



# PROMISING PRACTICES

We request friendly and sensitised health providers with positive attitudes and ask that HIV and SRH services be provided to us with care, acceptance, respect and without judgement. We should be provided with comprehensive information and recognised as capable of making our own decisions. Don't lecture us, empower us!

- Call to Action - Peers to Zero  
Dar es Salaam Peer Supporter  
Declaration

## Promising practices in health provider sensitisation for adolescents and young people living with HIV

“If you come, they will help you with a smile on their face”

### BACKGROUND

Since 2000, adolescent AIDS-related deaths have tripled, while declining in all other age groups<sup>1</sup>. AIDS-related illness is the leading cause of death amongst adolescents in sub-Saharan Africa<sup>1</sup>, even though antiretroviral therapy (ART) could prevent the majority of such deaths. Adolescents are underserved by existing HIV services, have significantly worse access to ART than adults and have lower rates of adherence, virological suppression and immunological recovery<sup>2</sup>. A significant proportion of HIV-positive adolescents are struggling to initiate and remain on treatment<sup>2-5</sup>, and adolescents living with HIV (ALHIV), especially those in the 15-19 age group, are at particularly high risk of loss to follow-up<sup>5-9</sup>.

Adolescence is a period of transition, marked by sexual identity formation, pubertal development, and cognitive and social maturation<sup>5</sup>. In this phase of development, there are a variety of factors

at individual, interpersonal, community, organisational and structural levels that make adolescent patients unique in the way that they make decisions, think about the future and understand information<sup>10</sup>. For ALHIV, the challenges of this time period can be exacerbated by living with a stigmatised, chronic and sexually-transmissible disease<sup>5,11</sup>.

Evidence on the poor health outcomes of ALHIV in sub-Saharan Africa makes a strong case for the imperative to better understand and respond to their unique needs for care and support. An emergent body of literature outlines the importance of adolescent-friendly health services (AFHS) and an adolescent-friendly environment<sup>15-18</sup> in supporting improved adolescent HIV and sexual and reproductive health (SRH) outcomes<sup>13,14</sup>.

Components of an adolescent-friendly environment include (1) physical **space** for the private delivery of services; (2) provision of accessible and relevant **services**; (3) necessary **supplies**, including medicines, family planning and information materials; and (4) **sensitised** health workers. An enabling and responsive

adolescent-friendly health facility will include a contextually relevant combination of these components. Unsurprisingly, being treated with respect and having confidentiality protected have been consistently reported as necessary components of AFHS<sup>12,15,19,20</sup>. Providing services tailored to adolescents, and facility-based psychosocial support have also been documented as promising practices, but there is a need for further evidence on interventions that support linkages and retention in care for adolescents<sup>21</sup>.

Unfortunately, the experience of many adolescents accessing SRH and HIV services differs vastly from the aforementioned ideal. Overburdened clinic teams are often unable to offer the psychosocial support and services needed to provide holistic, integrated and comprehensive care to young people. Adolescents report stigmatising and unsupportive health provider attitudes, with several studies detailing adolescent experiences of being scolded, shamed, patronised, reprimanded, silenced, punished, stigmatised and discriminated against<sup>4,15,19,20,24-29</sup>. There have also been reports of health providers expressing anger towards adolescents for

“Attitudes need to change, because without a friendly, sensitised person, you cannot have adolescent-friendly services”

- Peer supporter, PATA 2016 Youth Summit



Adolescent safe space

perceived recklessness, as well as imposing moral values, violating confidentiality and using strategies of blame and humiliation in an attempt to deter young people from engaging in risk behaviours<sup>15,25\*</sup>. Counselling around adherence often occurs reactively, in a way that problematises normal adolescent behaviour, while failing to acknowledge the broader environment and circumstances contributing to adherence struggles<sup>20</sup>. Data collected during the [PATA 2016 Youth Summit](#) dovetails with this literature – 43% of young respondents said that sometimes, usually or always, health providers get upset and scold them, and 36% reported that sometimes, usually or always health providers are too busy to give them the help they need. In addition, 41% reported that they never or only sometimes feel comfortable talking to health providers about their problems, and 43% reported that they never or sometimes feel comfortable asking for information about pregnancy and sex<sup>22</sup>.

The deleterious effects of unresponsive services on the physical and psychosocial wellbeing of adolescents include poorer adherence to ART, inadequate clinic attendance, and worse SRH outcomes<sup>20,22,25,28</sup>. Adolescents are less likely to disclose their healthcare needs or share adherence challenges if they do not feel comfortable discussing issues of sex, sexuality and safer sex in an environment of trust<sup>15</sup>. Indeed, they may actively conceal non-adherence for fear of negative reactions by health providers, and the knock-on effects within their families<sup>29</sup>.

