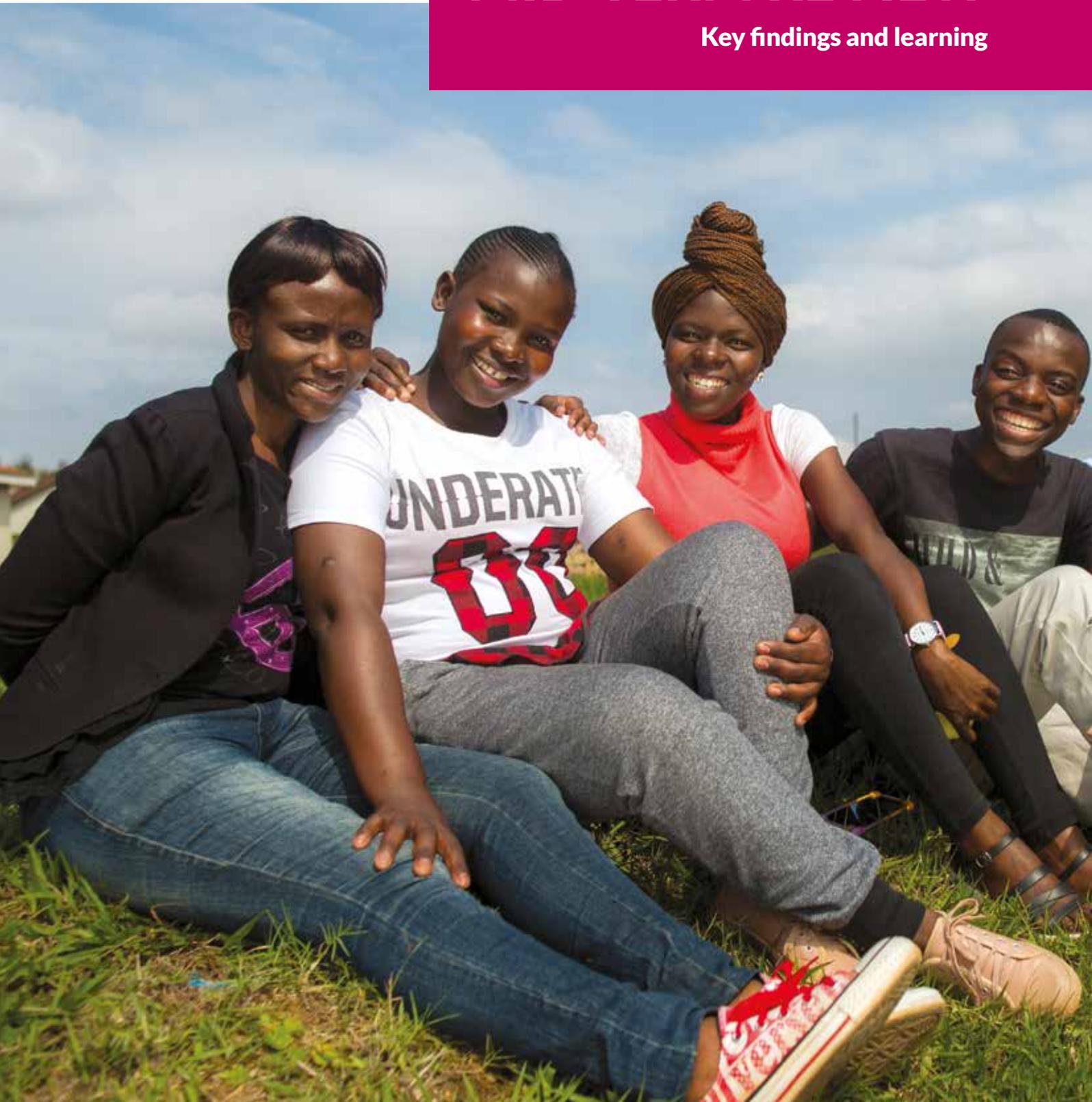


MID-TERM REVIEW

Key findings and learning



This document is dedicated to Selma Pires and Benevolência Mosse, two remarkable young women who lived with HIV. Selma died, aged 18, on 25th August 2017, and Benevolência died on 18th June 2019, aged 23. Both were community adolescent treatment supporters (CATS) in Mozambique. Their deaths are a stark reminder of why READY+ is still needed.

