



Safeguarding Youth through Comprehensive Service and Rights-Based Model An overview of READY

Date: 06 November 2024

Luann Hatane, PATA



READY



RESILIENT & EMPOWERED
ADOLESCENTS & YOUNG PEOPLE



READY + Theory of Change

GOAL: Adolescents and young people living with or most affected by HIV, especially those who are most vulnerable, are resilient, empowered and knowledgeable, have bodily autonomy and the freedom and agency to realise their sexual and reproductive health and rights.

Resilient and Empowered AYPLHIV

Resilient and empowered AYPLHIV have **increased knowledge and agency** to make healthy and informed choices about their bodies and their lives.

 **Safe and Supportive Communities**

Safe and supportive communities advance gender equality, including the sexual and reproductive health and rights and well-being of AYPLHIV.

 **Integrated HIV/SRH/mental health services**

Increased access to, and use of, high quality, integrated and comprehensive HIV, SRHR and mental health and well-being services by AYPLHIV, that are responsive to their specific needs.

Greater accountability of policymakers

Greater accountability of policymakers to enhancing gender equality and protecting, promoting and fulfilling the sexual and reproductive health and rights of AYPLHIV.

Improved skills and employability options

Resilient and empowered AYPLHIV, especially those who are the most vulnerable, have improved skills and employability options to earn a livelihood

Target Population: Adolescent and Young People (aged 10 – 29) living with HIV/AIDS (AYPLHIV).

Geographical Coverage:

- **Eswatini:** Hhohho, Manzini, Shiselweni and Lubombo;
- **Mozambique:** Maputo City, Maputo, Sofala and Cabo Delgado Provinces;
- **Tanzania:** Dar es Salaam and Kagera;
- **Zimbabwe:** Mashonaland East, Manicaland and Masvingo;
- **Angola:** Luanda and Benguela
- **Malawi:** Blantyre, Lilongwe and Mzuzu

Population: 10 – 29 years old, living with and most affect by HIV

Timeline: Phase I: Oct 2016 – Dec 2020;
Phase II: May 2021 – December 2026

Scale: Phase II aims to reach over 35,000 adolescents and young people living with HIV with multi-layered interventions

Target: Is to REACH 75 000 AYP/caregivers with direct services

Programme Reach

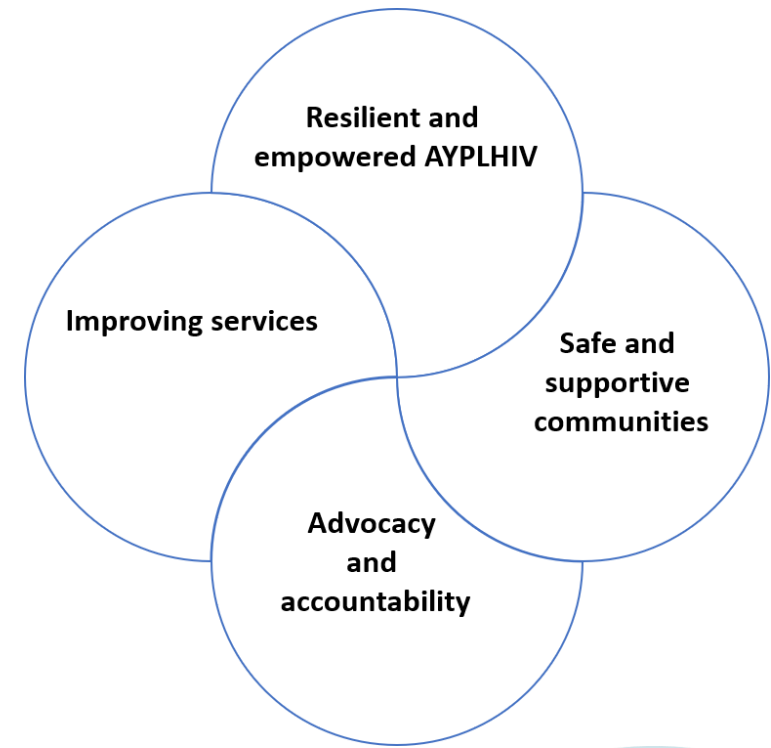
- **31,000** AYPLHIV have been reached with comprehensive, correct information on sexuality, HIV and AIDS, STIs, pregnancy and contraception in five countries.
- A total of **30,000** were reached with peer-led support services through community outreach and **4,490** young mothers living with HIV were supported by young mentor mothers
- **21,491** community members participated in community and school dialogues with **8,053** parents /caregivers were sensitised and supported on parent-child communication.
- **270** health service providers have been trained on integrating HIV, SRH – adol friendly/stigma free service delivery and mental health for AYPLHIV. **40+** health facilities have active Quality Improvement Plans (QIPs) being implemented with increased service satisfaction rates reported.
- **121** health youth champions were supported and trained to advocate for issues, service delivery improvements and stronger policies for AYPLHIV.
- Over **70** coordination meetings with the Ministries of Health representatives have been conducted over the past three years.
- **67** Internal Savings and Lending schemes (ISALs) with **US\$6,000+** in savings and **20** youth led businesses established.
- Social return on investments study shows good investment: for every dollar invested, US\$1.81 of social value was generated
- Three countries Zimbabwe, Tanzania, and Eswatini have achieved viral suppression of **90%** and above.