As the backbone of AFHS, the importance

\*A body of literature documents that adults too are commonly subject to unfriendly and even oppressive management in health facilities<sup>42-49</sup>. However, due to their age, adolescents presenting for SRH services are at additional risk of age-related discrimination, and may also struggle to respond to and manage inappropriate health worker conduct<sup>15</sup>.\*

of accessible and supportive health providers cannot be overstated. Their attitudes are essential in establishing the prevalent culture of a health facility, and ensuring that adolescents receive appropriate services in a way that is comfortable for them. Young people have reported that health provider attitudes are the most crucial aspect of an adolescent-friendly health facility<sup>22</sup>. Adolescents report wanting health providers to actively listen without judgement, demonstrate patience, provide adequate time and space to openly discuss challenges, offer correct information on family planning options, and respect their right to privacy and confidentiality<sup>4,22,23</sup>.

It is increasingly understood that in order to ensure that health providers are adequately equipped to deliver services in these ways, training and sensitisation are required<sup>24</sup>. A South African study found that receiving adolescent-sensitive healthcare significantly affected whether young people would have unprotected sex<sup>25i</sup>. The study also found that when combined with other forms of support (strong parental supervision and school access), the likelihood of unprotected sex was even lower – speaking to the value of creating environments that support young people. These findings represent both a challenge and an opportunity.

We acknowledge the physical, economic, and social factors that make accessing services and staying in care difficult, and call for creative, positive and youth-sensitive responses that address the socio-economic drivers that render us vulnerable.

- Call to Action - Peers to Zero Dar es Salaam Peer Supporter Declaration

Peer supporter health talk



While the importance of sensitising health providers to the needs of adolescents has increasingly been acknowledged, there remains a gap in documented interventions and models of practice as to how this can be actioned. This promising practice brief was developed in acknowledgement of the urgent need for operational evidence on health provider sensitisation. The document draws on data obtained from a call for promising models of practice in health provider sensitisation to the PATA network of health providers and partners. Six in-depth surveys were analysed thematically,

and complemented by focus group discussions and surveys from adolescent peer supporters and supervisors (n=94) that attended the PATA 2016 Youth Summit. Promisingly, the spotlights presented here, as well as an emergent body of evidence, speak to how sensitisation, combined with a sense of purpose and effectiveness, can enable health providers to deliver better services, resulting in improved adolescent adherence and sexual health outcomes<sup>30</sup>.

“Without adolescent-friendly and sensitized health teams, AFHS have no real meaning.”

- Peer supporter, PATA 2016 Youth Summit



# Spotlight

## Creating an Enabling and Supportive Facility Environment

**Programme implementer:** Makerere University Joint AIDS Program (MJAP)

**Programme location:** Kampala, Uganda

**Partners:** CDC, PEPFAR, Uganda Ministry of Health and Makerere University

### CONTEXT:

In 2014, 3% of young people age 15-24 years in Uganda were living with HIV<sup>31</sup>. Poor adolescent adherence and retention in care have been documented as challenges in the country<sup>31</sup>. An assessment of adolescent access to testing, care and treatment services in 1021 facilities found that only 29% of eligible ALHIV were receiving ART, and only 17% retained in care services<sup>31</sup>. There has been a recent move towards youth-friendly services within schools, health facilities and community-based organisations (CBOs).

Mulago ISS Clinic Centre of Excellence (COE) is located at the Mulago National Hospital in the urban setting of Kampala, Uganda, which has an estimated HIV prevalence of 7.1%. The clinic has a mandate to offer comprehensive HIV services within the Mulago National Hospital complex (falling under MJAP). Since 2013, MJAP has provided HIV services to 1,630 adolescents and young people between the ages of 10 and 24 years.

### AIM:

The programme aims to provide friendly and holistic HIV and SRH services, to all children, adolescents and young adults receiving ART at Mulago ISS Clinic COE. Although the COE was originally an adult-centred facility, the programme today strives to comprehensively address the challenges that young people face.

### APPROACH:

MJAP held focus group discussions with adolescents and young adult service users to understand their concerns, challenges and needs around HIV and SRH services. Issues that emerged included feeling stigmatised and wishing to access services including contraception and termination of pregnancy (ToP) in a safe space dedicated to young people. even though abortion is illegal in Uganda. Adolescents and young people were also concerned about their lack of knowledge around family planning and unwanted pregnancy, being in the





same queue with adult patients, ART side effects and adherence. They were struggling within intimate relationships, and challenged in disclosing their HIV status and negotiating safer sex. They also requested life skills support. Focus group findings were presented to clinic management and health providers, and the programme 'Creating an Enabling and Supportive Facility Environment' was born.

