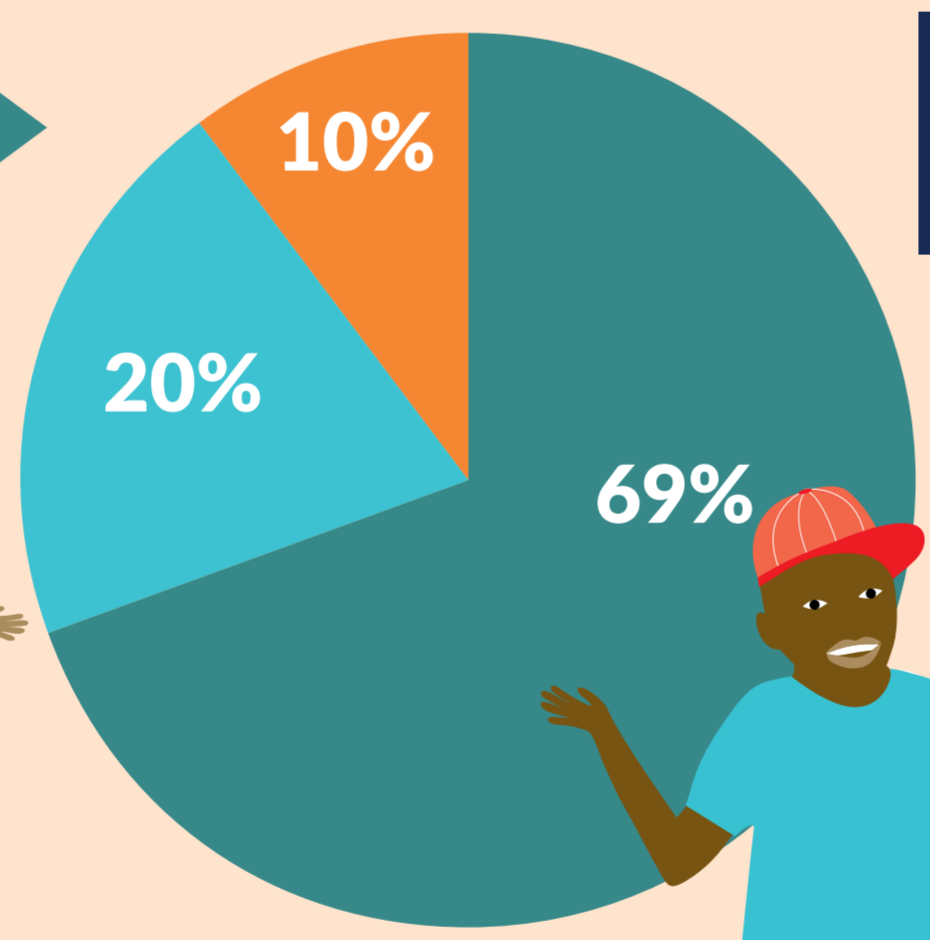
Central/ West Africa **8%**
East Africa **37%**
Southern Africa **56%**

1 How much influence do you have to improve adolescent and youth HIV care at your health facility?



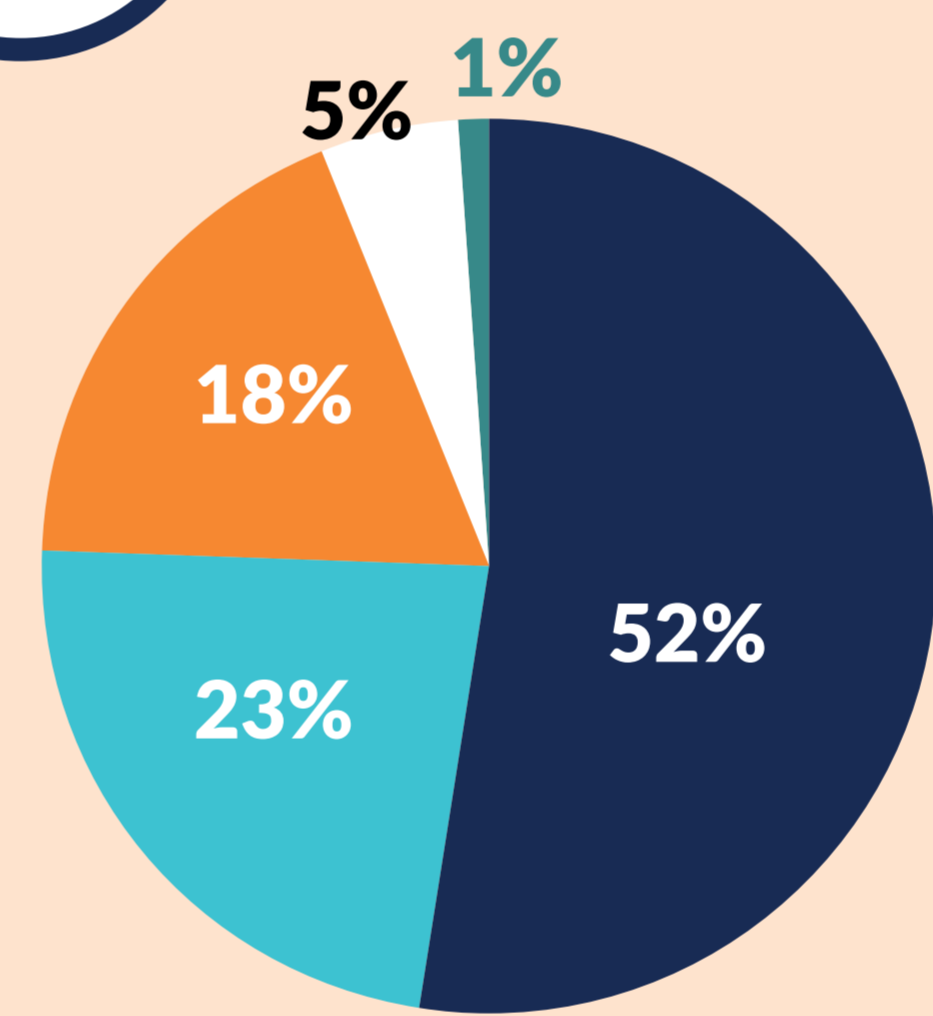
Major influence **31**
A fair amount of influence: **24**
A small bit of influence: **2**
No influence: **1**
Total: **58**

