



STRENGTHENING HEALTH SYSTEMS FOR ADOLESCENTS AND YOUTH

WHY WE ARE NEEDED

The priority of the National Department of Health (NDoH) is to improve the health status of the entire population and to contribute to the Government's vision of 'A long and healthy life for all South Africans'. In order to realise this vision, a healthcare workforce with the correct knowledge, skills and attitude is essential to provide high quality primary healthcare.

As South Africa works to revitalise primary healthcare services and improve access to quality healthcare, effective training, clinical mentorship and ongoing supportive supervision are critical to ensure consistent application of national treatment guidelines and the provision of quality care. A number of challenges are currently being faced; particularly in relation to human resources for health. Thus, optimisation of the existing knowledge and skills of the current workforce is essential (*Clinical Mentorship: Manual for Integrated Services 2011; NDoH*).

ADOLESCENT HEALTH

Young people in South Africa represent a positive force in society, but they also face many challenges. Young people are also exposed to risks and pressures that can lead to early and unintended pregnancy, other sexually transmitted infections (STIs) and smoking, drug or alcohol dependency. Many are also exposed to violence and exploitative situations. It is unacceptable that young people in South Africa, who account for a significant proportion of the total population, continue to face disturbingly high life chances of morbidity and early death.

The National Youth Behaviour Risk Survey (2008) highlighted that youth is both a time of opportunity and risk. The metaphor used in the report of *umthent'uhlab'usamila* – the grass prickles sharp as it grows – highlights the disproportionate impact that behaviours learned or initiated during adolescence and youth have on their lifetime health outcomes.

Initiatives to improve the provision of healthcare services can also serve as a catalyst for complementary actions. Strategic networking of youth services, a fundamental tenet of AYFS, is an important step in this direction. AYFS also seeks to ensure that this role is provided sensitively and effectively to all young people across South Africa; it seeks to proactively break down barriers between health services and young people and to enlist them as champions of their own health.

ADOLESCENTS LIVING WITH HIV

With more than half of all HIV infections occurring in young people between the ages 15 and 24, the HIV epidemic in South Africa has largely become a 'youth epidemic'. All adolescents living with HIV (ALHIV) have a right to access HIV treatment and care. Issues that threaten this must be addressed to ensure the rights to health and dignity of adolescents living with HIV are fulfilled.

ALHIV are often denied HIV services or are unable to access them due to age- and behaviour related discrimination, gender and socio-economic inequalities. The number of infants in South Africa infected with HIV through mother-to-child transmission (MTCT) has been declining since over the last decade as the result of the stabilising of HIV prevalence among pregnant women combined with improved coverage, uptake and effectiveness of the Prevention of Mother to Child Transmission (PMTCT) programme across South Africa.

In addition to improved prevention interventions including PMTCT, HIV-positive children are growing up and entering adolescence as a result of the successful provision and scale-up of combined antiretroviral therapy (cART) to children. Importantly, as the number of adolescents living with HIV (ALHIV) continues to increase, healthcare providers will need to acquire new skills to help ALHIV to remain on cART and navigate the transition to adulthood.

ADOLESCENT AND YOUTH FRIENDLY SERVICES

HIV in South Africa has largely become a youth epidemic. More than 320,000 young people aged between 10-19 are living with HIV. Better access to ARV therapy means that more children now survive into adolescence.

CHIVA South Africa's 'Our Youth, Our Future' programme commenced in 2014 in response to the successes of the paediatric ART programme in KwaZulu-Natal and the need to capacitate healthcare workers to provide quality services to adolescents; including those living with HIV.

Several key factors may impact on whether adolescents and youth access healthcare services. These include accessibility (opening hours, travel distances), systemic challenges (management, stock supply, and staff shortages), concerns about confidentiality and privacy, and the attitudes, skills and behaviours of staff. Through structured mentorship, teaching and assessment, our programme works to empower staff to transform their own health facilities, resulting in the provision of quality adolescent and youth-friendly services.

The approach to achieving AYFS accreditation is being led by The Love Life Foundation. This NGO has been mandated to ensure that all public health clinics achieve AYFS status by the end of 2015. Despite many successes in training vast numbers of healthcare staff across the country, application of the new AYFS knowledge and skills to do this is failing to be implemented in many clinics.