How are we doing it?

At the heart of READY+ is a **youth-centred implementation model**. Adolescents and young people living with or most affected by HIV are identified and trained as **peer supporters and young advocates** who support and drive the programme at **individual, community, health facility and government/policy levels**.

To be successful **the model must be delivered at four different levels** targeting the AYPLHIV by themselves, the **communities in which they live, health service providers** and the broader government and policy environment. Importantly, **interventions and achievements at one level complement and strengthen efforts at others**: READY+ is built on a complex system of relationships between the work done at different levels by diverse actors.

The fifth level, on **income generation and livelihood skills**, complements the other levels and serves as the exit strategy catering for 24+ and up.



PATA / REPSSI technical support area – service improvement


This core component focuses on **increased access to, and use of, high quality, integrated and comprehensive HIV, SRHR and mental health and well-being services by AYPLHIV, that are responsive to their specific needs.** To achieve suppressed viral loads, positive social and mental wellbeing for AYPLHIV, and improved satisfaction with the quality, responsiveness, appropriateness and respectfulness of SRHR and HIV services used by AYPLHIV, READY+:

- **Identifies government health facilities** that serve a sizable adolescent population, actively engage in providing integrated HIV-SRHR services, and commit to the principles of a youth-led programme.
- **Engages with health facility management** to ensure their commitment to READY+.
- **Identifies, trains and empowers health providers** to understand the nexus of HIV, SRHR, gender inequality, mental health and well-being, and the need to address these jointly by providing SRHR services that are relevant and friendly to young people in all their diversity.
- Places a **particular emphasis on HIV prevention** services for AYPLHIV.
- Supports, trains and mentors health providers to implement **Quality Improvement Plans**, undertake case reviews etc
- Empowers AYPLHIV to monitor and support the delivery of health services using the **READY To Care Scorecards**.
- Meets with government ministries to discuss service improvements.

Outcome Indicators of Progress	Country	Realised 2023	Target 2021-2026	Overall Reach 2021-2026
3c) Percentage and number of AYPLHIV (including young mothers) who have suppressed viral loads at the end of the reporting period.	Angola	73%	95%	73%
	Mozambique	86%	95%	86%
	Eswatini	90%	95%	90%
	Tanzania	94%	95%	94%
	Zimbabwe	93%	95%	93%
TOTAL			95%	




What does an integrated comprehensive package of care look like?



SRHR and HIV prevention

- HIV testing and counselling
- Condoms and negotiation skills
- Contraception
- STI screening and treatment
- Harm reduction services
- Antenatal care, safe delivery and postnatal care
- Cervical and breast cancer screening
- Post violence care, including post exposure prophylaxis
- Safe abortion and post-abortion care
- PrEP



HIV and other treatment

- ART
- Viral load and CD4 monitoring
- Adherence support
- Managing side effects
- Prevention of vertical transmission services
- OI screening and treatment
- Hep B screening and vaccination
- Hep C screening and treatment



Care and support

- Psychosocial support
- Mental health screening and management
- Disclosure support
- Support groups and networks of adolescents living with HIV
- Shelter and nutritional support
- Life skills development, vocational training and education
- Legal information and services
- Violence prevention and support
- Support for caregivers

SRHR and HIV are closely linked

- *Both are often about sex*
- *Pregnancy, childbirth and breastfeeding are life events when women need particular support for both SRHR and HIV*
- *Many people acquire HIV or have experiences of sexual and reproductive challenges (e.g. STIs, unplanned pregnancies) because of the same reasons: poverty, violence, stigma, poor access to services etc*

So working on both together makes sense

Why is integration a no brainer?

- It will save adolescents and young people time – won't need multiple appointments
- Makes life easier – don't have to navigate complex health systems
- Young people have limited resources – don't have to keep going to different places, long distances to reach services
- Reduce stigma, discrimination and gender-based violence
- We can better meet the diverse and evolving needs of adolescents and young people in all their diversity!
- Also: better use of scarce human resources – and whilst may be difficult to implement initially, in the long term offer improved efficiencies.

As healthcare providers we will need to:

- Improve access to, and use of high-quality, welcoming and comprehensive SRHR and HIV services
- Extend scope of work through training to enable shared tasks and roles
- Try different service delivery models to expand access to services and reach communities of young people where they are
- Establish clear mechanisms and pathways of linkages and referrals
- Address our own internalised / or socialised stigma and beliefs about young people, and their right to bodily autonomy, choice and self care options
- Address social norms, cultural practices and beliefs in our communities – such as harmful social and gender norms – that can either hinder or help us to enjoy good SRHR and services that are friendly, stigma free and person-centred

Why the scorecard?

