YOU(TH) CARE

Consolidated results Year 1 (2022)

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ABOUT YOU(TH) CARE

The You(th) Care project (2022-2025) will enable adolescents and young people (aged 10-24), especially girls and other vulnerable adolescents (e.g. living with HIV, out of school and in remote and low-income urban settings), in Kenya, Tanzania and Zambia to advocate for and practice self-care, and have them benefit from a more supportive policy and community environment and a strengthened health system, to maintain their sexual and reproductive health and rights (SRHR) and prevent HIV.

You(th) Care supports youth-led action to promote an enabling legal, political and societal environment for adolescents and young people. This is done by ensuring that duty bearers (e.g. parents, community leaders and health system decision-makers) at legal, political and societal levels adopt and implement laws and policies and promote adolescents and young people as agents to access services and claim their SRHR, including through self-care. Secondly, You(th) Care advances strengthening of public and community health systems, to improve access to and demand for SRHR and services.

You(th) Care targets and approaches

- At an individual level, we empower adolescents and young people, increasing their SRHR and HIV knowledge and their agency to claim their SRHR. 135 adolescents and young people will be trained as advocates.
- In communities, we shift social norms, working with 300 key duty bearers, including parents, community- and religious leaders.
- At the health system level, we improve access to quality community and public SRHR services, by working with 99 public health service providers, 99 community health workers and 330 peer supporters.
- At the policy level, we seek to improve and change policies and laws that have a detrimental impact on SRHR.

As final beneficiaries, 325,000 adolescents and young people will benefit from improved laws and policies and expansion of available family planning, self-care, HIV prevention and treatment services and commodities.

The consortium

The You(th) Care consortium exists of 11 consortium partners in year 1.

- Aidsfonds
- Paediatric-Adolescent AIDS Treatment for Africa (PATA)
- The AIDS and Rights Alliance for Southern Africa (ARASA)
- Y+ Global

For Kenya

- Ambassador for Youth and Adolescent Reproductive Health Programme (AYARHEP)
- Women Fighting AIDS in Kenya (WOFAK)
- Network for Adolescent and Youth of Africa (NAYA)

For Tanzania

- Children's Dignity Forum (CDF)
- The Network of Young People Living with HIV and AIDS in Tanzania (NYP+)