About READY+

READY+ aims to promote sexual and reproductive health and rights (SRHR), mental health, care and treatment with, by and for 30,000 adolescents and young people living with HIV in Mozambique, Swaziland, Tanzania and Zimbabwe.

READY+ is funded by the Embassy of the Kingdom of the Netherlands in Maputo, and led by Frontline AIDS in partnership with Y+, AFRICAID/Zvandiri, Coordinating Assembly of NGOs in Swaziland (CANGO), Global Network of People Living with HIV (GNP+), M&C Saatchi World Services, Paediatric AIDS Treatment for Africa (PATA) and the Regional Psychosocial Support Initiative (REPSSI).

About Frontline AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

Frontline AIDS

91-101 Davigdor Road
Hove, East Sussex
BN3 1RE United Kingdom

Tel: +44 1273 718 900
Fax: +44 1273 718 901
Email: info@frontlineaids.org

Registered charity number 1038860
www.frontlineaids.org

Acknowledgements

Author: Sarah Hyde
Project coordinators: Georgina Caswell and Chengetai Dziwa
Contributors: Anna Downie, Luann Hatane, Lynette Mudekunye, Virgilio Suande and Nicola Willis

Cover photo: Gcebile, Phetsile, Ntsiki and Siphon are Community Adolescent Treatment Supporters (CATS) in eSwatini.
©Sydelle Willow Smith for Frontline AIDS
Design: iamalexandra@me.com

Photos are used for illustrative purposes. They do not imply the health status or behaviour on the part of the people in the photo.

© Frontline AIDS 2019

MID-TERM REVIEW

Key findings and learning

READY+: resilient and empowered adolescents and young people	5
About the mid-term review	6
Key findings	7
Detailed findings	9
Challenges	19
Recommendations	20
Conclusions	22

READY+

resilient and empowered adolescents and young people

In many countries around the world, young people lack access to youth-friendly sexual and reproductive health (SRH) services and accurate information. Seven out of ten young women in Africa do not have comprehensive knowledge about HIV.¹ Parents, communities and policymakers may be reluctant to discuss young people's sexuality. Gender roles and expectations restrict how young women and men should behave and act. And young people are often excluded from programmes and decisions about their own sexual and reproductive health and rights (SRHR).

This is difficult for all young people. But even more so for adolescents and young people living with HIV who face stigma, discrimination and violence. As they explore their sexuality and form relationships, adolescents and young people living with HIV face many challenges. These include disclosing their HIV status, adherence to anti-retroviral therapy (ART), practising safer sex and understanding options for effective contraception while on ART. These are pressing challenges: every week about 6,200 young women aged 15-24 become infected with HIV.² More than 90% of deaths worldwide from AIDS-related illnesses among adolescents occurred in sub-Saharan Africa.³

In response, the READY movement aims to promote resilient and empowered adolescents and young people so that they can make the changes needed to lead healthy lives. READY+ aims to reach 30,000 adolescents and young people living with HIV in eSwatini, Mozambique, Tanzania and Zimbabwe. Supported by the Embassy of the Kingdom of the Netherlands, in Maputo, Mozambique, the four-year programme (2016-2020) increases access to holistic care and support: promoting not only SRHR but also mental wellbeing in order to foster resilience. Young peer supporters, known as CATS (community adolescent treatment supporters), are at the heart

of the programme. During home and clinic visits, trained CATS provide information, counselling and support to other young people living with HIV and encourage adherence to treatment.

READY+ works with a range of target groups so that:

- Adolescents and young people are ready to make informed decisions about their health and rights.
- Parents and caregivers are ready to support adolescents and young people to talk about their sexuality.
- Service providers are ready to provide youth-friendly services.
- Decision-makers are ready to champion access to information, services and commodities for adolescents and young people living with HIV.