The programme focuses on:

- **Health provider sensitisation:** Training and mentorship on providing adolescent-friendly SRH services have been provided for all staff by an adolescent specialist through continuous medical education, with the support of the peer supporter supervisor. In addition, peer supporters were trained on adolescent counselling and communication skills. Ongoing training and support is being provided on relevant topics such as client care, professionalism, health education, group facilitation and counselling.
- **Dedicated space and time:** MJAP recognises that adolescent-sensitive

health providers must operate within an adolescent-sensitive environment to be effective in providing responsive adolescent care. The programme designated a single day per week for adolescent patient appointments, and a weekly health education talk was scheduled for the same day. A section of the clinic was dedicated exclusively for children and adolescents, including a room for counselling and a room for doctor visits.

Unfortunately, the clinic building did not have adequate space to provide the health education talks. The management team and health providers found an innovative solution – they decided to provide an umbrella, table and chairs outdoors within the clinic compound as a makeshift space. Talks are provided by peers themselves and supervised by health providers. Information materials focusing on various health issues affecting young people are displayed in the adolescent counselling room and throughout the clinic. A notice board presenting various available services, including family planning methods was made

“Adolescents are now accessing reproductive services freely, as compared to before. They are experiencing less self-stigma.”

- Programme implementer



Lubega Kizza,  
MJAP Peer Educator

from paper boxes drilled into the wall in the counselling room as a practical visual to aid informed decision-making.

- **Dedicated services:**

- » During health education talks, information, education and communication (IEC) **materials** are shared with participants, and placed in the adolescent and young adult counselling space. Condoms are also accessible at various service points within the clinic.
- » **Interactive sessions and indoor games** are provided for adolescent participants waiting to be seen at the clinic in order to include a social component within visits and make attending the clinic a more enjoyable experience.
- » To coordinate the clinic flow for adolescents and young people, **peers are involved** at all points of service delivery, starting with welcoming young people at reception, and including retrieving files, triaging and linkage to the nurse in charge of offering family planning. Young people requiring peer counselling

and support can be identified and linked at any point. Peer supporters frequently provide feedback on young people's challenges and needs to management, and the clinic uses this information to refine its services.

- » Patient files of adolescents and young people are marked with a red sticker in the upper right hand corner for **easy identification by all staff**. In addition, patient files of adolescent and young people using a long-term family planning are marked with an additional sticker bearing the start date of the family planning method, duration of viability and expiry date. Teen mothers' files are identified with a unique number in the bottom left corner which corresponds with a registration number in a teen mothers register. This helps during counselling and health education sessions to tailor messages and services, and to prompt staff to invite adolescents, young people and teen mothers to participate in any relevant forums or events.

“We believe that things can grow from small to bigger, everyone is talking about our improved services!”

- Programme implementer

Creating dedicated space for peer-led health talks



Dedicated services for adolescents and young people



- » **Screening for sexually transmitted infections** (STIs) is routinely offered for sexually active adolescents at all clinic visits. Pregnancy counselling and testing is also routinely offered to all sexually active female adolescents. Those who are found to be pregnant are linked to antenatal care (ANC) at their nearest health facility, and provided elimination of mother-to-child transmission (eMTCT) services. Referral and linkage to services that the clinic does not provide (e.g. cervical cancer screening) is done from a family planning unit within the national referral hospital.
- » An **adolescent forum and a teen mothers' forum** focusing on specific needs such as ART adherence counselling, SRH support, hygiene and nutrition education and income generating activities is also convened as part of the programme. In addition, collaboration with other organizations around activities such as a sports gala with SRH education has also taken place.
- » **Feedback from participants** is encouraged. There is also a Facebook page where young people can provide feedback or ask questions. There is also a quarterly peer support forum (grouped by age) where the concerns and issues of adolescents and young people are addressed. In this forum, participants are encouraged to share personal successes and challenges of HIV treatment, adherence, stigma and discrimination, SRH information and messaging, safer sex, positive living and healthy relationship building.

To create and maintain the programme, necessary resource investments have included a full-time employee to support SRH service delivery, peer supporter stipends, dedicated space for services and procuring IEC materials.