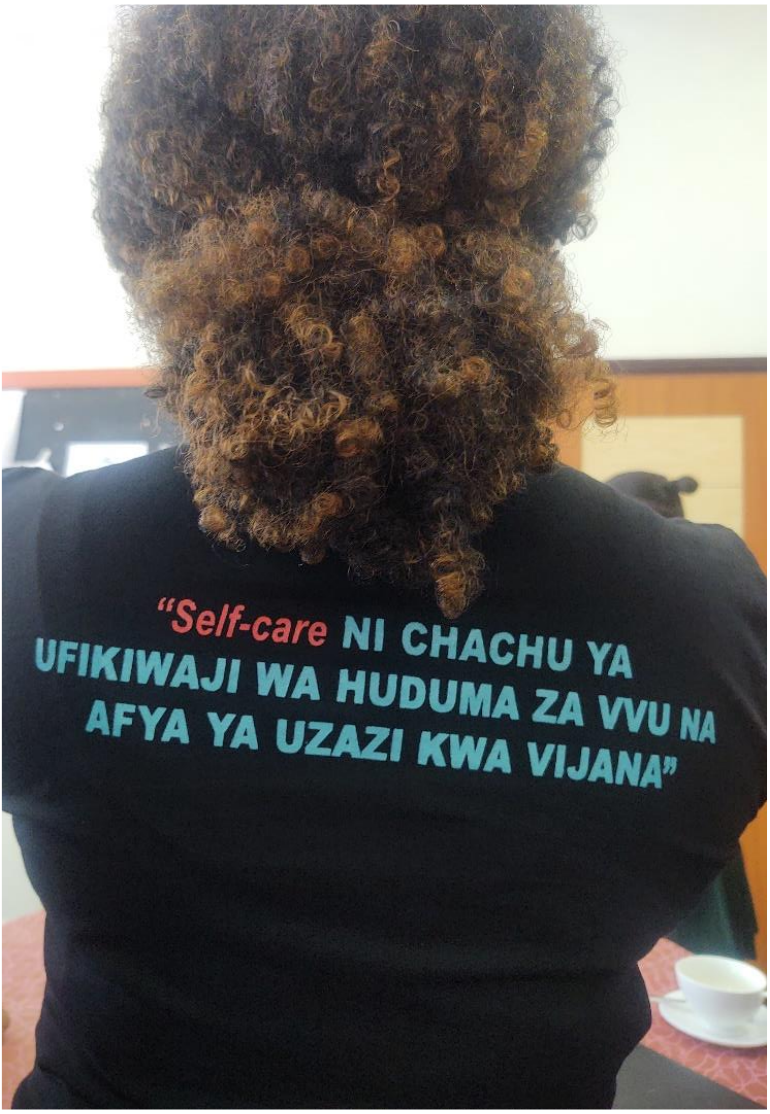
For Zambia

- Copper Rose Zambia (CRZ)
- Zambia Network of Young People Living with HIV (ZNYP+)

Self-care

You(th) Care is centered around self-care. Self-care enables young people to take power over their own health, by choosing products and HIV/SRHR (digital) services they want, whenever they want it, wherever they want it.

Self-care is powerful for young people and a crucial step to achieve Universal Health Coverage. Especially for adolescent girls and young women, who face challenges in accessing health services, because of poverty, distance, lack of privacy and fear of stigma. Self-care increases young people's autonomy and agency over their health, and enables them to access services, when, where and how they need them.



YEAR 1 IN NUMBERS

Pathway 1: Duty bearers and decision-makers improve, resource and implement laws and policies that respect, promote and realise adolescents' SRHR and HIV self-care needs.

Indicators	*Numbers*
Adolescents and young people trained in advocacy	113
Adolescents and young people participating in advocacy actions and decision making processes that express their voice for change	84
Adolescents and young people reached through social and behavioural change communication (SBCC)	34874
Decision makers and duty bearers trained as champions of change	64
Duty bearers reached through online and offline campaigns	11841
Journalists trained on SRHR including HIV	36
Media reports/ human interest stories/ features published in daily media referring to You(th) Care intervention focus	38

Pathway 2: Adolescents and young people, specifically girls and those who are vulnerable, have increased access to quality SRHR and HIV community and public services, including access to self-care services and commodities.

Indicators	*Numbers*
Health facilities assessed by score cards	31
Scorecards completed by unique AYPLHIV in those facilities	1191
Public health service providers trained to deliver quality psychosocial care and support	113
community health workers trained to deliver quality psychosocial care and support	99
Peer supporters trained	169

YEAR 1

Context

You(th) Care's first year had comprised several dynamics within countries of implementation. Key changes in the political and country context in 2022 are summarized below.

Kenya

In Kenya, the government launched new HIV Treatment and Prevention Guidelines in 2022, including the approval of the use of Dapivirine Ring as an HIV prevention method. Additionally, the government has rolled out Gender-Based Violence courts and launched a National Reproductive Health Policy 2022-2032 and an Understanding Adolescents Toolkit 2022. The Ministry of Health is reviewing the National Adolescent Sexual and Reproductive Health Policy 2015, and the Children's Act 2022 provides opportunities for collaboration with county stakeholders. However, economic recession and inflation have led to increased costs, affecting activities and the welfare of advocates, peer supporters, and communities. Furthermore, the National General Elections in Kenya resulted in a new government, so efforts are needed to establish relationships with the new leaders and gain their support for HIV and SRHR programs.

Tanzania

In Tanzania, the national AIDS control program has set priorities on HIV/SRHR integration, and the government has launched the Tanzania HIV and AIDS Impact Survey and the fifth Multisectoral National Strategic Framework for HIV and AIDS. It is expected that the survey will provide data to help better understand Tanzania's progress in reaching the 95-95-95 targets and guide efforts to reaching those most vulnerable to HIV and AIDS. The goal of the fifth Multisectoral National Strategic Framework is to achieve zero new infections, discrimination, and AIDS-related deaths by 2026 while improving access to testing and treatment and reducing stigma. The Ministry of Health is developing new guidelines to promote access to youth friendly SRHR services, including HIV along with reaching young people especially in Higher Learning Institutions.

