



YOUTHWISE PROJECT

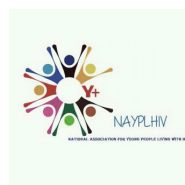
IMPACT STUDY REPORT

THE DEVELOPMENT TEAM

This impact study report was developed on behalf of Aidsfonds, Y+ Global, Y+ Kenya, AYARHEP, Y+ Malawi and COWLHA by Alkimia Consulting.
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We would like to sincerely appreciate all of the wonderful young people who participated and shared their personal stories so generously with us and the staff at YouthWise who so passionately champion this project.



EXECUTIVE SUMMARY

The YouthWise project's overall aim is that adolescent and young people living with HIV (AYPLHIV), in all their diversity, are able to practise self-care and fulfil their SRHR and HIV needs, in a supportive and respectful environment. This impact study report considers the approaches adopted to engage and reach AYPLHIV; the factors that influenced uptake and adherence to recommended self-care practices; how the approaches impact key health outcomes and recommendations to optimise the effectiveness of the approaches to ultimately enhance empowerment, resilience and wellbeing.

In response to these questions, this report highlights the unique approaches implemented by the YouthWise project:

How did the approaches of the YouthWise project reach and engage AYPLHIV?

- The entire project and approach is youth-led
- Peers interact with peers
- Support groups connect young people with each other, mentors and critical information
- Support groups build an atmosphere of trust and safety
- Support groups build real relationships and create opportunities for shared experiences
- Mentors walk alongside AYPLHIV and offer direct guidance and support
- Mentors and staff act as role models and embody the project approaches and self-care principles
- The project builds a network of support around each individual
- The project focuses on the inclusion of primary support circles for young people
- The project framing, activities and communication are designed to appeal directly to young people
- Social media is used to effectively reach young people in their own domains
- The project provides many layers of opportunity for development and growth
- The project creates leadership growth and opportunities
- The project successfully leverages existing networks

What factors influenced the uptake and adherence to the recommended self-care practices?

- The WHO Self-care Guidelines were translated into an accessible toolkit designed specifically for young people
- The project understands and promotes the holistic nature of self-care
- The project pays attention to the unique challenges experienced by young people and directly addresses barriers to self-care
- The project focuses on building self- and peer-accountability
- Helping young people accept their status supports them in positive living and self-care
- Celebrating viral load suppression in support groups provides motivation to all
- Getting families on board with acceptance, support and treatment plans
- Engaging and consulting healthcare workers to deliver appropriate and compassionate care to AYPLHIV

How do the approaches impact key health outcomes such as medical adherence and viral load suppression?

Based on responses to our survey questions, respondents reported the following:

- 87% use local HIV services

- 94% are on ART
- 82% fully adhere to their ART
- 96% know what their current viral load is
- 89% have an undetectable viral load
- 79% report good physical and mental health
- 89% feel they take very good care of themselves

A crucial observation is that there has been a deeply holistic response to self-care for AYPLHIV. The chosen approaches did not pathologise young people as so often happens with PLHIV and instead treated them as whole, complex human beings with a full range of experiences, identities, knowledges and challenges. The focus of the support groups was to allow participants a safe space to learn new information, to share their challenges and experiences, to receive support from mentors and peers and to build confidence. A direct impact of these approaches are beneficiaries who have regular access to established and safe support groups and who are supported by trained peer mentors. The outcomes of these approaches are staggering: across all locations, AYPLHIV markedly improved their overall self-care as well as their overall health and wellbeing, increased numbers of AYPLHIV were reported seeking out and accessing health-care services, more AYPLHIV were recorded adhering to ART, a large percentage of AYPLHIV are now undetectable and more AYPLHIV are advocating for better services and treatment.

Recommendations to optimise the effectiveness of the approaches to ultimately enhance empowerment, resilience and wellbeing of AYPLHIV:

- Develop a stronger and more thorough project inception process
- Strengthen a focus on collecting baseline data
- List projected numbers for activities and reach to measure against
- Develop a comprehensive monitoring and evaluation framework
- Hire older and more experienced staff to mentor younger staff. This will expedite learning and strengthen implementation. Many staff reported having to figure things out as they were often running activities and organisations for the first time.
- Source or develop curricula and tools that can support and streamline key project processes
- Introduce comprehensive gender mainstreaming
- Introduce a stronger focus on diversity and inclusion through activities, approaches, tools and practice
- Create opportunities for implementing partners to assess lessons learned and share best practice and challenges
- Strengthen work with health care services and providers by developing a comprehensive strategy alongside health care workers
- Involve more parents and caregivers in outreach initiatives through approaches such as structured dialogues

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INTRODUCTION AND AIM

The YouthWise (YW) project (2021-2024), supported by Aidsfonds, is a youth- and women-led project, implemented in Kenya and Malawi by Networks of Young People Living With HIV (Y+ Global), Y+ Kenya, Y+ Malawi and Ambassador for Youth and Adolescent Reproductive Health Programmes (AYARHEP) in Kenya and the Coalition of Women Living with HIV and AIDS (COWLHA) in Malawi. Through a holistic approach to HIV prevention, treatment, and care, YouthWise aims to empower adolescents and young people living with HIV to take control of their health and well-being.

The **objective** of the YW project is: Adolescents and young people living with HIV aged 10-24, in all their diversity, are able to practise self-care and fulfil their SRHR and HIV needs, in a supportive and respectful environment, through:

- Youth leadership and youth advocates claiming their rights
- Reducing stigma and tackling gender inequality as a root cause of the HIV epidemic disproportionately affecting adolescent girls and young women
- Improving quality of, and access to, self-care service delivery, including community-based services
- Lobby and advocacy at community, district and national level
- Strengthening national young people living with HIV networks, e.g. core support and advocacy capacity strengthening

The aim of this impact study is to consider the following questions identified by YouthWise:

- How did the approaches of the YW project reach and engage AYPLHIV?
- What factors influenced the uptake and adherence to the recommended self-care practices?
- How do the approaches impact key health outcomes such as medical adherence and viral load suppression?
- What recommendations are there to optimise the effectiveness of the approaches to enhance empowerment, resilience and wellbeing?

Special attention has been paid to understanding and expanding on the contextual factors influencing impact.

In addition, a further **aim** of this impact study is to learn whether and to what extent, the approaches used within YouthWise reached the objective, and to identify the strengths and weaknesses of the project. This is to inform stakeholders if the project's goal was met and how to refine self-care interventions for effective potential scale up.

Self-Care is defined by the World Health Organisation as 'the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider'. Self-care is increasingly considered urgent to achieving Universal Health Coverage



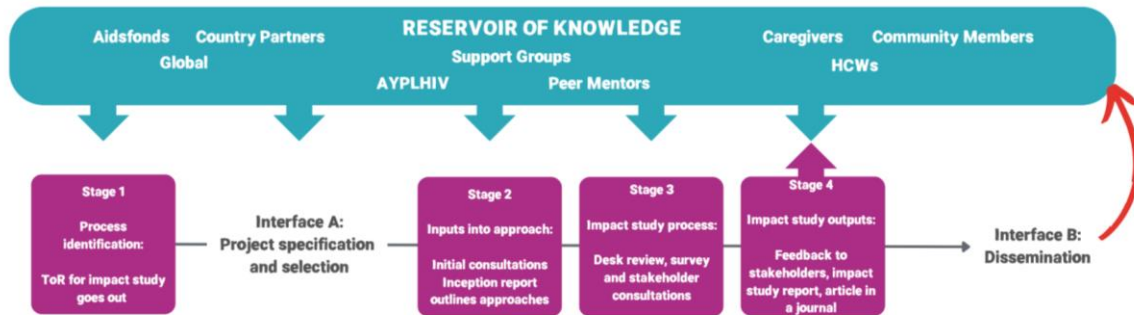
(UHC) and has the potential to increase people’s autonomy, choice, and power over their health. This is particularly critical for AYPLHIV, who often face challenges in accessing health services due to poverty, distance, lack of privacy, and fear of stigma. There is a high need to improve treatment outcomes and the quality of life for AYPLHIV. The YouthWise project is committed to enabling AYPLHIV to practise self-care and fulfil their sexual and reproductive health and rights (SRHR) needs in a supportive and respectful environment, and have improved treatment outcomes and quality of life.