¹ UNAIDS (2019), 'Women and HIV: a spotlight on adolescent girls and young women'. Available at: https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf

² UNAIDS (2019), 'UNAIDS Global HIV & AIDS - 2019 fact sheet'. Available at: <https://www.unaids.org/en/resources/fact-sheet>

³ 'Women and HIV: a spotlight on adolescent girls and young women'

ABOUT

the mid-term review

The READY+ programme began in 2017. In early 2019, a mid-term review took place – conducted by external consultants and young people – to assess progress to date, identify gaps, learn from challenges and make targeted recommendations for the future. Africaid and Y+ also carried out a survey to find out what CATS think of the support they receive, and ask how the programme could be improved.

This document summarises key findings of both the mid-term review and CATS survey. It focuses mainly on the mid-term review, and draws upon data from the Youth Summit organised by PATA in partnership with Y+, in November 2018 in Tanzania. Frontline AIDS and the READY+ consortium are sharing experiences, best practices and lessons learnt in the hope that programme managers, policymakers, donors and other stakeholders will use them to inform effective programming in other settings.

Methodology

1. The design of the mid-term review was participatory and exploratory, using mixed methods. Sampling was not random. Although it may have caused some bias, this method was chosen because the programme targeted a specific population: adolescents and young people living with HIV. Young people, identified by Y+, played a key role as youth consultants: developing and asking questions as well as running focus group discussions and reflective workshops. In Mozambique and Tanzania, interviews and 36 focus group discussions were held to elicit the views of adolescents and young people living with HIV, CATS and parents/caregivers. In eSwatini and Zimbabwe, lead READY+ partners organised reflection workshops and several in-depth interviews. In total, 47 key informant interviews took place with READY+ partner staff, health workers and other stakeholders across all four countries. Research was conducted between April and June 2019. An ethics plan safeguarded the rights of those adolescents and young people living with HIV involved.

2. A survey of CATS' perceptions of the care, support, training, supervision and mentorship they receive was carried out in all four READY+ countries. Young people living with HIV were trained in data collection. All CATS within the READY+ supported health facilities were eligible to complete the survey. A total of 246 CATS participated in the survey. Of these, 30 were from eSwatini, 19 from Mozambique, 59 from Tanzania and 138 from Zimbabwe. Research, carried out between March and May 2019, combined quantitative tools (the CATS survey and Zvandiri's mental health screening tool) and qualitative data (exit interviews with 18 CATS who had left the programme early). Confidentiality was carefully maintained, with unique identifier codes used instead of names to ensure anonymity.

Limitations

1. Two limitations were identified for the mid-term review. Firstly, only qualitative data was collected, and the sample was small. Therefore the mid-term review also used secondary data to assess progress against indicators. Secondly, due to limited time, not all programme stakeholders could take part in the review.

2. Several limitations were encountered in analysing data from the CATS assessment. One of the main reasons why the assessment was undertaken was to understand why CATS were leaving the programme, and yet only a small number of former CATS were interviewed. Secondly, the CATS assessment did not generate much qualitative data. Finally, as in the mid-term review, the assessment was limited in that it did not reflect the views and perspectives of other key actors, notably service providers.

KEY FINDINGS

from all data sources

- At the mid-term point, READY+ is achieving or surpassing most of its end term targets. Progress varies across the four countries.
- Adolescents and young people living with HIV report feeling empowered by increased knowledge, skills and confidence.
- CATS have gained confidence, knowledge and self-esteem. This has enabled them to support their peers, improve their own health and promote adherence to ART.
- 92% (353/385) of the target for the number of adolescents and young people living with HIV trained as CATS has been met.
- The target for the number of adolescents and young people living with HIV accessing one-to-one peer support from CATS in the community has been surpassed [184% (18,431/10,000)].
- 96% (236/246) would recommend being a CATS to their friends.
- 76% (187/246) of CATS said they felt supported in their roles by implementing partners and health workers. Perceptions varied as to the level and quality of support. And some CATS reported not receiving stipends on time.
- Parents and caregivers have accessed information and gained skills that have empowered them to talk openly to their children about HIV and SRHR, safer sex, adherence to ART and disclosure.
- Evidence from the Youth Summit shows that service provider attitudes matter to young people. The number of service providers who were trained via peer learning has been surpassed [173% (207/120)]. There has, however, been mixed progress in the number of referrals.
- Adolescents and young people living with HIV have been trained and taken the lead in developing successful advocacy and accountability initiatives in each of the four countries.