## KEY RESULTS:

- When MJAP started the programme, of those adolescents and young people who were sexually active, only 13% were accessing SRH services. Today, 41% are doing so.
- Prior to the programme, 80% of adolescents and young adults were virologically suppressed. Today, over 88.4% virological suppression has been achieved.
- Improvements in adherence, retention in care, overall health and psychosocial well-being have been seen amongst adolescents.
- The programme has improved uptake of information and knowledge around SRH. Between 10 and 20 adolescents receive information about SRH, adherence and wellbeing each day.
- Training and sensitising health providers and establishing a youth-friendly environment has allowed peer supporters to better contribute to facility services and practices. Although the facility had only adult peer supporters prior to the initiating the programme, today there are also adolescents and young adult peer supporters who have been doing commendable work in adolescent HIV care.
- The programme has improved clinic documentation and record-keeping, and streamlined services such that it is now possible to measure uptake of services such as family planning.

“I found my age mates in the clinic. I was able to interact freely.”

- Programme participant

“Attending clinic appointments is much faster than before, and you always have someone to take you to the next step in the clinic. You don't need to miss classes anymore.”

- Programme participant

For more information:

[www.mjap.or.ug](http://www.mjap.or.ug)





# Spotlight

## Our Youth - Our Future

**Programme implementer:** CHIVA South Africa

**Programme location:** uThukela, uMzinyathi, eThekweni and Zululand districts, KwaZulu Natal Province, South Africa

**Partners:** KZN Department of Health, JAKAMaR Trust, the ELMA Foundation, World Relief Australia, and the Mercury Phoenix Trust

### CONTEXT:

KwaZulu-Natal (KZN) is the worst HIV-affected province in South Africa, with an estimated adult prevalence of 39.5%<sup>32</sup> and a child prevalence (age 2-14 years) of 4.4%<sup>33</sup>. More than 964,000 adults (age 15 years and older) and 146,000 children (age 0-15 years) have been initiated onto ART in the province<sup>34</sup>. CHIVA South Africa (CHIVA SA) has been working in KZN in partnership with the Department of Health since 2004. In 2016, the programme expanded and now supports 15 clinics in eThekweni and Zululand. All 15 facilities were identified by sub-district managers as needing assistance in providing quality HIV and SRH services to adolescents and youth. Each of these clinics serves a large population, and eight have been identified as high volume sites for HIV services.

### AIM:

The CHIVA SA programme aims to support clinic staff to transform the quality and uptake of adolescent- and youth-friendly health services (AYFS) available in their clinic. Specifically, it aims to: (1) increase the quality of, and access to HIV prevention and treatment services for all adolescents and young people (age 10-24 years); (2) upskill clinic staff to meet the diverse needs of the adolescent population they serve; and (3) complement interventions provided by local partners.

### APPROACH:

- This is a 12-month structured programme provided by CHIVA SA to clinics. Enrolled clinics receive **on-site training through mentoring and teaching**. CHIVA SA's specialist adolescent teams capacitate clinic staff of all cadres to deliver quality and integrated AYFS for all adolescents, including those living with HIV. The approach is based on the South African National Department of Health's AYFS model, with an additional emphasis on HIV treatment and combination prevention services (e.g. HIV testing and counselling, eMTCT, ART, voluntary medical male circumcision and condom distribution).
- **The programme targets clinic personnel of all cadres**, including non-clinical staff as well as those not traditionally considered providers, such as security staff, grounds staff, cleaners and administrative and clerical staff, as well as district and sub-district managers. This is because each of these people comes into direct contact with adolescents and young people and therefore forms part of the adolescent experience of the clinic. The secondary target population for the programme's sensitisation efforts includes adolescents and young people themselves and the communities in which they live.



**CHIVASOUTHAFRICA**  
MENTORING. PARTNERING. SAVING LIVES.



“It is good now because if you come, they help you with a smile on their face.”

- Programme participant

- **Young people play an active role in project design.** Aside from the adolescent programme manager who is a clinical nurse mentor, all other CHIVA SA programme staff are youth who have previously worked for the loveLife programme as what are called ‘groundBREAKERS’ (young people who implement the loveLife programme) in clinics. Within the CHIVA programme, they are employed as AYFS coordinators and mentors, who work together to provide services for clinics. Facilities are actively involved in the continuous improvement for the programme, for example, assisting with the design of questionnaires. The programme is implemented by the AYFS coordinator and mentor, with support from the adolescent programme manager.

- The programme prioritises **data collection, monitoring and evaluation.** In partnership with the district and primary health committee managers and local NGOs, CHIVA SA undertakes a [formal baseline](#), as well as interim and exit assessments of service improvements. The objective of this is to enable skills-building at all levels, promote ownership of the programme and provide support and scale-up within each district. A strong evaluation component continues throughout the programme. The

clinic team are involved in teaching, mentoring, data collection, adolescent client satisfaction surveys and the development of action plans to promote quality improvement. Each team is involved in all aspects of programme evaluation, including verbal and written reports to the clinic managers and AYFS teams, and undertake baseline, interim and exit assessments of each clinic. They analyse the clinic data collected each month, compile reports on trends and areas for attention and analyse client satisfaction surveys and feed this back to clinic teams. They use this information to evaluate progress against jointly-developed action plans and guide their next steps for mentoring and teaching.