Zambia

Zambia has made progress in promoting SRHR, HIV, and AIDS services for adolescents and young people. Efforts include that the national Assembly of Zambia (NAZ) completed phase II of SRHR, HIV and AIDS governance project with SADCPF and the Swedish Embassy. Furthermore, there is a new national health strategic plan which involved stakeholders including young people and civic society. Another progress is that the president of Zambia signed the Children's Code Act, making child marriage illegal. Additionally, there is the approval of an SRHR Caucus that strengthens policy engagement in support of SRHR improved outcomes. Introduction of free education for public schools has contributed to increasing enrolment of adolescents, where they will likely access comprehensive sexuality education which has been recently integrated in various subjects in schools. In July 2022 the health sector saw the recruitment of 11,276 health workers to improve services in the health sector and the development of a five-year strategic plan for adolescents has helped stakeholders identify areas of improvement and collaboration.

SETTING THE BASIS

The baseline for You(th) Care included a survey amongst adolescents and young people on their understanding of self-care, scorecards, advocacy gaps mapping, KAP surveys and a policy analysis. In this report we describe the baseline survey, the scorecards and the advocacy gaps mapping.

Baseline survey

You(th) Care partners set the basis for the project by conducting a baseline survey among adolescents and young people to determine their understanding of the concept of self-care, self-care interventions and their preferred methods of accessing them. The survey collected data from 461 adolescents and young people from Kenya (191), Tanzania (134) and Zambia (136). The respondents mentioned that self-care involves taking care of oneself physically, emotionally, economically, and socially, and doing things that promote good health, including sexual reproductive health. The most well-known interventions mentioned were male/female condoms and lubricants, HIV self-test, and pregnancy self-test, while the least-known self-care product was the Dapivirine vaginal ring. Respondents preferred accessing self-care interventions at doctor/health clinics and pharmacies, with a low preference for online sources.

According to the respondents, the most mentioned foreseen challenges for practicing self-care were social norms and the unavailability of youth-friendly services. The survey further identified gaps contributing to the unavailability of self-care commodities in health facilities and awareness on how healthcare workers' attitudes affect adolescents' and young people's ability to access self-care commodities and adhere to HIV treatment. Young people in the survey preferred to be reached through health outreaches, community dialogues, and face-to-face interactions, with low preference for social media, television, and radio. The survey recommended creating more awareness to young people especially at age of 14-17 on self-care and interventions. Furthermore, for the youth to call upon their government and actors to improve availability and access to self-care commodities with provision of youth friendly services. The findings were used to inform project activities, priority topics for refresher trainings and additional support for health providers.

Scorecard analysis

1191 adolescents and young people completed scorecards in 31 selected health facilities in Kenya, Tanzania and Zambia. Findings include a lack of resources such as commodities, drugs, and adequate staffing, as well as inadequate infrastructure, poor waste management, and limited access to services for young people. Many facilities are also struggling with language barriers and other communication issues, including a lack of youth-friendly corners and defaulter tracing. In addition, some facilities do not meet the required criteria for privacy and one-stop-shop services for adolescents and young people. The findings from the scorecard data analysis vary between facilities, with some performing well in certain areas and others requiring improvement.

Feedback sessions on the scorecard findings were held between December 2022 and February 2023. In each facility, the sessions were attended by a mixed group of clinicians, peer supporters and adolescents and young people. Health providers acknowledged the findings from the scorecard were a true reflection of HIV/SRHR service provision in the facilities and expressed the value of the scorecard. They gave recommendations on orientation on the scorecard (facility-based orientation), data collection time (extend beyond one month) and to broaden the target group (beyond adolescents and young people living with HIV). Gaps identified by health providers included: inadequate numbers of health providers trained in

HIV/SRHR e.g. family planning, safe abortions and ART management, no clear policies to support safe abortion services for adolescents and young people in the three countries, stock outs of HIV/SRHR self-care commodities and STI screening reagents, community misconception towards the attitude of health providers and the need to strengthen skills of health providers in meaningful engagement of adolescents and young people.