At Isingiro hospital in Tanzania CATS volunteers educate young HIV positive clients about the virus using the soldier game. The card game is used to educate adolescents and young people living with HIV about how antiretroviral work in the body. © Peter Caton for Frontline AIDS

DETAILED FINDINGS

Findings from the mid-term review are outlined in the following pages in more detail, with progress structured according to the four outcomes of the READY+ programme. See page 16-17 for specific findings from the CATS survey.

OUTCOME 1. Access to accurate, relevant and comprehensive information for adolescents and young people living with HIV

The programme has achieved two-thirds [66% (237/358)] of the target for the number of active peer supporters (based in the community and health facilities). Significant progress in Mozambique was attributed to consistent support from the community. Adolescents and young people living with HIV welcomed support from health workers. In eSwatini, slower progress was due to weak community structures to support CATS. In all four countries, CATS based in health facilities were able to be more active. READY+ has attained an impressive [92% (353/385)] of the target for adolescents and young people living with HIV trained as CATS. Success was due to strong partnerships between READY+ implementing partners and health workers, who play a critical role in endorsing the work of CATS. Caregivers were also in favour of young people being trained as CATS.

"HIV is like any other illness as long as you manage it properly! It's like having malaria. You just have to take your ARVs daily as prescribed."
Young man, Mozambique

Creating safe spaces for adolescents and young people living with HIV – in the community, clinics, support groups and on a one-to-one basis with peers – is vital. These spaces enable young people to meet, learn about SRHR and HIV, and express themselves without fear of stigma, discrimination or violence. The programme has achieved 69% (20,827/30,000)

of the target for the number of adolescents and young people living with HIV participating in group safe spaces led by CATS. The trust young people living with HIV place in CATS, as their peers, has contributed to this progress. Safe group spaces have empowered adolescents and young people living with HIV, helping them to cope with their status, and gain resilience and confidence. Levels of knowledge varied among different age groups, with younger adolescents enjoying learning through play. Safe spaces were popular with young people: offering a space where they could share their experiences and feel less isolated. Improved assertiveness and self-esteem, and greater acceptance of their status enabled young people to talk more openly to their peers about living with HIV. This helped counter the myths that fuel stigma and discrimination.

Before READY+, health workers said that many adolescents and young people living with HIV stopped coming for treatment. But learning about HIV and hearing their peers speak about HIV and ART has empowered them to get tested, enrol in therapy and adhere to treatment. Access to information and support has improved young people's general health, after starting on ART.

READY+ has far exceeded [184% (18,431/10,000)] the target for the number of adolescents and young people living with HIV receiving one-to-one support from CATS in the community. In Mozambique, Tanzania and Zimbabwe, young people said they like this support because it is confidential and informal, and they can ask questions. Home visits are valued as they remind young people to take ART and live positively. They also help parents to understand why children are on treatment and why disclosure

"Teen Clubs are the way to go, you know. When I look back I don't think I would be alive and standing here today if there was not Teen Club. I can safely and confidently say I am a product of Teen Clubs and owe my life to them."
Male CATS, eSwatini

matters. Progress in Mozambique can be attributed to young people living with HIV accepting CATS, as well as relationships between CATS and health workers. Progress in Zimbabwe – where the CATS model was pioneered – was attributed to previous interventions which provided a foundation for READY+. Likewise, REPSSI's implementing partners in Zimbabwe had trained peer counsellors prior to the project. Progress in providing one-to-one support in eSwatini has been slower than other countries due to initial delays in processing CATS' stipends.

OUTCOME 2. Safe and secure communities that promote the rights, health and wellbeing of adolescents and young people living with HIV and support their access to SRHR information, services and commodities

In order to trigger lasting change at various levels, the READY+ programme has invested in training parents and caregivers, using REPSSI's communication tools. Parents/caregivers said they received useful information and gained skills that have helped them to speak more openly with their children about HIV and SRHR. They were able to provide age-appropriate and gender-sensitive information and support. Training enabled parents/caregivers to support adolescents and young people with adherence to ART and disclosure: young people had a better understanding of why they were on treatment, and of the importance of disclosure. The programme is not, however, on track to achieve the target for the number of parents/caregivers trained. Just 21% (1,264/6,000) of the target has been met. Limited progress is due to delays in providing

the technical assistance required to start training. An action plan to accelerate training for parents/caregivers has already been put in place to address this shortfall.