- **Sensitisation includes a focus on young key populations.** In the baseline and exit assessments of self-reported skills and confidence by staff (on all aspects of SRH, including HIV and SRH service delivery), there is a section on young key populations. Where staff have lower confidence and skills, additional sensitisation training, mentorship and support for working with young key populations is provided, and evaluated for impact at the end of the year.

“The way the support was structured, giving a step-by-step briefing to me as a leader of the clinic team and mentoring members of the staff made it easy to implement Adolescent and Youth Friendly Services (AYFS) successfully without anyone having undergone formal training in the clinic. CHIVA SA has put our clinic on the map. We have even been awarded a certificate of recognition for launching and maintaining AYFS.”

- Programme implementer



Completing adolescent satisfaction survey

## KEY RESULTS:

- To date the programme has reached approximately the following:
  - » 650 clinic staff of all cadres
  - » 150 health managers
  - » 25 communities served by the clinics
  - » 5000 adolescents and young people (age 10-24 years)
- In 2016, 15 clinics have undergone assessment using the adopted South African National Department of Health Adolescent and Youth Friendly Services Assessment Tool (which can be found in the CHIVA resource library – link below) to measure progress. All clinics had made progress since their baseline assessments, and eight of the 15 had met over 80% of the prescribed standards.
- The programme has expanded adolescent and youth access to clinic services.
- Baseline analysis revealed that approximately 80% of attendees were female, and of the 20% of male adolescents and youth, 80% were attending for minor ailments only. The collection and analysis of this data has enabled clinics to find novel ways to redress the imbalance and attract more young male clients into clinics.

“This clinic is good because I always get the help I want here.”

- Programme participant

For more information:

[www.chiva-africa.org](http://www.chiva-africa.org)

“Since the programme has started, I have managed to address 952 adolescent and youth clients... addressing issues that touch their hearts including family planning, teenage pregnancy and all the services we render for youth in our facility... I also requested a slot at a meeting with our local Inkhosi (traditional leader) to make them aware of this programme. We have received a positive response from youth in our schools too.”

- Programme implementer

“It is good now because they give us more care if we are sick, or if have come to get pills.”

- Programme participant

Male and female condom demonstration



# Spotlight

## MatCH-Supported Public Sector Clinics, South Africa

**Programme implementer:** MatCH

**Programme location:** Umlazi, KwaZulu Natal Province, South Africa

**Partners:** PEPFAR and Department of Health KZN



### CONTEXT:

MatCH is a support partner to the South African National- and KZN Department of Health. Since 2012, MatCH has been funded by PEPFAR to support health systems strengthening for improved HIV and TB outcomes in two high prevalence KZN districts. The project is implemented in seven primary health clinics in Umlazi, KZN.

### AIM:

The aim of this MatCH-implemented programme is to provide adolescent- and youth-friendly SRH services. The objectives are to (1) develop and support AFHS; (2) ensure that adolescents have access to comprehensive SRH; (3) create a non-discriminatory environment within health facilities, especially towards LGBT youth; and (4) address the high prevalence of teenage pregnancy through these youth-friendly services.

### APPROACH:

- MatCH met with clinics and their operations managers, and conducted **baseline assessments** to understand the challenges clinics face in providing services to youth. A key function of the programme is to obtain clinic staff buy-in, and for clinic staff to play a pivotal role in the success of the intervention. In conjunction with these meetings, they visited 12 schools to meet with school governing bodies, principals and educators.

- A **Youth Friendly Service Self-Appraisal Tool** was introduced to facilities, with the aim of gaining insight into the knowledge and beliefs that fuel stigmatising health provider behaviours.
- **Values clarification training** was conducted to remove any potential barriers to the provision of services, such as pre-conceived ideas and perceptions.
- A series of **trainings on SRH for adolescents, disclosure to ALHIV and substance abuse** were delivered to facility teams.
- **Support groups for ALHIV** were established, as well as a **WhatsApp group** which was used for virtual social interaction and support.
- Trained health providers were allocated to each facility, and a **'Youth Champion'** also identified at each facility to encourage youth to attend the clinic.
- Alongside health provider sensitisation, the programme also sets out to create an adolescent- and youth-sensitive space. Operational changes included **slipstream queues so that adolescents and youth can be seen quickly and return to school, convenient before and after school hours and social and sporting activities** during clinic appointments.