The following graphic highlights the overall goal of the YW project:



APPROACH AND PROCESS

THE ALKIMIA YOUTHWISE IMPACT STUDY PROCESS



The above graphic provides an overview of Alkimia’s YouthWise Impact Study Process. The **reservoir of knowledge** refers to a person or groups of people who have a lot of experience or knowledge about a particular subject. It is from these groups of people that we were able to gain vital information about the YW project, its approach, who we needed to consult with, and what were some of the successes and challenges of the project.

During **Stage 1** we considered what process would work best as an evaluative approach for the YouthWise project. The process outlined in the Terms of Reference was project evaluation but after a deep dive into the documentation provided, we proposed a shift from project evaluation to a project impact study. The reasons for this shift include the collaborative and non-traditional approach of the project implementers, the lack of a comprehensive monitoring and evaluation framework and the responsive nature of the project resulting in project reports not always matching project plans. Conducting an impact study would allow us to adopt an appreciative inquiry lens and to look at bigger picture outcomes measured against the theory of change.

Stage 2 included initial consultations, finalisation of the inception report and the outlining of our approach. An initial consultation with the Monitoring and Evaluation officers and programme staff of the various organisations was scheduled for stakeholder mapping and identification of groups of people who need to be consulted as part of the impact study process. Thereafter, the inception report was finalised and shared with the YouthWise team. The inception report laid out the recommended approach, methodology and process to be undertaken by us; to identify gaps in the process and list any queries for further discussion; and to consider the approach for the final research paper portion.

Stage 3 entailed the design of the actual tools that were to be used during the impact study. An initial desktop review was completed to gain an overall understanding of the aims and objectives of the YouthWise project as well as the concept of self-care. Thereafter, a survey was designed and distributed to YPLHIV aged 19 to 34 years old over the period 31 July 2024 to 14 August 2024. During this period, we received 93 responses

and were able to gather quantitative data on overall health and wellbeing, agency and self-confidence; service delivery update and access; service provision levels; adherence and viral suppression; familiarity with WHO self-care guidelines; community attitudes and support systems. Thereafter, a safe circle consultation and a focus group consultation was undertaken at each of the sites, Nairobi and Mombasa in Kenya and Chikwawa and Mangochi in Malawi, in order to gain qualitative data on the impact of the project on YPLHIV themselves, as well as the impact observed and experienced by those around them, including peer mentors, caregivers, healthcare workers and religious leaders. Finally, an online focus group consultation was conducted with the programme staff in each of the two implementing countries as well as Y+ Global. During this process, qualitative data was obtained about the implementation successes and challenges faced by the staff at each level, including individual, community, services, organisational and national.



Stage 4 involves the facilitation of feedback to the stakeholders, the finalisation of the impact study report and the publishing of such report, or a portion of such report, on an online journal or blog. In addition, there is potential for a webinar to be recorded and distributed on the social media platforms of Y+ Global.

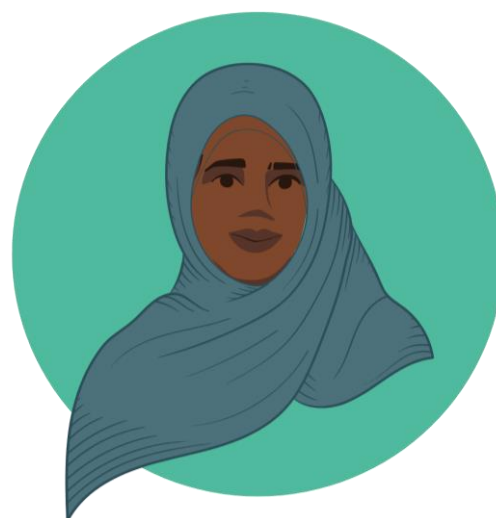
METHODOLOGY

From a theoretical standpoint, we pulled from the following evaluation approaches:

- a) **Appreciative Inquiry** (Cooperrider, Whitney and Stavros) is strengths based and focuses on what has worked well. It is a group process that inquires into, identifies and develops the best of “what is” in order to strengthen a programme, a group or an organisation.
- b) **Grounded Theory** (Glaser and Strauss), which situates people at the heart of research. Broad questions enable participants to raise the ideas and concepts that concern them. They are able to determine and influence what the research is about, and researchers trust and follow what emerges from the data.
- c) **Participatory Action Research** (Lewin) involves researchers and participants collaborating to generate knowledge, understand social issues and take actions to bring about social change. PAR produces evidence about an ongoing process of change and promotes learning among those closest to the change. So the research itself surfaces and embeds principles of learning, while determining what actions could be taken to reinforce or enhance further learning.
- d) **Participatory Evaluation** approaches emphasise stakeholder involvement (programme staff and beneficiaries, among others) in all or most of the design, implementation, and reporting stages of an evaluation. Participatory evaluation is often motivated by the idea that actively involving stakeholders in the evaluation process gives them a voice in how the evaluation is designed and implemented, promotes a sense of ownership, and enhances the potential relevance and use of the evaluation.
- e) **Delphi Method** (Rand) is a systematic and iterative process for eliciting opinions and determining consensus among a broad range of stakeholders. The method can be used to solicit feedback and reach consensus on a broad range of topics, issues, or needs. Findings from the Delphi method are particularly relevant for planning, problem solving, decision-making, program development, and forecasting.

These approaches allowed for a collaborative and compassionate approach to information gathering, encouraging self-reflection by participants and implementers, and gaining insight into possible recommendations to upscale the project.

Practically, various tools were used to surface quantitative and qualitative data. The intention was to synthesise the gathered data and analyse it intuitively through the identification of emergent themes, bright spots, positive deviance, opportunities for scaling best practice as well as pressure points and opportunities for learning and improvement.



The tools are outlined in the following table:

Tool	Target Audience	Type of Data	Delivery
Online survey Google Forms	YPLHIV	Quantitative data on service delivery uptake and access, service provision levels, adherence and viral suppression, familiarity with WHO self-care guidelines, self-care, overall health and wellbeing, agency and self-confidence, community attitudes, support systems <i>Individual level, community level, service delivery level</i>	WhatsApp or any other online option that works for respondents, for example computers, tablets, phones, etc.
Safe circles: a narrative storytelling tool	15 YPLHIV – 1 group in each of the 4 implementing locations totalling 60 YPLHIV aged 18-24	Qualitative data around impact and change, context <i>Individual level, community level, service delivery level</i>	Facilitated face to face group sessions of 2.5 hours each
Focus groups	A cross-section of peer mentors/support group leaders, parents, health care workers 1 group in each of the 4 implementing locations Each group made up of 12 participants	Observational qualitative data on service delivery uptake and access, service provision levels, adherence and viral suppression, familiarity with WHO self-care guidelines, self-care, overall health and wellbeing, agency and self-confidence, community attitudes, support systems <i>Individual level, community level, service delivery level</i>	Facilitated face to face group sessions of 2 hours each
Focus groups	Programme staff in each of the 2 implementing countries as well as Global	Observational qualitative data on service delivery uptake and access, service provision levels, adherence and viral suppression, familiarity with WHO self-care guidelines, self-care, overall health and wellbeing, agency and self-confidence, community attitudes, support systems, personal and professional development and opportunities for staff, capacity building, organisational development, national, regional and international networking, advocacy <i>Individual level, community level, service delivery level, organisational level, national level</i>	Facilitated online group sessions of 3 hours each

By utilising these tools, the intention was to explore the impact of the YW project at 5 levels:

At the **individual level**, we wanted to identify ways in which AYPLHIV have improved their self-care practices, how their general wellbeing has improved, what changes have occurred, whether there are more AYPLHIV stepping into leadership roles and to identify particular success stories.