Community dialogues have encouraged people to question social norms around sexual health. They have strengthened caregivers' ability to talk to their children about issues such as disclosure, safer sex and contraception. Before READY+ training, parents/caregivers said they lacked the skills needed to talk to adolescents and young people living with HIV about these subjects. In all four READY+ countries, adolescents and young people living with HIV expressed a willingness to open up about their status. Families had a better understanding of their needs and were able to provide more support. This, in turn, has generated community awareness, acceptance and support. Community dialogues have also helped address stigma and discrimination. The target for the number of community dialogues held has been surpassed, with the most progress achieved in Zimbabwe and Mozambique.

Caregivers reported that community leaders and parents have accepted CATS. This acceptance supports CATS and encourages adolescents and young people living with HIV to engage with them. Health workers and READY+ partner staff said that adolescents and young people living with HIV were retained in treatment and care due to the support provided by CATS. Linkages with service providers that provide nutritional support with AYPLHIV and caregivers were strongly recommended. A suggestion by caregivers and community leaders in making communities safer was the need to scale up efforts to work with schools.

"My child had a high viral load, but now after all these activities she is getting better and growing faster than how she was; she was stunted."
Caregiver, Dar Es Salaam, Tanzania

OUTCOME 3. Increased access to, and use of high-quality HIV and SRHR services by young people living with HIV that are responsive to their specific needs

Evidence from all four countries shows that dedicated youth-friendly services boosts the uptake of services by adolescents and young people living with HIV. Surveys completed at the PATA 2018 Youth Summit demonstrate that service providers' attitudes matter to young people. Friendliness is valued above convenience. Most young people would rather wait to see a client-centred, kind and friendly service provider than see a rude one immediately. A key recommendation from the Youth Summit was that programmes must invest in training and sensitising healthcare providers, combined with ongoing monitoring of the quality of services. Likewise, across the four READY+ countries, a central advocacy issue identified by young people was the need to transform health workers' attitudes.

"We expect facilities to have all the services in one place."

Young woman, Zimbabwe

The programme has surpassed targets [173% (207/120)] for the number of service providers taking part in peer learning and exchange. Progress in Tanzania was outstanding [227% (68/30)]. Success was due to strong partnerships between READY+ partners and the Ministry of Health. Health workers said they took part in the training because they value READY+. Healthcare providers feel motivated about the trainings they have participated in under READY+ and see opportunities to improve the services they provide:

"I will improve the way I manage the young people with HIV as I learnt they need love, care, and protection, and they need to be heard." Healthcare provider, Zimbabwe

"I will try to be less judgemental to adolescents and inform other colleagues on the importance of providing friendly services to clients to improve the uptake of services and retention into care." Healthcare provider, eSwatini

Insights showed improvements in the integration of services offered at health facilities. In Zimbabwe, health workers said that adolescents and young people aged 10-24 now had access to comprehensive services. Sustained advocacy by different stakeholders, including young people in READY+ calling for integrated HIV and SRH services, contributed to this change.

Targets for the number of sites with a service improvement plan have been met. This is critical to improve the supply of youth-friendly services. READY+ has also strengthened linkages between small clinics and large hospitals in order to extend access to quality services. Progress towards achieving the target for the number of completed referrals for adolescents and young people living with HIV to access HIV, SRH and psychosocial services has been mixed. Success in Zimbabwe was due to an established referral system that existed before READY+.

Health workers now enjoy good relationships with CATS and their young clients. This is making it easier for CATS to carry out their work.

Adolescents and young people living with HIV said that the READY+ programme included them at every stage. One example of young people leading is the READY+ scorecard: a unique client satisfaction tool developed by young people to facilitate their meaningful assessment of how well healthcare providers are supporting their young clients. It has taken a while to conceptualise, produce and implement the scorecard. As such, limited progress has been recorded in achieving the target for the number of adolescents and young people living with HIV involved in designing, monitoring and evaluating services.

OUTCOME 4. Greater accountability of decision-makers and policymakers to the SRHR needs of adolescents and young people living with HIV

Promoting the involvement of adolescents and young people living with HIV in decisions that affect their health and wellbeing is at the core of READY+. This is tracked using examples where national decisions, policies or strategies specifically refer to evidence generated by the programme.