The gaps identified will be included as quality improvement plans (QIPs) in the facilities and findings will also be used to advocate for strengthening quality service provision for HIV/SRHR self-care. The scorecard questionnaire will be updated in year 2 of You(th) Care to make it clearer and more youth friendly.

Advocacy gaps mapping

At the consortium level, ARASA took the lead on conducting a mapping exercise to identify advocacy capacity gaps . The mapping included interviews with implementing and technical partners within the project as well as literature review of relevant resources. The mapping showed that organizations are at distinct stages of growth, and some may need more assistance than others. All partners have good theoretical understanding of advocacy, but the degree of engagement differs per partner. Therefore, the report suggests a tailored approach for supporting partners rather than “one-size fits all.” The mapping documented key issues for advocacy, including unavailability of drugs for opportunistic diseases, insufficient healthcare staff, poor working conditions, and lack of motivations. Moreover, the mapping revealed a need to advocate on the understanding of self-care, particularly at the national level, and broaden it to include more than health facilities. The final remark highlighted by the report is that advocacy needs to be sustained beyond the completion of this project. Results from the mapping informed targeted trainings and technical support.

WHAT MOVED FORWARD

For adolescents & young people

You(th) Care has successfully identified, selected, and trained 113 adolescent advocates who are engaged in advocacy forums with other adolescents and young people, communities and decision makers. A number of key challenges hindering effective practice of self-care have been documented including limited information, unavailability of commodities, customs, and traditions. Advocates were equipped with comprehensive information on HIV/SRHR self-care, sexual and reproductive health (SRH), gender-based violence, substance abuse, counselling, and communication skills, among others. The advocates are working to improve the linkages and referrals of young people at healthcare facilities and in the community, to increase demand for SRH services and self-care.

Advocates have been additionally introduced to the concept of HIV/SRHR self-care and advocacy to enable them to better educate and advocate for self-care in health facilities and communities. ARASA has hosted a training on bodily autonomy and integrity (BAI) with the objective to emphasize the importance of integrating SRHR and BAI.

You(th) Care has further reached over 34,874 adolescents and young people through community outreach, youth-friendly spaces, and HIV support groups, and has introduced self-care interventions while documenting key challenges hindering effective practice of self-care. Additionally, 169 peer supporters have been trained. From the pre- and post-training test, they showed increased understanding of the self-care concepts and access to SRHR services. The peer supporters also created their own WhatsApp group where they continue to discuss different issues on self-care concept. They have developed their action plans on reaching out to their peers with education in self-care and their access to SRHR. In light of peer support, Evalyne, a young woman from the northern region of Tanzania, was convinced to test for HIV by a You(th) Care peer supporter. Eventually she started medication after initially refusing to do so, and now she is stable and grateful for the support she received.

“ARASA’s Bodily Autonomy & Integrity (BAI) training opened my eyes, and now I look at youth and adolescents in a different way. Always with a BAI lens”

Zigdy from Kenya participated in a BAI training and has since then advocated for the integration of SRHR into BAI, and reached out to over 50 adolescents with messages on self-care and BAI and developed proposals and budgets on BAI.

You(th) Care
My health. My responsibility.

For duty bearers

You(th) Care was able to directly reach 41 parents, guardians, teachers, policy makers, community and religious leaders, along with reaching 11,800 duty bearers through media outreach. The involvement of duty bearers is directed towards reducing the stigma associated with adolescents and young people seeking health services, particularly related to SRHR and HIV, allowing more people from these communities to access health services. Reaching duty bearers has been going through several ways of intergenerational dialogues, sensitization, and community mobilization using different platforms from radio to social media, policy dialogues, technical meetings and offline campaigns. The duty bearers who attended the intergenerational dialogues committed to prioritize self-care and SRHR needs of young people, presenting an opportunity for knowledge, skills and information sharing on self-care and SRHR that is key to achieving optimal health. For instance in Kenya, Okiki Amayo health facility has taken deliberate steps in engaging two young peer educators trained by AYARHEP in their health facility management team. This ensures that young people's voices are represented in decision-making processes, allowing them to actively participate in improving their own healthcare.