At the **community level**, we wished to explore changes in family support, how the broader community is showing more acceptance or support of AYPLHIV and whether stigma and discrimination has been reduced.

At the **services level**, we wished to find out what healthcare services AYPLHIV are accessing, whether there has been an increase in use and what barriers to access they are still facing.

At the **national level**, we wished to find out what changes occurred at the national/policy level, whether the networks have grown and whether advocacy has increased.

Finally, at the **organisational level**, we wanted to explore organisational development and growth and whether the capacity building activities increased capacity at both the country level and a global level. We also wished to consider whether there was an increase in the networking, professional and leadership opportunities.

Throughout the course of this process, we regularly referred back to and used the YouthWiseTheory of Change that was developed prior to the implementation of the YW project:

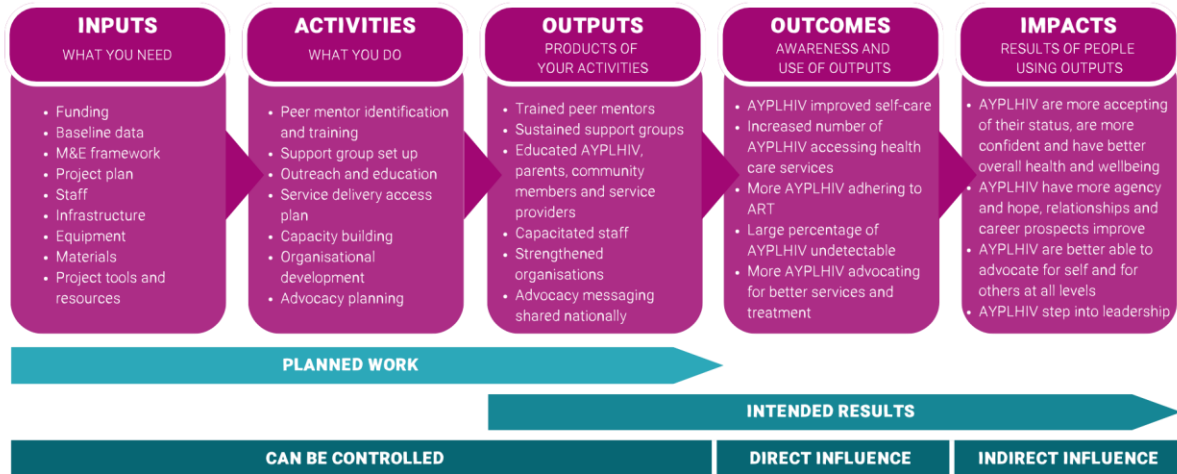


	STRATEGIES	MEDIUM TERM	LONG TERM	OVERALL GOAL
INDIVIDUAL	Empowerment of youth advocates to claim their rights & youth leadership.	AYPLHIV have knowledge, skills and positive attitude in relation to treatment adherence, healthy living with HIV, and where to seek information and care, and are capacitated to effectively advocate for HIV and SRHR services, products and resources and for respectful policies and laws	Adolescents and young people living with HIV adhere to treatment, accept their HIV status, feel supported by their family / community and have improved treatment outcomes and quality of life	Adolescents and young people living with HIV aged 10-24, in all their diversity, are able to practice self-care and fulfil their SRHR and HIV needs, in a supportive and respectful environment
COMMUNITY	Reducing stigma and tackling gender inequality as a root cause of the HIV epidemic disproportionately affecting adolescent girls and young women	Community stakeholders – e.g. community/religious leaders, parents, teachers, police - have knowledge, skills and improved attitudes to support AYPLHIV	Communities increasingly promote progressive gender norms and support AYPLHIV wellbeing and SRHR needs, free from stigma and violation	
SERVICES	(Access) to quality self-care service delivery, including community-based services	Service providers respond to AYPLHIV demands and implement services that reflect AYPLHIV SRHR and HIV needs	AYPLHIV have increased access to quality SRHR and HIV community and public services, including access to self-care	
NATIONAL	Lobby and advocacy at community, district and national level	Government listens to AYPLHIV demands and is prepared to respond	Government implements policies, laws and guidelines that respect, promote and realize AYPLHIV SRHR and HIV needs	
ORGANISATIONAL	Strengthening YPLHIV-led national network organisations, e.g. in advocacy	Improved organizational capacity and capacity to advocate for AYPLHIV rights and needs	(Youth-led) consortium partners are capacitated and effectively advocate for adequate and inclusive HIV and SRHR services, products and resources and for respectful policies and laws	

PROJECT OVERVIEW

The YouthWise project ran in four locations in Kenya and Malawi from 2021 to 2024. The image below gives a broad overview of the inputs, activities, outputs, outcomes and impacts of the project.

THE YOUTHWISE IMPACT JOURNEY



Inputs

In terms of the inputs, there are particular aspects that stand out. The first is **staff**; several staff belong to the target group and are young people living with HIV themselves. This gives them an unprecedented insight into the needs, fears, challenges and dreams of the target demographic of the project. Not only did these staff often become a source of inspiration and representation for beneficiaries, it also created a leadership pipeline. During the course of the project, several young people rose from the ranks of beneficiaries to becoming peer mentors and then becoming staff in the project. This shows a true commitment to the ethos of the project where young people are the drivers of the change.

In any project there are many different types of **infrastructure**, ranging from buildings, networks and existing projects to services, facilities and systems. One important piece of infrastructure that stood out was the existing support groups and network of the Coalition of Women Living with HIV and AIDS (COWLHA) in Malawi. In Kenya, the national partners reported spending over a year struggling to set up support groups and building enough trust in support groups for them to become effective. In Malawi, partners were able to leverage the existing COWLHA support groups and relationship networks and hit the ground running. Existing support group members were also able to quickly step into mentorship roles which provided a source of real lived experience leadership at the fore.


The final inputs that stood out were some of the rich and varied **project tools and resources** used and referenced. All teams spoke extensively to the 2022 revised [WHO guideline on self-care interventions for health and well-being](#) as well as the YouthWise-driven [Self-Care Toolkit on SRHR and HIV for Young People](#). The WHO guideline served

as the initial inspiration, but when it was seen that it was too long and complex for young people to be able to easily process, project partners translated it into a youth-friendly version that ended up being used by peer mentors to cascade information down to beneficiaries. Other resources include the Thandiso app, a risk assessment tool, a treatment literacy manual, a youth care scorecard and the [‘Self-Care for Every Area of Your Life’ video](#) on Y+ Global’s Youtube channel.

Activities

In alignment with the YouthWise theory of change, activities were delineated across the five levels identified as pertinent: individual, community, services, national and organisational.

At the **individual** level, the primary focus was improving self-care and overall health and wellbeing of adolescent and young people living with HIV. The primary vehicle for this was support groups. Support groups began by identifying and training peer mentors and then identifying and mobilising AYPLHIV to attend the groups. Training peer mentors appears to have been approached differently in each implementing location, but most confirm that they encouraged peer mentors to use the Self-Care Toolkit on SRHR and HIV for Young People as a guide. They used this in several different ways: the first was to educate themselves, the second was to use it as a support group session guide, and the third was as a source of information and approaches to pass on to support group participants. In the survey, we found that almost 80% of respondents were familiar with the tool.



Self-care has been a new and important subject for us all. It has changed us as well as others.
-Staff member, Y+ Malawi

What we observed from the work at the individual level is a deeply holistic response to self-care for AYPLHIV. Activities did not pathologise them as so often happens with PLHIV and instead treated them as whole, complex human beings with a full range of experiences, identities, knowledges and challenges. The focus of the support groups was to allow participants a safe space to learn new information, to share their challenges and experiences, to receive support from mentors and peers and to build confidence. A direct output of these activities are beneficiaries who have regular access to established and safe support groups and who are supported by trained peer mentors. **The outcomes of these activities are staggering: across all locations, AYPLHIV markedly improved their overall self-care as well as their overall health and wellbeing, increased numbers of AYPLHIV were reported seeking out and accessing health-care services, more AYPLHIV were recorded adhering to ART, a large percentage of AYPLHIV are now undetectable and more AYPLHIV are advocating for better services and treatment.**



I had mixed feelings at first about my status. I felt left out due to being positive like the world was crumbling on me. My self esteem went down and was completely tarnished. I felt bad and was constantly judged by people.