“I am happier and confident seeing adolescents now after the training and support”

- MatCH programme implementer



- Some facilities were able to **dedicate space exclusively for adolescents** to help them to feel comfortable and safe while waiting for clinic services.
- The introduction of **SRH services** included access to free condoms, emergency contraception, counselling and other appropriate referrals. Teens were also provided free access to ANC and support services throughout their pregnancies.
- **Referral systems** were also established between facilities and relevant complementary service providers, such as social welfare, crisis centres and hospitals. Referral lists were provided to schools and teachers so that they could also make appropriate referrals to the correct facilities and services.

“I am comfortable coming to this clinic, staff are so welcoming, I have encouraged my friends to also visit the clinic”

- MatCH programme implementer

## KEY RESULTS:

- Capacity-building and sensitisation resulted in more accepting staff attitudes and beliefs in relation to adolescents, HIV and SRH. Staff felt more competent and comfortable working with adolescents in a non-discriminatory manner, and adolescents reported improved comfort in accessing services.
- The adolescent SRH training improved the knowledge and skills of health workers. Specifically, values clarification training removed potential barriers to effective provision of HIV testing and counselling services, PMTCT, STI and HIV services, and services provided to young key populations.
- Pregnant teens attending ANC reported improved experiences.
- Referral networks were strengthened, and facility service providers, social services and teachers formed stronger relationships and could refer appropriately. In addition, relationships between Department of Health staff, community and schools were improved.

For more information:

<http://www.match.org.za>

## KEY IMPLEMENTATION STRATEGIES

- Creating a health facility environment and culture of adolescent- and youth-friendly services involves many inter-related components. These include **space, services, materials and health facility staff behaviours, norms and attitudes**. These combined interventions and efforts enhance sensitization and create a mutually-reinforcing adolescent- and youth-friendly service experience.
- **Sensitisation of health facility staff** is an important part of creating an environment that is adolescent- and youth-friendly. Sensitisation can include a variety of formal activities such as training, mentoring and values clarification. It can also include informal sensitisation through involving peer supporters in the health team.
- Adolescent- and youth-friendly services should not only **include, but go beyond, service provision to adolescents and young people living with HIV**. SRH services should be provided to all adolescents and young people, regardless of their HIV status.
- **Everyone working in the facility is responsible** for creating an adolescent- and youth-friendly environment. It has been recommended that all staff should be trained and supported to be welcoming and respect the privacy of adolescents<sup>15</sup>. Involving and sensitising everyone, including management at district and clinic level, health providers, administrative and security staff and volunteers helps to create shared ownership and understanding, and ensures a consistently positive experience for adolescents attending the clinic.
- Creating adolescent- and youth-friendly health facilities, and sensitising health providers requires **client-oriented service provision**, with the aim of meeting the needs and expectations of adolescents and young people. An aspect of this is to seek input and involvement from adolescents and young people at all stages of the design, implementation and evaluation of services, which can then inform sensitisation activities.



Efficient record-keeping to ensure patient confidentiality is maintained.

- **Data collection, record-keeping and assessment are necessary to measure successes and challenges** faced in providing adolescent- and youth-friendly services by sensitised health workers. **Involving young people living with HIV as peer supporters** is a key strategy in building adolescent- and youth-friendly environments. Embedding young people living with HIV within the facility structure demonstrates a commitment to providing responsive care. If well supported and trained, peer supporters can act as advocates for the needs of young people. Peer supporters may also relieve some of the burden on clinic staff, which may reduce the stress and frustration that can lead to unfriendly service provision. See PATA's [promising practice on peer-led services](#) for more detail.
- A focus on creating healthy and supportive spaces for adolescents and young people goes **beyond the primary health facility**. Receiving combinations of support in several areas of their lives such as school and home has been shown to lead to better ART adherence, lower sexual risk-taking and improved psychosocial outcomes<sup>25, 35, 36</sup>.
- The positive effects of simultaneous interventions targeting various aspects of a young person's life are cumulative<sup>37</sup>, and it has been suggested that adherence and SRH outcomes are improved when a variety of specific supportive factors are provided concurrently<sup>38</sup>. These findings point to the value of creating a network of adolescent- and youth-friendly support across spaces and services. Strong referral and linkage systems should be in place to link young people to services not provided in clinic, such as social, psychological and specialist health services.

## CHALLENGES

- Clinics vary in their physical, financial and human resource capacities, as well as the specific needs and characteristics of their surrounding communities and patient populations. As such, there is no one-size-fits all model, and creativity is required to create a sensitised environment that works in the specific context.
- Highly instructive and didactic sensitisation training may succeed only in shifting attitudes and values in a superficial way, failing to change



Health provider sensitisation workshop in Malawi, hosted by PATA

genuine beliefs or tangible practice. To minimize this challenge, sensitisation should include practical learning and activities.