In Kenya, the integration of sports, particularly basketball, and SRHR has provided a platform for young men to engage with other men on health seeking behaviors, promote positive masculinity, reduce stress and violence at the family level, and access information and services related to SRHR. Moreover, You(th) Care partners' personal communication channels, particularly What's App groups, Facebook and Twitter, have allowed young people to ask personal questions about adherence to SRHR and HIV services, increasing access and engagement with communication channels. This has also attracted local partners for collaboration on online dissemination of SRHR and HIV messages.

Duty bearers who were trained as You(th) Care champions have started working on addressing social norms that impede access to SRHR and HIV services. You(th) Care partners plan to track changes in social norms identified and report positive and negative outcomes to inform future programming. Intergenerational dialogues, along with conducting radio talk shows, have provided an opportunity for duty bearers, including community leaders and health facility in-charges, to prioritize the self-care and SRHR needs of young people. You(th) Care partners also conducted dialogue sessions with chiefs, sub-chiefs, school heads, church leaders, and women group leaders, among others.

Y+ Global recorded and aired five podcast series focusing on self-care and how it intercepts the lives of adolescents and young people. The podcasts were aired on Anchor and Spotify amassing 234 listeners, with one of the listeners commenting, "I love your podcasts. I now know about self-care, and I would like to know more about where to get the services."

Journalists were also involved throughout the Project to develop feature stories on SRHR and HIV, which were published in national newspapers and reached a wide audience. 36 journalists from different media houses participated in training workshops. They committed to collaborate with You(th) Care in developing SRHR feature stories, verifying data and policies, and utilizing experts and spokespersons availed by the You(th) Care partners for stories that focus on HIV/SRHR. The Project published 38 media reports, human interest stories, features on TV, Radio and prints that refer to You(th) Care interventions. In Tanzania and Kenya, some journalists have already published stories based on the discussions in the workshops, which contributed to a positive national dialogue on SRHR. Community stakeholders including societal actors and young people, engaged in a joint intergenerational dialogue allowing for knowledge and information sharing on self-care and SRHR.

For health systems

You(th) Care contributed to promoting self-care and SRH services at the system, policy and national levels in Kenya, Tanzania and Zambia. 31 Project facilities were identified and meetings with facility management and government officials in the project districts/counties have resulted in support for You(th) Care-related project activities across the 3 countries.With an aim of improving quality of service, You(th) Care provided training for 113 public health service providers in the 31 facilities to deliver quality care and support. Ahead of the training, a training package was developed, including a new HIV/SRHR self-care module.

Recommendations from the trainings included: Further training is required on health provider advocacy and on SRHR self-care; the HIV/SRHR self-care component should include an educational/demonstration package; future (refresher) trainings should be conducted on site at facilities. Furthermore, the project conducted training for 99 community health workers (CHWs), who then conducted quarterly clinic community forums to reach adolescents and young people with correct information about their health, develop health-seeking behavior, and promote self-care. CHWs were also trained in HIV/SRHR self-care concepts and advocacy for self-care commodities in their communities. The role of CHWs also enhanced the involvement of

adolescents and young people to participate in assessing quality of services within health facilities, as 1191 scorecards were completed by adolescents and young people in the targeted facilities.

"At first it was strange to see a young person in our facility work-plan development session full of providers" Said Chileshe, a nurse at Luangwa Clinic. After learning on meaningful youth involvement in service provision from the health provider training, Luangwa Clinic has started inviting a representative from the youth friendly corner to participate in facility planning meetings. As a facility we have started involving adolescents and young people in our planning and activities so that their voices and interest are incorporated in everything we do. I am proud to say that for the first time we had adolescents participating in the development of 2023 quarter one work-plan for Luangwa Clinic."