-Safe Circle Participant, Nairobi



The biggest highlight for me was being able to meet people like me, I felt at home and safe. I got to ask some burning questions which help to mould me into a champ. My self esteem and self-worth has extremely improved.

-Safe Circle Participant, Nairobi

At the **community** level, the primary focus of activities was reducing stigma. Target demographics included community leaders, religious leaders, parents, teachers and police. It appears that reducing self-stigma at the individual level was extremely successful, but was less so at the community level. Country partners reported challenges with reaching and including community members and when consulted, community members said they wished they had been able to be more involved and that there had been more considered outreach. There were however some real community success stories. In one community in Malawi, it was reported that a particular community leader became a local champion for the AYPLHIV in her area after being reached in a YouthWise activity. She laid the groundwork for the entire community to follow and this particular area soon evolved to be not only accepting of AYPLHIV but supportive of them. Stories like this provide so much hope that with targeted interventions, real change can be achieved.



We've always been divine healers, when they come [and] they have their medication, I pray [and] I tell them to throw away their drugs because I've prayed, divine healing has come. But YW changed my perspective to know that even as much as we are praying, they have to take their medication, right and on time. Everything now has to change.

- Participant of Focus Group in Nairobi, Kenya

At the **services** level, the primary focus of activities was working with health care providers to improve access to and uptake of health-care services by AYPLHIV. Again, there were some challenges but also some wins. Several of these wins can be seen in the survey results shared in the tables above where high levels of access to service and positive experiences with access to services are reported. One notable success at the services level comes to us from a young woman called Mariam. Mariam, one of the change makers in Mangochi, has been absolutely key in advocating for health services for AGYWs after their health facility claimed not to provide cervical cancer services to young people. There was a girl in Mariam's community in need of screening. In response to this need, Mariam mobilised the health service providers and advocated for cervical cancer screenings and services. Once she had achieved this, the girl was screened and

tested positive for stage 1 cervical cancer and was able to be treated. From that moment on, the facility continues to provide cervical cancer services to all age groups.

There were, however, several challenges at the services level. Some country partners shared that they had not included health-care workers in the strategic activity-planning stages of the project and because of this, they were met with resistance in health-care centres. Health-care workers in consultations also reported not feeling included and that in future iterations of the project, they would be willing to give real input. In many areas, increased demand for services by AYPLHIV were not able to be met by health-care centres or health-care workers and this led to a reduction in uptake of services and health-seeking behaviours from AYPLHIV. In some areas, AYPLHIV reported being stigmatised and treated poorly by health-care workers. In some cases, AYPLHIV felt they were being outed by the very design of the health-care centres, for example, some healthcare centres only cater to PLHIV on particular days of the week so if you are seen there on that day you are outed. Some AYPLHIV reported not having consistent access to their ART due to supply issues at healthcare centres. Several beneficiaries in Chikwawa said that they felt a level of mistrust and anxiety at the longevity of the private clinics that currently serve them and that there were fears of these clinics closing. As one can see, there are many systemic challenges posed by the healthcare system and what makes this more complex is that these challenges are highly specific to location and will require unique interventions. A future iteration of the project may need to heighten the strategic priority of this area of intervention in order to combat or at least mitigate the large-scale systemic nature of the challenges.



Many of these young individuals felt trapped in a cycle of silence. They were reluctant to share their experiences or concerns, fearing judgment or rejection. As a result, they often lacked critical information regarding their health and available resources. This ignorance amplified their anxiety and left them with few safe spaces to express their feelings or seek support.

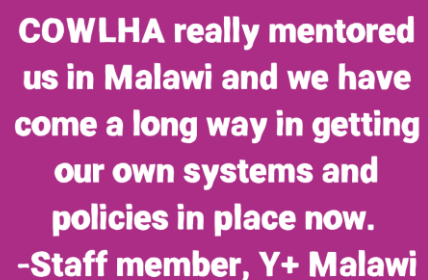
The YW Project serves as a beacon of hope, offering a comprehensive support system that addresses the unique needs of YPLHIV. By providing access to information, peer support, and community advocacy, the project has facilitated an essential shift in how these young people perceive themselves and their place in the world. Through workshops, mentorship programs, and avenues for advocacy, YPLHIV have found a platform to connect, learn, and grow. They are not just recipients of resources but active participants in shaping their narratives. The project focuses on education about sexual health, treatment adherence, and mental health—empowering them to make informed choices about their lives and bodies.

-Participant of Focus Group in Mombasa, Kenya

Strongly linked to the services level is the **national** level. Here, activities were focused on lobbying and advocacy at community, district and national levels. Driven by Y+ Global, this aspect of the project saw a lot of early success through leveraging existing networks, frameworks and country-wide events. A huge success of the advocacy and lobbying was the inclusion of young people, who rose to the occasion and were able to

represent themselves and their interests at every level and were even included in international conferences. However, with youth comes some additional challenges, and young people found that their voices were not always respected on the district and national stages. One specific example of this success that stands out is that the Malawian department of health and HIV will include Y+ Malawi in the drafting of a Global Fund project application. Another is that Y+ Global, Y+ Kenya, AYARHEP and Y+ Malawi actively participated in civil society preparations for high-level meetings on UHC; collected country-level statements under consultation with AYPLHIV. However, self-care was left out of the zero draft political declaration on UHC for HLM so Y+ engaged a consultant to develop a comprehensive youth statement. There were also several activities directed at media with a standout being engaging and building relationship with media through the sharing of stories to increase visibility.

The strongest area of activity outside the individual level, was the **organisational** level. Activities here were focused on individual and organisational capacity building and network strengthening for improved project implementation and advocacy. This area showed a large number of real wins. Led by Y+ Global, all four country partners benefited from strategic planning, capacity building activities and development support. For example, at the start of the project, Y+ Kenya undertook a leadership, governance and capacity building session and completed an internal foresight principles course in order to better design projects and strengthen their strategic plan. One of the best examples of this is Y+ Malawi. Y+ Malawi has reported huge growth under the guidance of Y+ Global and particularly, under COWLHA, a more established local organisation in Malawi. The biggest indication of this growth was the setting up of a comprehensive finance system that now enables Y+ Malawi to be able to apply for, receive and administer funding. This has taken the organisation to a whole new level of efficacy and readiness for broader work and implementation. Another area of real impact at the organisational level is the increased capacity of the individuals who make up these organisations. Many reported having multiple transferable skills strengthened and that they felt more able to do their jobs effectively including, proposal writing, developing key strategic, policy and communications documents and financial reporting. Many staff have shown a clear ability to directly apply self-care concepts learned from the self-care content and principles and have led by example. One thing that feels important to highlight is the clear passion of the staff we spoke to - they truly believe in what they are doing and in many cases go above and beyond their call of duty. This is a rare and precious thing.

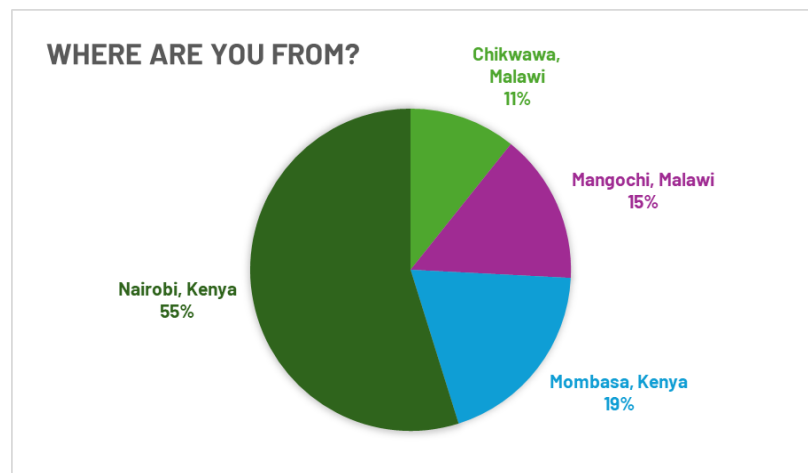


COWLHA really mentored us in Malawi and we have come a long way in getting our own systems and policies in place now.
-Staff member, Y+ Malawi

SURVEY DATA

A survey was designed in order to obtain quantitative data from YPLHIV who had participated in the YouthWise project. The survey was divided into four sections, with a number of questions under each section, in order to ask a range of pointed questions. The sections included: individual, self-care and adherence, services and community attitudes/support. The survey was distributed via WhatsApp groups and social media and was open and received responses for 15 days (31 July - 14 August 2024). During this period, a total of 93 responses were submitted.