- Sensitising health workers and creating accessible spaces for young key populations, including young men who have sex with men, sex workers, and transgendered, intersex and gender non-conforming people is an area that requires further attention. Although adolescents and young people are a vulnerable population themselves, within this heterogeneous group there are young key populations that are acutely stigmatised, and face additional barriers, including being more difficult to reach<sup>40</sup>. Several countries have restrictive legal and policy environments that restrict its ability to identify and provide comprehensive services to young key populations. Even where laws are not explicitly restrictive, community stigma, discrimination, lack of awareness and inadequate funding make service provision for these groups a challenge. Of the five completed surveys received within this call for promising models of practice in health provider sensitisation, only one had undertaken sensitisation specifically for young key populations, representing an important gap as well as an opportunity. **UNAIDS technical briefs provides more detail about challenges and strategies for working with young key populations<sup>41</sup>.**
- As with many programmes within the HIV sector, limited funding can be a major implementation challenge. The issue can present as

inadequate resourcing for:

- » Training and mentoring health providers and other clinic staff
  - » Designated space for adolescents and young people to meet and interact
  - » Any additional staff to accommodate school-friendly operating hours
- In some cases, school principals were reluctant to allow pregnant teenagers to access ANC as they felt that it infringed on school time, speaking to the need for sensitisation of community stakeholders.

## SUCCESSES AND LESSONS LEARNT

Environments where health providers are sensitised to provide supportive and relevant HIV and SRH services are conducive to improved service uptake and better physical and psychosocial outcomes for adolescents and young people. Findings from the spotlights complement an emergent body of literature which documents improved retention in care, ART adherence and virological suppression amongst AYPLHIV receiving adolescent- and youth-friendly services by supportive health providers. Other positive outcomes include improved uptake of and adherence to family planning methods.

Health providers are the foundation of adolescent- and youth-friendly environments, and their sensitisation is a fundamental part of creating friendlier and more appropriate services.

**Unconstructive health provider attitudes and beliefs can and do change!** The health and happiness of patients is a priority for most health providers, and, when given the tools and support necessary, it is possible to overcome limiting values and become sensitised to meet the needs of young people.

**Sensitisation is not a once-off event.** Sensitising health providers and creating adolescent- and youth-friendly environments is an iterative process that can take time. Systems, beliefs and practices

Sensitise health providers  
to the needs and rights  
of key populations and  
marginalised youth.

- PATA 2016 Youth  
Summit Report



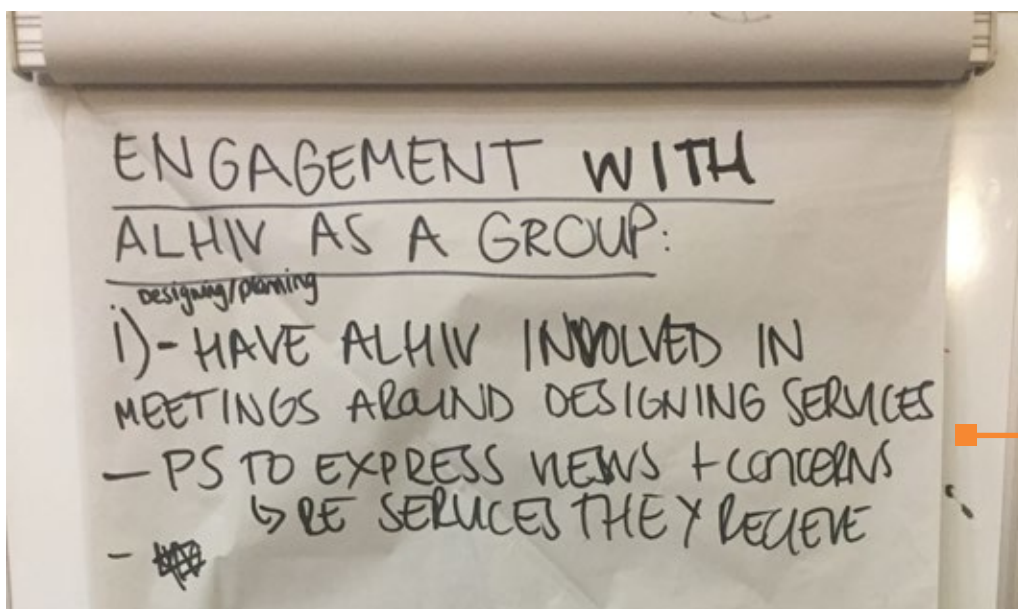
can require dedicated efforts in order to change, and it is important to create ongoing spaces for dialogue, sharing and training. Patience, consistent engagement and dedicated resources are important in ensuring success.