“As young people, we must be given the opportunity to contribute to the policies about young people living with HIV, because we know best what we need.”

Young woman living with HIV, eSwatini

READY+ has collected and communicated vital evidence of the needs and aspirations of adolescents and young people living with HIV, and the barriers they face. In each of the four countries, young people have been trained and supported to develop advocacy and accountability strategies.

The programme has invested in strengthening networks of young people living with HIV so that they can mentor young leaders living with HIV and demand accountability. In eSwatini, the Swaziland Network of Young Positives (SNYP+) – supported by Her Voice – learned about the Global Fund, and honed their advocacy and communication skills. The network also forged partnerships with local community leaders. This contributed to the first ever national forum of adolescents and young people living with HIV in the country.

The network of Y+ in Mozambique led the process of assessing health services, using the READY+ accountability scorecard. In November 2018, 98 adolescents and young people living with HIV completed the scorecard. The six READY+ supported health facilities received an overall score of 76%. Most clients said that service providers are friendly, inspire hope and give them positive answers. Providers make sure young people understand everything, and they respect their privacy and confidentiality. Clients also reported

that health workers make them feel cared for, understood and protected, and they check the correct medication and information are provided.

Zimbabwe Young Positives (ZY+) successfully advocated for the Zimbabwe HIV treatment guidelines to be updated to make dolutegravir (DTG) accessible to women of reproductive age who are using any form of contraception. In 2019, ZY+ supported the African Community Advisory Board (AfroCAB) in conducting a survey to understand what young people living with HIV, especially young women, think about DTG. At a meeting organised by AfroCAB, involving the Ministry of Health and PEPFAR, 30 young people stood up to demand DTG. Audrey Nosenga, READY+ Focal Point, ZY+, said, “We want to make our own informed choices about whether to take DTG or not – for our health and the health of any babies we might have.”

In Tanzania, with support from UNICEF, young people were trained in advocacy and the use of social media. A national forum of young people living with HIV was held, where young people spoke about the issues that affect them most, and identified key advocacy asks. In addition, the Youth Summit, organised by PATA in partnership with Y+, was held in November 2018 in Dar es Salaam, Tanzania. Over 220 people took part, including 115 CATS, youth network representatives and leaders from 11 sub-Saharan African countries, 106 healthcare providers, programme managers and policymakers. The theme of the summit was #PeerPower. It aimed to spark action, advocacy and greater accountability in safeguarding the rights of adolescents and young people living with HIV to access quality, adolescent-friendly health services that are responsive to their SRHR and wellbeing. Young people attending the summit agreed a set of Youth Summit Commitments to Action. These commitments recognise the importance of working collectively, across national and generational boundaries, and in partnership with healthcare providers, governments, donors, policymakers and civil society to achieve the global Fast-Track Targets. See <http://teampata.org/portfolio/pata-2018-youth-summit-report/> for more information.

READY+ was visible and active at the AIDS 2018 conference in Amsterdam (July 2018). Under the vibrant #FreshVoicesMakingChoices campaign,

READY+ made sure that young people’s voices could be heard as equal partners in the HIV response.

At the opening ceremony of AIDS 2018, Julian Kerboghossian, Chair of the Y+ Steering Committee, said, “As young people, we are stronger than ever. We are finding our voice and demanding our needs all over the world. We are speaking up. We are driving movements, like the READY movement.” Despite the many vibrant, successful examples of READY+ advocacy and accountability, there has been limited progress in achieving the target for the number of young people taking part in local, national and global advocacy on SRHR and HIV. This is because of challenges in capturing some of the data. Y+ focal points are developing advocacy logs that detail how they have used key moments to call for decision-makers to bring about change in the lives of adolescents and young people living with HIV.

Relevance

READY+ partners reported that the programme design is relevant. In order to bring far-reaching change that transforms the lives of adolescents and young people living with HIV, successful initiatives must work with a range of target groups: not only young people, but also service providers, communities and decision-makers. Health workers in eSwatini, Mozambique and Tanzania said that previous interventions had focused on adolescents and young people living with HIV, neglecting the wider context. The READY+ model, however, influences the entire system in which adolescents and young people living with HIV grow and provides a comprehensive response to meet their needs, encouraging them to make healthier choices, rather than solely building health workers’ skills.