As displayed in the pie chart to the right, we obtained the majority of the responses from Mombasa and Nairobi in Kenya (approximately 74%) with only 26% from Chikwawa and Mangochi in Malawi. Country partners remarked that access to smartphones is a challenge in Malawi and this could account for the limited responses. This skewed demographic should be kept in mind when analysing the results of the survey.



Observations

As a starting point, the graphic to the right provides a quick glance at some of the overall successes that were highlighted by the responses to the survey. Most participants reported feeling healthy, being on ART and having an undetectable viral load. This is a major achievement in terms of the project's objective of increasing AYPLHIV's adherence to medical treatment and knowledge of ART and viral loads. Furthermore, most of the participants had heard of the Y+ self-care toolkit which celebrates an increased awareness and knowledge about self-care practice in the lives of AYPLHIV.



88%

feel they are very healthy or healthy



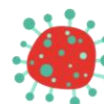
79%

have heard of the Y+ self-care toolkit for YPLHIV



94%

are on ART



89%

have an undetectable viral load

Item	Topic	Question	Option 1	Option 2	Option 3	Option 4	Option 5
1	Individual	How happy do you feel in your life?	Very Happy - 46%	Happy - 29%	Okay - 17%	Unhappy - 7%	Very unhappy - 1%
2	Individual	How healthy do you feel you are?	Very healthy - 37%	Healthy - 51%	Okay - 11%	Unhealthy - 1%	Very unhealthy - 0%
3	Individual	How confident do you feel?	Very confident - 52%	Confident - 38%	A little bit confident - 7%	Not very confident - 1%	Not confident at all - 2%
4	Individual	How much control do you feel you have over your life?	Full control - 54%	A lot of control - 21%	Some control - 25%	Very little control - 0%	No control - 0%
5	Self-care	Have you heard of the Y+ self-care toolkit for YPLHIV?	Yes - 79%	No - 21%			
6	Self-care	If yes, have you used it?	Yes - 67%	No - 33%			
7	Self-care	If yes, how easy was it to use and follow?	Very easy - 41%	Easy - 33%	Okay - 22%	Difficult - 3%	Very difficult - 1%
8	Self-care	How well do you feel you take care of yourself?	Very well - 64%	Well - 25%	Okay - 9%	Badly - 2%	Very badly - 0%
9	Self-care	How is your physical health?	Very good - 42%	Good - 48%	Okay - 9%	Bad - 1%	Very bad - 0%
10	Self-care	How is your mental health?	Very good - 36%	Good - 32%	Okay - 24%	Bad - 5%	Very bad - 3%

Table 1: Individual and self-care questions and responses

The blue cells above highlight that there was generally a very positive response with most participants reporting that they are happy (75% very happy or happy), healthy (88% very healthy or healthy), confident (90% very confident or confident) and feel that they have control in their lives (75% full control or a lot of control). This is a testament to the project's holistic focus on the individual lives of AYPLHIV.

“
In Malawi we ran a fashion show for young people. Participants told us 'I am beautiful. I can work this out'.
-Staff member, Malawi
”

An impressive 79% of participants recorded having heard of the Y+ self-care toolkit, however only 67% have actually used it (purple cells). Of those who had used the toolkit, the general response was that it seems easy to use with a handful reporting that it was difficult to navigate. It seems that the development of the self-care toolkit has created an invaluable resource for AYPLHIV, however focus should be placed on how to disseminate the information and make it accessible to all AYPLHIV. A few ways of making it more accessible could include having it available in multiple languages and providing peer mentors proper training in the use of the toolkit in order to really maximise its reach.

“
 Self-care being defined not just as taking a bath everyday but a concept that has necessitated increased access to youth-friendly health services, ART adherence, mental health wellbeing by young people.
 -Programme Staff member, Malawi
”

Interestingly, 89% of participants report that they feel they take care of themselves very well or well and 90% report that their physical health is very good or good (green cells). However, only 68% of participants report that their mental health is very good or good, with approximately 30% reporting that their mental health is okay, bad or very bad. It appears that the project has really encouraged AYPLHIV to accept their HIV status and look after themselves and their physical health. Despite mental health being included as an aspect of self-care, it seems that it should be a priority for the project going forward. It seems AYPLHIV are needing more support with navigating mental health challenges.

Item	Topic	Question	Option 1	Option 2	Option 3	Option 4	Option 5
11	ART	Are you on ART?	Yes - 94%	No - 6%			
12	Adherence	Do you always have access to your ART?	Yes - 97%	No - 3%			
13	Adherence	How often do you take your ART?	Always - 82%	Most of the time - 12%	Sometimes - 3%	Rarely - 0%	Never - 2%
14	Viral load	Have you ever had a viral load test?	Yes - 95%	No - 5%			
15	Viral load	Do you know what your viral load is?	Yes - 96%	No - 4%			
16	Viral load	Do you have an undetectable viral load right now?	Yes - 89%	No - 4%	I don't know - 7%		

Table 2: ART, Adherence and Viral load questions and responses

As displayed by the green cells, this section of the survey had very positive results. It was reported that 95% of the participants are on ART with 97% always having access to their ART and 82% always taking their ART. In addition, it was clear that the majority of participants were familiar with viral load tests, have undergone a test and knew what their viral load was at the time they submitted their response to the survey. An impressive result is that 89% of participants reported having an undetectable viral load!

Item	Topic	Question	Option 1	Option 2	Option 3	Option 4	Option 5
17	Services Uptake	Do you use local HIV services?	Yes - 87%	No - 13%			
18	Services Uptake	How easy is it to access local HIV services?	Very easy - 40%	Easy - 35%	Okay - 15%	Difficult - 9%	Very difficult - 1%
19	Service provision	How is the service?	Very good - 42%	Good - 35%	Okay - 17%	Bad - 5%	Very bad - 1%
20	Service provision	How are you treated?	Very good - 48%	Good - 39%	Okay - 8%	Bad - 6%	Very bad - 0%

Table 3: Service uptake and service provision questions and responses

It appears from the purple cell that the majority of the participants reported using local HIV services. There is a general attitude that accessing HIV services is relatively easy (75% very easy or easy) and the service itself (77% very good or good) and the treatment by healthcare professionals is also decent (87% very good or good). This is somewhat contradictory to what was reported by programme staff of country partners during the consultations. Country partners reported that facilities often ran out of stock and that they could not keep up with the increase in demand for services. Thus, it should be noted that there are a handful of participants that reported difficult access and bad service and treatment. Going forward, it has become apparent from the consultations that in order to improve services and treatment by healthcare practitioners, they should be included at an earlier stage of the project.