OUR MODEL

Following 10 years of experience providing facility-based mentoring and teaching across South Africa to address knowledge and skills gaps in healthcare workers managing children with HIV, an evolving series of workshops were provided across 3 provinces over 4 years that addressed knowledge gaps including adolescent development, adherence, disclosure, communication, SRHR and AYFS. In response to identified challenges and gaps in current service provision (translation of theoretical learning into clinical practice), CHIVA SA identified the need to provide facility-based support in AYFS, adolescent HIV prevention, treatment and care and SRHR. To this end, CHIVA South Africa has successfully implemented the comprehensive mentoring model described in more detail below to support clinics to become adolescent and youth friendly, and to ultimately achieve formal certification as an AYFS clinic. This model encompasses the Love Life 10 key standards and applies these through a quality improvement cycle, facilitated by a team of qualified Youth Coordinators and Mentors to selected clinics every month for 10 months to build the capacity of healthcare workers of all cadres to deliver AYFS. The model is described in more detail below.

DATE	ACTIVITIES	OBJECTIVES (LINKED TO LOVELIFE STANDARDS)
MONTH 1 Adolescent Programme Manager AYFS Coordinator AYFS Mentor	District management meeting Overview of CHIVA SA AYFS Model Selection of clinics for support Youth Champions identified District assessors/leaders identified Yearly calendar of support dates agreed Introductions of CHIVA SA team members	Secure management support Selected clinics sensitised Support model shared and agreed with facilities Communication mechanisms identified and agreed
MONTH 2 Adolescent Programme Manager AYFS Coordinator AYFS Mentor	Introductions to facilities Baseline assessments Baseline staff questionnaires Suggestions box; client questionnaires and posters shared Community profile template shared Action plan developed and agreed	Baseline established for quality improvement Relationships established with Youth Champions in facilities Facility staff enabled to identify challenges and successes Action plan reflects clinic priorities
MONTH 3 AYFS Coordinator AYFS Mentor	Community profile completion reviewed and analysed Facility data collected for analysis Completed questionnaires collected for analysis Youth advocacy (clinic representation) Action plan developed and agreed	Community understood; key partners identified (youth, schools, traditional leaders, Phila Mntwana Centres) and challenges elicited Clinic committee includes youth representation Action plan reflects clinic priorities
MONTH 4 AYFS Coordinator AYFS Mentor	Review of progress and challenges Facility data collected for analysis Completed questionnaires collected for analysis Feedback from previous questionnaires Review of action plan; revised and agreed	Action plan reflects clinic priorities
MONTH 5 AYFS Coordinator AYFS Mentor	Facility data collected for analysis Completed questionnaires collected for analysis Feedback from previous questionnaires	Action plan reflects clinic priorities

	Review of progress from action plan; revised and agreed In-service training provided on identified priorities	
MONTH 6 Adolescent Programme Manager AYFS Coordinator AYFS Mentor	Interim AYFS Assessment Interim staff questionnaires Facility data collected for analysis Completed questionnaires collected for analysis Action plan developed and agreed	80% achievement in 5 recognised Love Life AYFS Standards = recognition as an 'AYFS Implementer' facility Action plan reflects clinic priorities
MONTH 7 AYFS Coordinator AYFS Mentor	Facility data collected for analysis Completed questionnaires collected for analysis Feedback from previous questionnaires Review of progress from action plan; revised and agreed Self-assessment for 'AYFS Implementer' status	Action plan reflects clinic priorities
MONTH 8 AYFS Coordinator AYFS Mentor	Facility data collected for analysis Completed questionnaires collected for analysis Feedback from previous questionnaires Review of progress from action plan; revised and agreed In-service training provided on identified priorities	Action plan reflects clinic priorities
MONTH 9 AYFS Coordinator AYFS Mentor	Facility data collected for analysis Completed questionnaires collected for analysis Action plan developed and agreed In-service training provided on identified priorities	Action plan reflects clinic priorities
MONTH 10 Adolescent Programme Manager AYFS Coordinator AYFS Mentor	Conclusion of AYFS support programme from CHIVA SA Feedback from previous questionnaires Review of progress from action plan; revised and agreed Plan for continuing support agreed Exit staff questionnaires Self-assessment for AYFS accreditation Handover of M+E analysis management to facility	Linkages to satellite facilities for dissemination of information and mentoring/support to achieve aims Action plan reflects clinic priorities for further development Mechanisms for continued support clarified and agreed 80% achievement in all 10 Love Life AYFS Standards = application for formal certification as an 'AYFS Accredited' facility

IMPACT

Our programme has been designed to be replicable across healthcare sites, districts, provinces and even countries. The whole mission of CHIVA South Africa is to build the skills and capacity of healthcare professionals working on the frontline of the HIV epidemic.

By the end of the programme, each facility has worked to achieve national 'Adolescent and Youth-Friendly Services' accreditation, but more importantly, they will be delivering higher quality services to the communities they serve.

CONTACT US

For further information, please contact us on 031 201 2517 or visit our website at www.chiva-africa.org for full contact details of our team.