2 How often do you tell your supervisor or HCW colleagues about challenges your adolescent and youth peers are facing, or make recommendations to improve AFHS at your HF?



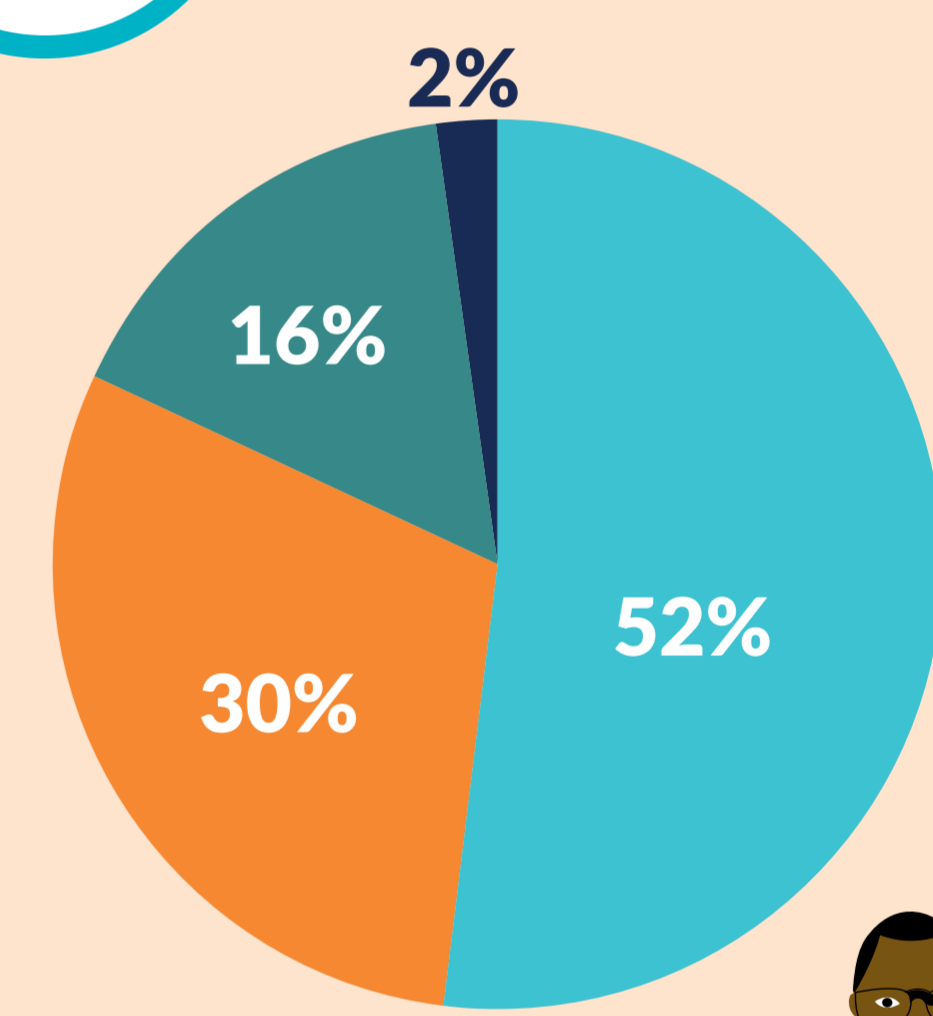
Frequently **41**
Quite often **12**
Sometimes **6**
Never **0**
Total: **59**

3 How do you tell your supervisor or health provider colleagues about challenges or make recommendations?



One-on-one meetings: **38**
Staff/ case meetings: **17**
Suggestion box: **13**
Indirectly: **4**
Other: **1**
Total: **73**

4 How often does this lead to improvement at your health facility?



Frequently: **32**
Quite often: **18**
Sometimes: **10**
Never: **1**
Total: **61**

Peer supporters generally engage directly and in-person with their supervisor or colleagues when discussing challenges and recommendations

Most peer supporters (82%) reported that making recommendations and discussing challenges leads to service improvement.

CONCLUSIONS

Findings suggest that peer supporters understand themselves to be agents of change beyond their better-understood role of task-shifting and supporting service delivery. Young peer supporters report being advocates for their peers, and frequently leverage their experience to proactively raise issues, challenge existing practice, provide feedback and make recommendations.

GOING FORWARD

Peer supporters are well-placed to mobilise and facilitate patient, health provider and facility-level advocacy. With linkage to peer-led networks and community structures, peer supporters can participate in broader health system advocacy.

For peer supporters, advocacy training should be integrated into peer support curricula to build skills and capacity to successfully effect change. Additionally, and as important, health facility staff should be orientated toward receiving feedback from peer supporters, with facilities establishing mechanisms for intergenerational dialogue between service users and providers to leverage this advocacy potential.



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