Community-led monitoring: integrated within a peer-led model

To understand the level of satisfaction of AYP in service provision

To support health facilities to provide service that meet AYP needs

To initiate a constant communication between AYP and health providers

To transform health facilities to be the best places for AYP

- ❖ Client satisfaction tool designed for **ALL** adolescent & young people (AYP) aged 10-24 yrs, accessing HIV/SRH services at the facility.
- ❖ A self-reported and anonymous tool, completed voluntarily, by adolescents and young people.
- ❖ Initially developed by AYP living with HIV and termed 'the READY to Care Scorecard'.
- ❖ Administered in health facilities that are dedicated to ensuring that young people feel comfortable and well cared for.
- ❖ Health providers & peer supporters are responsible for encouraging and providing instructions to AYP (and care givers on the use of the scorecard
- ❖ Partnership between health providers (clinical staff & peer supporters) & AYP accessing services.



Scorecard results per thematic area

Thematic Area	Eswatini	Mozambique	Tanzania	Zimbabwe	Overall
Overall experience/satisfaction	85%	81%	82%	89%	84%
Health facility infrastructure and services	76%	79%	82%	81%	79%
Interpersonal manner of health providers	83%	83%	83%	93%	85%
Technical quality or staff competence	94%	85%	82%	89%	87%
Privacy, confidentiality, convenience & accessibility	87%	79%	81%	93%	85%

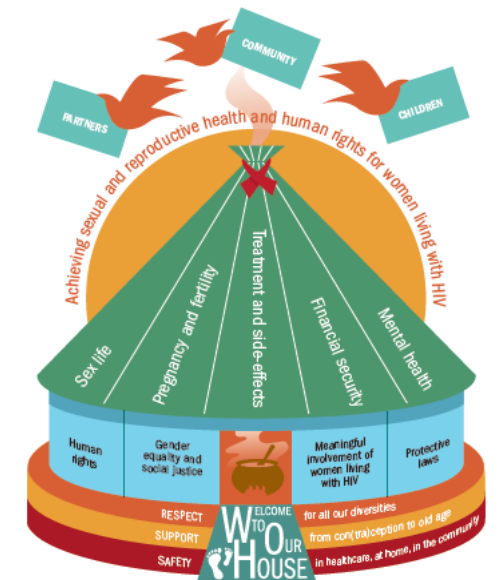
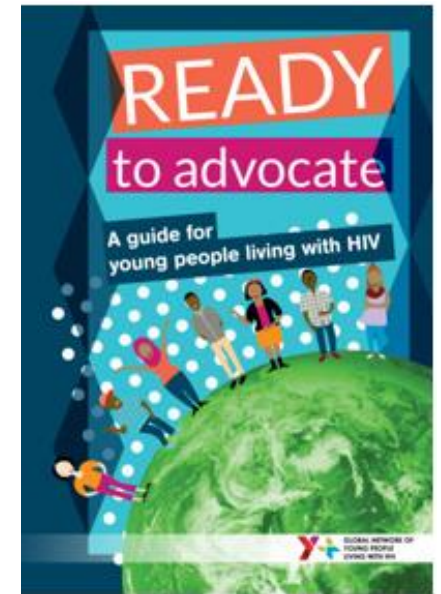
Excellent	90% and Above
Good - but needs improvement	75 to 89%
Poor - needs improvement	<75

By clinic – can track change over time

Country	Eswatini			
Facility	Mafutseni Clinic			
Age	10-14 years: 16.7%	15-19 years: 41.7%		
Gender	Male: 50.0%	Female: 50.0%		
Overall number of responses	Facility: 12			
Overall scores	98%	Country: 92		
Scores per variable:	Facility (2023)	Facility (2024)	Year on Year Progress	
Health providers greet me with a SMILE	77%	98%	↑	27%
Health providers show me that they believe I can live a full & happy life, have healthy relationships, & have a family of my own	86%	100%	↑	16%
Health providers listen to my questions without judgement	95%	100%	↑	5%
Health providers provide me with answers that are positive & give me hope	93%	100%	↑	8%
Even when health providers are busy, they give me time to talk	75%	100%	↑	33%

What can we do differently - advocacy

- We need coordinated responses between relevant ministries charged with care of adolescents and young people living with HIV (e.g. MoE, MoH, Social Services)
- Support, implement and integrate HIV, SRH and peer led service delivery
- Access trainings/updates (www.patahub.org) and toolkit.srhhivlinkages.org
- Support leadership of young people living with and most affected by HIV – they can help you innovate and prioritise!
Youth consultations – what do young people need and want?
- Advocate for policies and guidelines that push for integration, gender equality and human rights
- Advocate for health spending on integrated SRHR and HIV services



Leave nobody behind: AYP most marginalised

- We need to make services work and attractive to those least likely to access services
- Adolescents and young people who are selling sex, using drugs, identify as lesbian, gay, bisexual or transgender may:
 - Be subject to violence and exploitation
 - Have been rejected from home or society
 - Experience barriers to accessing services related to the local legal context
 - Experience self-stigma and associated mental health difficulties
 - Have overlapping complex vulnerabilities that require urgent attention

It is crucial we are aware of our personal belief systems that may get in the way of providing adolescents and young people with the care they need.

- <https://youtu.be/Sosfrg0cFeY>

Thank you



PATA logo for use if needed

Contact

Your Organisation Name
www.teampata.org
angelita@teampata.org