“As a service provider and clinician, [the interaction] with youth has helped me develop counselling skills and consider courses to improve my practice. The suppression rate of VL suppression rate has increased, impacting clinical outcomes and mental health. Burnout from work can be alleviated, and seeing progress in personal and professional aspects is a relief. This helps me feel [personally] and professionally accomplished.
-Participant of Focus Group in Mombasa, Kenya”

Item	Topic	Question	Option 1	Option 2	Option 3	Option 4	Option 5
21	Community Attitudes	As a YPL HIV, how accepted do you feel in your community?	Totally accepted - 30%	Accepted - 45%	Tolerated - 16%	Unwelcome - 7%	Very unwelcome - 2%
22	Community Support	How supportive are your parents?	Totally supportive - 48%	Supportive - 35%	A little bit supportive - 14%	Not very supportive - 1%	Not supportive at all - 2%
23	Community Support	How supportive is your family?	Totally supportive - 43%	Supportive - 37%	A little bit supportive - 16%	Not very supportive - 1%	Not supportive at all - 3%
24	Community Support	How supportive are your friends?	Totally supportive - 26%	Supportive - 40%	A little bit supportive - 21%	Not very supportive - 8%	Not supportive at all - 5%
25	Community Support	How supportive is your community?	Totally supportive - 15%	Supportive - 38%	A little bit supportive - 25%	Not very supportive - 12%	Not supportive at all - 10%
26	YouthWise	How supportive is your Youth Wise group?	Totally supportive - 68%	Supportive - 27%	A little bit supportive - 4%	Not very supportive - 0%	Not supportive at all - 1%

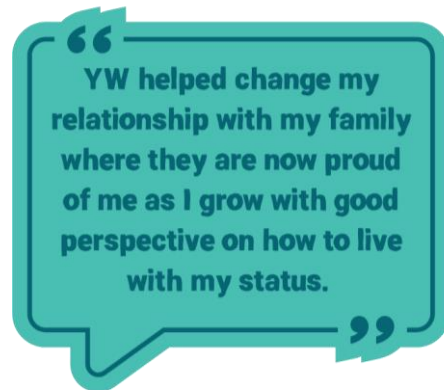
Table 4: Community attitudes and support questions and responses

With regards to community attitudes, 74% of participants report that they feel totally accepted/ accepted by their community. The blue cells highlight that there is a strong sense of support provided to YPLHIV from their parents and their families. This was

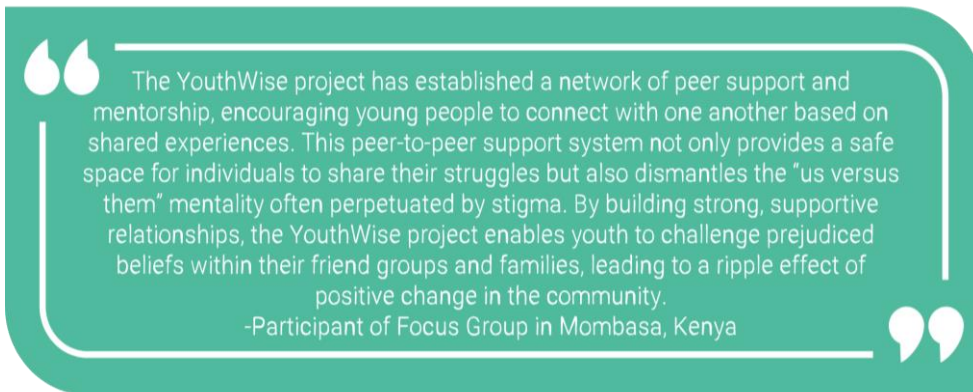
supported by what emerged from the consultations. The quote to the right highlights that the YouthWise project was able to improve a number of family relationships.

Interestingly, participants have reported that there is generally less support from their friends and the broader community (green cells).

Finally, an impressive 95% of participants reported that their YouthWise group was totally supportive or supportive. This confirms that the YouthWise peer groups were a successful tool for providing a safe and supportive environment for YPLHIV. This is especially highlighted in the quote below from a participant in the focus group consultation held in Mombasa, Kenya:



“ YW helped change my relationship with my family where they are now proud of me as I grow with good perspective on how to live with my status. ”



“ The YouthWise project has established a network of peer support and mentorship, encouraging young people to connect with one another based on shared experiences. This peer-to-peer support system not only provides a safe space for individuals to share their struggles but also dismantles the “us versus them” mentality often perpetuated by stigma. By building strong, supportive relationships, the YouthWise project enables youth to challenge prejudiced beliefs within their friend groups and families, leading to a ripple effect of positive change in the community. ”
-Participant of Focus Group in Mombasa, Kenya

In conclusion, the survey data shows overwhelmingly positive results in almost all areas of project implementation. The following statistics highlight particular areas of success in relation to uptake and adherence by YPLHIV to the recommended self-care practices:

- 87% use local HIV services
- 94% are on ART
- 82% fully adhere to their ART
- 96% know what their current viral load is
- 89% have an undetectable viral load
- 79% report good physical and mental health
- 89% feel they take very good care of themselves

IMPACT ANALYSIS

As a result of the project inputs, activities, outputs and outcomes, we have impact. These are the broad, big picture results of the work and of people using the outputs. We have identified four primary impacts of this project:

The first is that AYPLHIV are more accepting of their status, are more confident and have better overall health and wellbeing. The second is that AYPLHIV have more agency and hope, and that their relationships and career prospects improve. The third is that AYPLHIV are better able to advocate for themselves and others at all levels and finally, that they are able to step into leadership.

The long term intended impact in the theory of change is as follows: Adolescents and young people living with HIV adhere to treatment, accept their HIV status, feel supported by their family/community and have improved treatment outcomes and quality of life.

When compared with the YouthWise theory of change, it is clear that there has been huge success in the impact of this project and that in fact, the incidental impact has taken young people even further than was hoped for.

Below is a graphic that outlines 9 different impact types identified from the project implementation:

TYPES OF IMPACT



These observations serve as further confirmation of the deeply holistic nature of the YouthWise project and that the impacts are comprehensive and far-reaching.

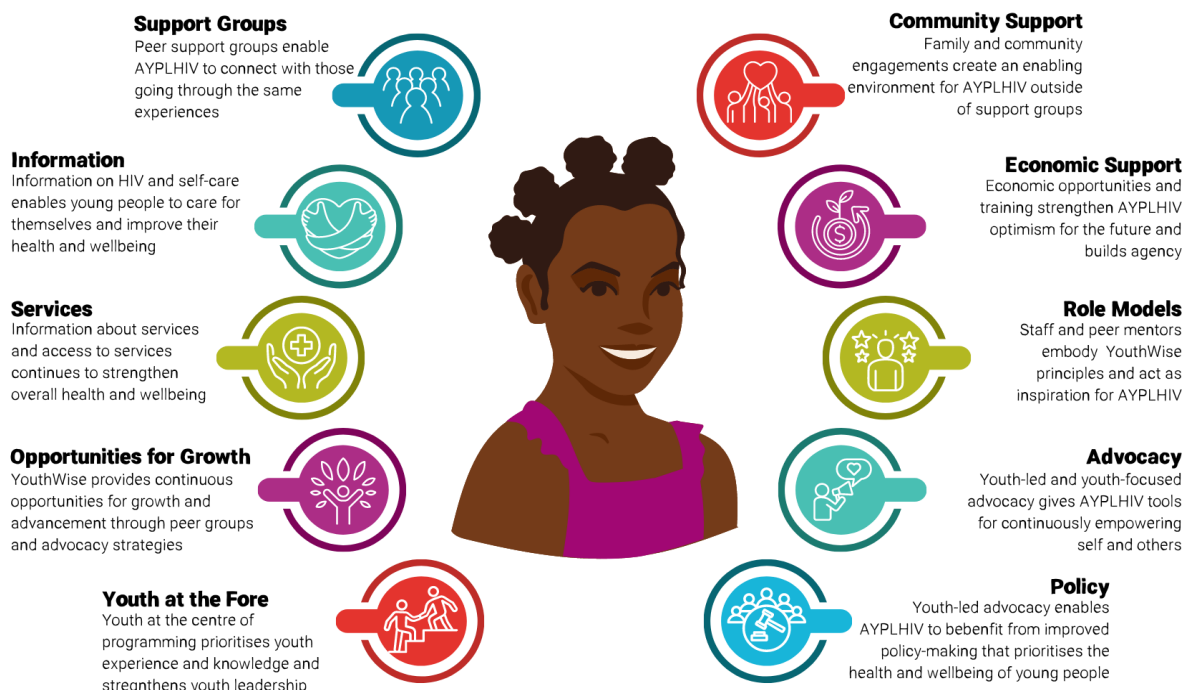
We have identified a large part of the reason for this success as the **scaffolding** or framework that has been built around each beneficiary to support them through a specific **trajectory of emergence**. In psychology and education, a scaffolding is the temporary support provided to someone while they navigate through their lives and learn new skills and ways of being in a learning and development process. This scaffolding appears to have been built fairly organically over the course of the project and to be able to draw this scaffolding out and formalise it somewhat would be an additional positive outcome of this impact study.