- **It is easier to create a culture of adolescent- and youth-friendly service provision when efforts are spearheaded by the district and health facility management.** Management support should be secured as early as possible, as quality improvements require the sustained engagement and support of supervisors. Creating champions and point-people is another way to create joint ownership, sustainable engagement and accountability.
- **The creation of adolescent- and youth-friendly spaces, including health provider sensitisation, is an opportunity to strengthen the capacity and services of the entire facility.** These efforts can benefit other clients, who are also deserving of friendly and responsive health services. For example, sensitisation and training around young key populations and SRH will equip health providers to deliver better services to adults as well.

- **Adolescents respond well to positive messaging and framing,** including rewards and positive outcomes, rather than only hearing about risks<sup>15,22</sup>. However, when counselling around behaviour, health providers need to create space for young people to share challenges, barriers and difficulties; in the absence of this, adolescents may withhold for fear of disappointing them<sup>29</sup>.
- **Recognising progress and acknowledging successes of health providers is important to positively reinforce their efforts and create a supportive infrastructure.** Health workers often have a wealth of knowledge, experience and expertise that should be applauded and harnessed.
- **Recruiting health providers who enjoy working with young people, and have tolerant values** allows clinic staff to focus on tasks they enjoy, and young people to receive services from people who resonate with them. It has been suggested that emotional resonance, combined with practical implementation, has the greatest potential for transformation<sup>39</sup>.

We request friendly and sensitised health providers with positive attitudes and ask that HIV and SRH services be provided to us with care, acceptance, respect and without judgement. We should be provided with comprehensive information and recognised as capable of making our own decisions. Don't lecture us, empower us!

- Call to Action - Peers to Zero Dar es Salaam Peer Supporter Declaration



PATA-hosted health provider sensitisation workshop discussion

## CONCLUSION

Enabling and supportive health provider attitudes and beliefs are a crucial part of providing adolescent-friendly health services. Despite the myriad of challenges in ensuring respectful, confidential and supportive HIV and SRH services for young people, sensitisation is a powerful strategy to capacitate health providers to create an adolescent-friendly environment. The spotlights contained in this document highlight potential approaches for sensitising health providers in different contexts. Despite the distinctions between models, the important and cross-cutting elements of creating adolescent-friendly facility environments for the delivery of sensitised services include encouraging reflexivity, patience and repeated messaging, as well as creating opportunities to apply sensitisation activities in real life scenarios. Spotlights also

demonstrate the importance of creating strong linkages and networks of adolescent-friendly environments, including with schools and NGOs.

Involving peers, training all clinic staff and ensuring appropriate and consistent data collection, and monitoring and evaluation all emerged as key components of implementing an effective sensitisation programme. It is important to recognise that health provider sensitisation is one integral part of a combination of mutually-reinforcing components that are required to ensure that facilities are adolescent-friendly. Despite its potential, sensitisation requires adequate financial resources, time and buy-in at all levels of the facility to be effective.

## Resources & Links

- "Conduct a Baseline YFS Self – Appraisal" loveLife resource tool
- "South African Department of Health's "Adolescent & Youth Health Policy 2016 - 2020" Department of Health, South Africa, 2015.
- "Adolescent & Youth Health Policy 2016 booklet" Department of Health, South Africa, 2015.
- "Adolescent and Youth Friendly Services 10 Standards" Chivas South Africa
- "Making health services adolescent friendly" WHO, Department of Maternal, Newborn, Child and Adolescent Health. 2012.
- "Building an adolescent-competent workforce" WHO Policy Brief, 2015.
- "A standards-driven approach to improve the quality of health-care services for adolescents" WHO Policy Brief, 2015.
- CHIVA tool – attached to email (we would have to upload it to our website then link it)

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## Getting to know PATA

Our MISSION is to mobilise and strengthen a network of frontline healthcare providers to improve paediatric and adolescent HIV prevention, treatment, care and support in sub-Saharan Africa.

Our VISION is that all children and adolescents living with HIV in sub-Saharan Africa receive optimal treatment, care and support and live long, healthy lives.

PATA's objectives are:

1. To improve the quality of paediatric and adolescent treatment, care and support at health facility level
2. To grow and deepen engagement of the PATA network and increase peer-to-peer exchange between health providers across countries and regions
3. To incubate, document and share promising practices in paediatric and adolescent treatment, care and support in order to effect positive change in policies, programmes and practices at national and global levels

PATA works through four activity streams: PATA Forums, PATA Incubation Projects & Programmes, PATA Practice-Based Evidence & Advocacy and PATA Connect.

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