"I never got the opportunity to be trained on working with adolescents and young people before. This training has helped me understand that young people are a special group with their own demands, needs and interests and it needs high level of professionalism, empathy, and self-discipline when working with them. Their trust to service providers and health facilities is not strong, therefore limiting their health seeking behavior. […] I am really excited to have helped a young girl [who was pregnant to go for antenatal care, be tested for HIV and get the right counseling and support] and to see hope in her eyes gives me the desire to reach more adolescents. I can see myself now as a true change maker for the welfare of adolescents and young people."

Bigile, community health worker in Tanzania

Policy and National progress

You(th) Care partners and trained youth advocates engaged with policy makers at various levels, including through submitting memorandums, participation in technical working groups, the development of action plans and input into country road maps. These engagements helped to raise awareness about SRHR and HIV (self-care) services, to address impeding social norms and ensure that the needs and perspectives of young people were taken into account in the development of national and local policies and strategies.

One of the key strategies used by You(th) Care partners was advocacy for increased budget allocation for SRH services. A noteworthy achievement in Kenya was the development of the Homabay County integrated plan road map, which has been implemented and is currently in the public participation stage. The Kenyan organizations held advocacy meetings with the County Health Management Team (CHMT) and supported young people to participate in the county and national budget-making process, with 55 young people involved in policy and budget analysis and the development of memorandums. The CHMT committed to involving civil society organizations in the development of county plans, strategic documents, and ad hoc task force SRHR decision-making meetings.

Introductory meetings with government officials in the project districts/counties have resulted in support for You(th) Care-related project activities across the three countries. You(th) Care contributed to national policy dialogues as national partners succeeded in submitting policy and strategy documents addressing self-care, SRHR, and services for adolescents and young people. In Kenya, PATA was able to introduce the self-care concept and interventions to strengthen self-care, in a meeting that reviewed Kenya's HIV testing policy.

Organizational capacity strengthening

An additional important aspect of You(th) Care, was providing training and technical assistance to partner organizations. For example, online training was provided on topics such as HIV prevention and criminalization and the face-to-face partner meeting included trainings on advocacy and BAI. Technical assistance and country visits also helped to enhance collaboration and networking among country partners and other organizations.

You(th) Care partners are collaborating and contributing to the project based on their specific expertise. For example, the Kenyan partners have each taken on specific topics in the trainings for the 44 peer educators. Y + Global alongside PATA and ARASA linked up for country level activities and provided onsite support, e.g. during the in-country scorecard training in three You(th) Care countries.

Existing materials and training modules from project partners and others have been adapted to fit the You(th) Care objectives and context. Training programs have been enriched with an HIV/SRHR self-care module, which equipped peer supporters/advocates, health care workers but also partners with key information and advocacy skills. The project also involved collaboration and sharing of resources on peer support from countries of the project to adapt in-country manuals to include up-to-date and relevant information for the training of peer supporters.

Y+ Global identified institutional capacity needs of the youth-led networks within the consortium and identified country-specific advocacy strategies as the main priority related to You(th) Care. The advocates attending a Y+ Global-led youth consultation developed an outcome statement that emphasized the need to promote availability, affordability, and accessibility of commodities and services and the meaningful engagement of young people in all diversity in key decision-making spaces.

CONCLUSION

Overall, the first year of You(th) Care has set the foundation for a strong partnership to empower adolescents and young people to advocate for and practice self-care, and have them benefit from a more supportive policy and community environment and a strengthened health system.
This collaborative effort among You(th) Care partners aimed to strengthen their synergies and collaboration to better address the needs of young people, particularly in the areas of HIV/SRHR self-care, advocacy, and support for behavioral change towards prevention of HIV infection, adherence to ART, and retention to care.

The cooperative work of You(th) Care partners demonstrates the importance of a multi-faceted approach to promoting access to SRH services, including advocacy, training, technical assistance, and engagement with policymakers and other stakeholders. After year 1, the You(th) Care project is on track and by working together and leveraging their respective strengths and resources, the You(th) care partners have been able to make meaningful progress toward improving the health and well-being of adolescents and young people in Kenya, Zambia and Tanzania.