Broadly, the theory of change runs as follows: acceptance of one's status leads to increased confidence, increased confidence leads to an ability to advocate for self and others, an ability to advocate for self and others leads to young people stepping into leadership. The scaffolding is what supports this process of change or emergence.

Before entering the YouthWise project, participants reported feeling lost, alone and afraid. The image to the right gives an overview of what life was like for many AYPLHIV before they joined the support groups.



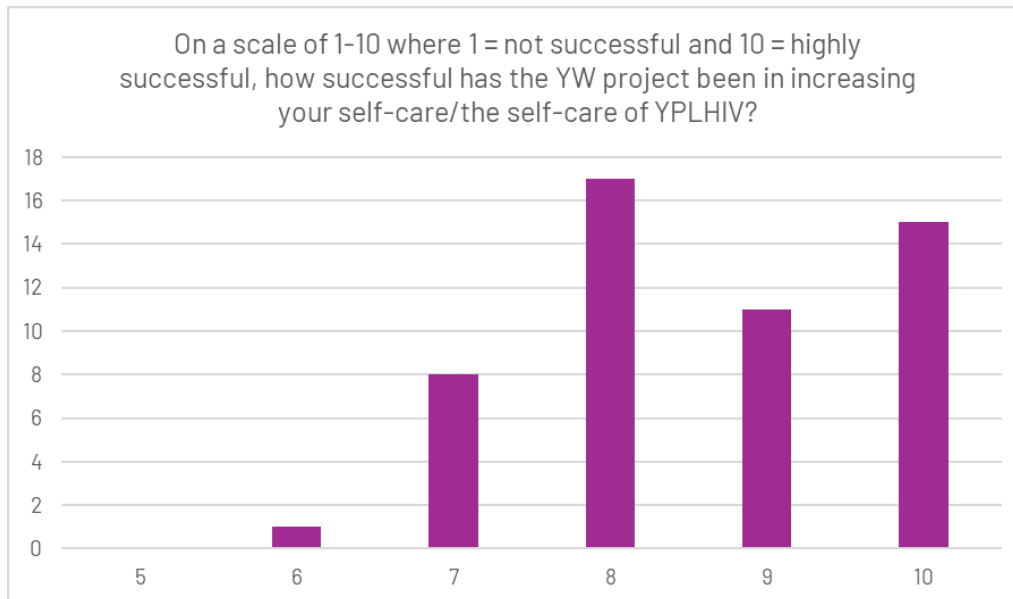
The scaffolding image below shows all that was put into place to change this picture for AYPLHIV as they entered the project and began to move along the emergence trajectory:



VISIONS FOR THE FUTURE

In any project, having a clear vision for the future is key, and several beneficiaries, stakeholders and staff reported a true wish to see a further iteration of this project where they could apply lessons learned and bring the project to a broader scale.

During stakeholder consultations, we invited participants to give an overall score of the success of the YouthWise project.



Bar Graph: Scaling Question

This data was collected from the Safe Circles and Focus Group consultations that took place in Nairobi and Mombasa, Kenya. The majority of the participants scored the project as *highly successful* in increasing their self-care/the self-care of AYPLHIV. Considering a potential upscale of this project, it is necessary to consider recommendations and possible visions for the future in order to improve the success of this project. Ultimately, how can we get the participant who voted 6 to change their answer to a 9 or 10? The answer lies in identifying some key gaps as well as looking at recommendations for possible future iterations of the project.

Gaps

As with any project, there are some gaps that were able to be identified. The first area in which we identified a gap was in the project start-up phase where it would be important to have a comprehensive project plan and strategy, baseline data and a thorough monitoring and evaluation framework to guide the project implementation. A second gap that we identified was in personnel. It is hugely important to have youth at the forefront and involved at every level of programming, however, it is also important to balance this with older and more experienced people who are able to guide younger staff, mentor them and share knowledge and experience. The third primary gap we identified lies in the absence of supportive tools and curricula to mainstream and standardise processes. For example, some of the following would be helpful in future iterations in order to formalise and institutionalise some of the processes:

- Peer mentor training process and curriculum
- Support group session process and curriculum
- Comprehensive health care worker sensitisation strategy and tools

A final important gap we identified is in reducing stigma and tackling gender inequality as a root cause of the HIV epidemic disproportionately affecting adolescent girls and young women. There do not appear to have been any targeted activities, tools or approaches to work towards this project aim and any work that was done towards this was done on an ad hoc basis. It would be important in future to mainstream gender responsive programming and approaches in order to begin to move towards meeting this aim. This extends to inclusion and diversity where there is a genuine will to be inclusive of diversity but there are no specific activities, tools or approaches dedicated to this.



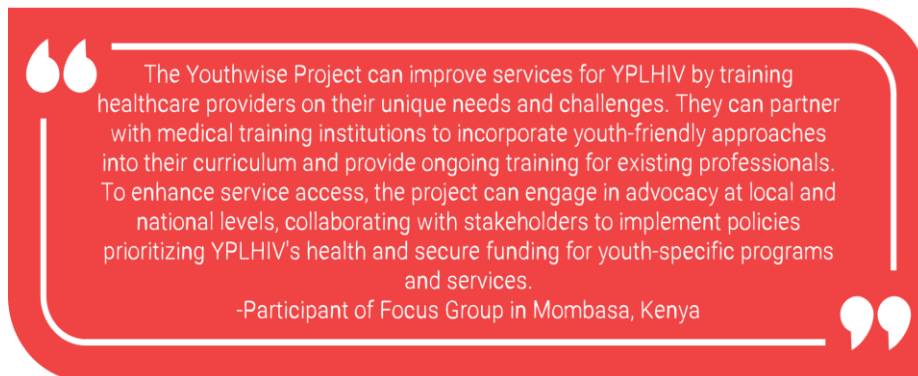
Recommendations

The recommendations below are partly in response to the gaps identified above but will also be a reflection of staff recommendations, recommendations from beneficiaries and stakeholders, and observational recommendations from our team.

General Recommendations

- Develop a stronger and more thorough project inception process
- Strengthen a focus on collecting baseline data
- List projected numbers for activities and reach to measure against
- Develop a comprehensive monitoring and evaluation framework
- Hire older and more experienced staff to mentor younger staff. This will expedite learning and strengthen implementation. Many staff reported having to figure things out as they were often running activities and organisations for the first time.
- Source or develop curricula and tools that can support and streamline key project processes
- Introduce comprehensive gender mainstreaming
- Introduce a stronger focus on diversity and inclusion through activities, approaches, tools and practice
- Create opportunities for implementing partners to assess lessons learned and share best practice and challenges
- Strengthen work with health care services and providers by developing a comprehensive strategy alongside health care workers
- Involve more parents and caregivers in outreach initiatives through approaches such as structured dialogues

The following quote captures innovative suggestions for how to improve services and treatment for AYPLHIV:



Recommendations for the YouthWise Initiative: Nairobi

- **Holistic Health Workshops:** Offering workshops on nutrition, mental health, physical fitness, and stress management will equip participants with practical tools for self-care. Collaborative sessions led by healthcare professionals can provide insights into maintaining a balanced lifestyle while managing HIV.
- **Collaboration with Local Health Services:** Partnering with healthcare providers and local organisations will enhance the reach and impact of the YouthWise initiative. Facilitating access to health services, including regular check-ups, mental health support, and ART adherence programmes, can create a robust support system for participants.
- **Creative Expression and Advocacy:** Art and creative expression are powerful tools in combating stigma. The YouthWise project can encourage participants to express their experiences through various forms of art, including music, theatre, and visual arts. By showcasing their stories publicly, young people are able to humanise their struggles and appeal to the community's empathy. Such creative initiatives not only amplify the voices of marginalised individuals but also challenge societal norms, fostering a greater understanding of diversity and inclusion.

Recommendations for the YouthWise Initiative: Mombasa

- **Mental Health Services Integration:** Collaborate with mental health more professionals to provide counselling and mental health support as a part of the self-care program.
- **Nutrition, Fitness and Wellness Programmes:** Encourage healthy eating habits and regular physical activity through workshops, cooking classes, and fitness programs. Linking nutrition with health outcomes can motivate participants to adopt healthier lifestyles.
- **Utilisation of Technology:** The Youthwise Project can also develop mobile applications and web platforms that provide information about HIV resources, treatment locations, and support services in Mombasa County. These tools can also facilitate telehealth services, enabling AYPLHIV to consult with healthcare providers without the barriers of physical distance or stigma.
- **Advocacy and Policy Engagement:** Work closely with local health authorities and policymakers to advocate for youth-friendly health services, emphasising the need for self-care resources tailored to the unique needs of young PLHIV.

- **Monitoring and Evaluation:** Establish a framework for the regular assessment by the monitors of the impact of self-care initiatives on the health and well-being of participants. Collecting data will help the project refine its strategies and demonstrate its effectiveness.

The following suggestions surfaced from our online consultations with staff from implementing organisations:

Kenya Partners:

- There is such great need in this demographic so it would be important to **scale this project up** – to different areas, different young people, and to take it beyond medical and HIV to include other themes such as mental health
- Advocacy is incredibly important but expensive, more resources directed towards advocacy would enable us to engage policy makers, parliamentarians and government. We would also love to work more with YP in all of their diversity (queer/those living with disability) to advocate for their own rights (for example, safe legal abortions)
- We would like to focus on grassroots communities and up-scale to other communities (Mombasa and Nairobi are urban areas), possibly rural communities (there are different needs for different areas)



Malawi Partners:

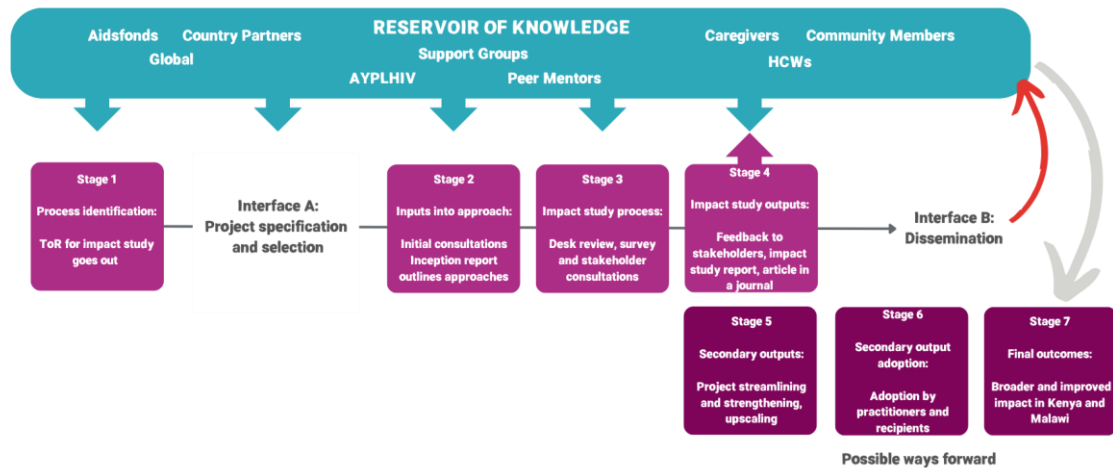
- In Mangochi, several challenges were faced with service providers. They did not include the healthcare providers properly in all of the activities (they were not involved/included in the process), so there has been quite a lot of pushback from them. Chikwawa had already built relationships with healthcare workers (previous projects) whereas this foundation was not laid in Mangochi.
- Culture has also heavily affected project implementation as highlighted in Mangochi. Next time we need to factor in measures handling culture as it has influenced even participation within the project, engaging of stakeholders throughout the project such as parents and guardians
- We need to consult the YP more about what they want things to look like, for example, economic empowerment. We wish we had done this from the start.
- It would be important to focus on dealing with childhood trauma (there needs to be more reflection activities). More **empowering** activities.
- More visibility (at national level too), more engagement with the media (sharing of stories etc.

Global:

- Promote intersectionality, self-care (beyond just looking at HIV and access to health facilities)
- More funding and scaling up to more countries

The Process Going Forward

THE ALKIMIA YOUTHWISE IMPACT STUDY PROCESS



This graphic was outlined above under approach and process. Looking forward, it may be helpful for the implementing partners to consider stages 5 to 7 in order to potentially upscale the YouthWise project effectively. **Stage 5** provides an opportunity to streamline, strengthen and upscale the project. It may involve, for example, addressing the identified gaps, adjusting project activities and providing further training to staff and thus essentially, developing a plan 'on paper'. Thereafter, **stage 6** would involve the adoption and implementation of the planned changes identified in stage 5 by practitioners and recipients. Finally, during **stage 7**, the project should have the capacity for broader and more improved impact in the implementing countries than the impacts identified in the first iteration of this project and identified in this report.

CONCLUSION

In conclusion of this report, it is helpful to revisit the objectives of the YouthWise project and the aims of this impact study.

The aim of this impact study is to consider the following questions identified by YouthWise:

How did the approaches of the YW project reach and engage AYPLHIV?

- The entire project and approach is youth-led
- Peers interact with peers
- Support groups connect young people with each other, mentors and critical information
- Support groups build an atmosphere of trust and safety
- Support groups build real relationships and create opportunities for shared experiences
- Mentors walk alongside AYPLHIV and offer direct guidance and support
- Mentors and staff act as role models and embody the project approaches and self-care principles
- The project builds a network of support around each individual
- The project focuses on the inclusion of primary support circles for young people
- The project framing, activities and communication are designed to appeal directly to young people
- Social media is used to effectively reach young people in their own domains
- The project provides many layers of opportunity for development and growth
- The project creates leadership growth and opportunities
- The project successfully leverages existing networks

What factors influenced the uptake and adherence to the recommended self-care practices?

- The WHO Self-care Guidelines were translated into an accessible toolkit designed specifically for young people
- The project understands and promotes the holistic nature of self-care
- The project pays attention to the unique challenges experienced by young people and directly addresses barriers to self-care
- The project focuses on building self- and peer-accountability
- Helping young people accept their status supports them in positive living and self-care
- Celebrating viral load suppression in support groups provides motivation to all
- Getting families on board with acceptance, support and treatment plans
- Engaging and consulting healthcare workers to deliver appropriate and compassionate care to AYPLHIV

How do the approaches impact key health outcomes such as medical adherence and viral load suppression?

Based on responses to our survey questions, respondents reported the following:

- 87% use local HIV services

- 94% are on ART
- 82% fully adhere to their ART
- 96% know what their current viral load is
- 89% have an undetectable viral load
- 79% report good physical and mental health
- 89% feel they take very good care of themselves

The results chain graphic, the impact graphic and the scaffolding graphic also show clearly how the approaches of the YW project have reached and engaged AYPLHIV, the factors that influenced uptake and adherence to the recommended self-care practices and how the approaches impacted key health outcomes such as medical adherence and viral load suppression.



In conclusion, although there are some areas that can be strengthened and improved, this initiative has seen incredible progress. We believe that the YouthWise project has gone a long way to reaching this goal, and in addition, has had a broad spillover impact. The outputs, outcomes and impact are far-reaching and incredible and will stand this community in great stead for many years to come.



As mentioned by one consultation participant: *“We would have lost some of these children if not for this YouthWise project.”*

Focus group participant, Malawi