The CATS survey shows that recruitment, training and supervision is well-designed. Training is in two stages, and includes work in the local health facility where they gain hands-on experience. Embedding CATS’ activities in the local health system is an added advantage, and addresses the supply and demand side of healthcare.

Value for money

Harnessing READY+ partners’ skills, experience and tools cuts costs. Using a model which has been shown to be effective – Zvandiri’s CATS model – has provided access to technical assistance, and meant that the programme could utilise existing tried-and-tested tools. Likewise, PATA’s involvement enabled expertise and tools to be shared across all four countries. REPSSI’s participation in the consortium allowed partners to draw upon its expertise and use its proven psychosocial support tools, such as the Hero Book, thereby ensuring value for money.

Frontline AIDS’ experience in the Link Up programme (2013-2016) and in managing consortia has contributed to learning, sharing, and has fostered partnerships that strengthen READY+ across the four outcomes.

Sustainability

Training and peer support build the capacity, resilience and confidence of young people living with HIV as leaders, advocates, CATS and researchers. These are valuable lifelong skills that young people can and will use beyond the programme.

Embedding the CATS model within existing community and local health facilities enhances sustainability and develops young people’s social capital. Evidence shows that the CATS intervention is building the systems and structures needed for it to continue after the programme, for example, supervision support to enable health workers and implementing partners to care for CATS.

Sustainability could, however, be improved by prioritising the technical assistance needed for activities such as training parents and caregivers.

WHAT DO CATS THINK?

In a comprehensive survey, Africaid and Y+ sought to find out whether CATS consider the support they receive during training and implementation adequate, and how the CATS programme could be improved. Exit interviews and a mental health screening tool were used to elicit CATS' views and assess their wellbeing.

Benefits and value

Thanks to READY+, CATS have gained knowledge and confidence. This has enabled them to educate their peers on HIV and SRHR, improve their own adherence to HIV treatment and promote adherence among their peers. Across all four countries, CATS were highly satisfied with the programme. Nearly all (96%) CATS would recommend being a CATS to a friend.

Young people formed lasting relationships with other CATS, and one appreciated the fact that "My fellow CATS visited me when I fell sick." Many CATS said that the stipend had improved their standard of living and health. One former CATS said that she has become a Mentor Mother with mothers2mothers, which illustrates READY+'s contribution to developing transferable skills. The programme is building the social capital of young people: when asked about their memorable experiences, the most common responses related to relationships with various people. CATS loved being linked to other CATS and attending coordination meetings.

"First CATS training from Africaid was so wonderful, well planned and very resourceful. Helped me on way to cope with my HIV status, living positive and generally to understand myself with regards to HIV is concerned."
CATS, Lubombo, eSwatini

Caring for CATS

The CATS survey showed that:

- All CATS were able to access appropriate services in READY+ supported health facilities, such as viral load testing, enhanced adherence counselling and mental health screening. But during coordination meetings, issues relating to their own health were covered the least compared to other topics.
- Home visits from implementing partners and health workers for CATS' own personal health, care and support were minimal. Tanzania had the best record for home visits and eSwatini the opposite.
- Implementing partners and health workers supported CATS to do their work. Just over three-quarters (76%) said they had support on a weekly and monthly basis to plan and manage their caseloads.
- Perceptions varied as to the level and quality of support, supervision and mentorship provided. In some countries, CATS felt they did not receive sufficient support from implementing partners and health workers.

CATS are adolescents and young people living with HIV. They too need access to differentiated services from local health facilities. CATS provide services (supply side) as well as access services to safeguard their own wellbeing (demand side).

Ongoing support is vital to ensure CATS stay healthy and motivated. Coordination meetings are important: they enable CATS to gain support from each other and implementing partners. At these meetings – which are usually monthly – CATS and implementing partners plan ahead and review the CATS' caseload, which can range from between

one and over 60 clients per CATS. Yet some CATS in some countries reported that they did not have regular coordination meetings, nor were they consistently accompanied by implementing partners on home visits to clients.

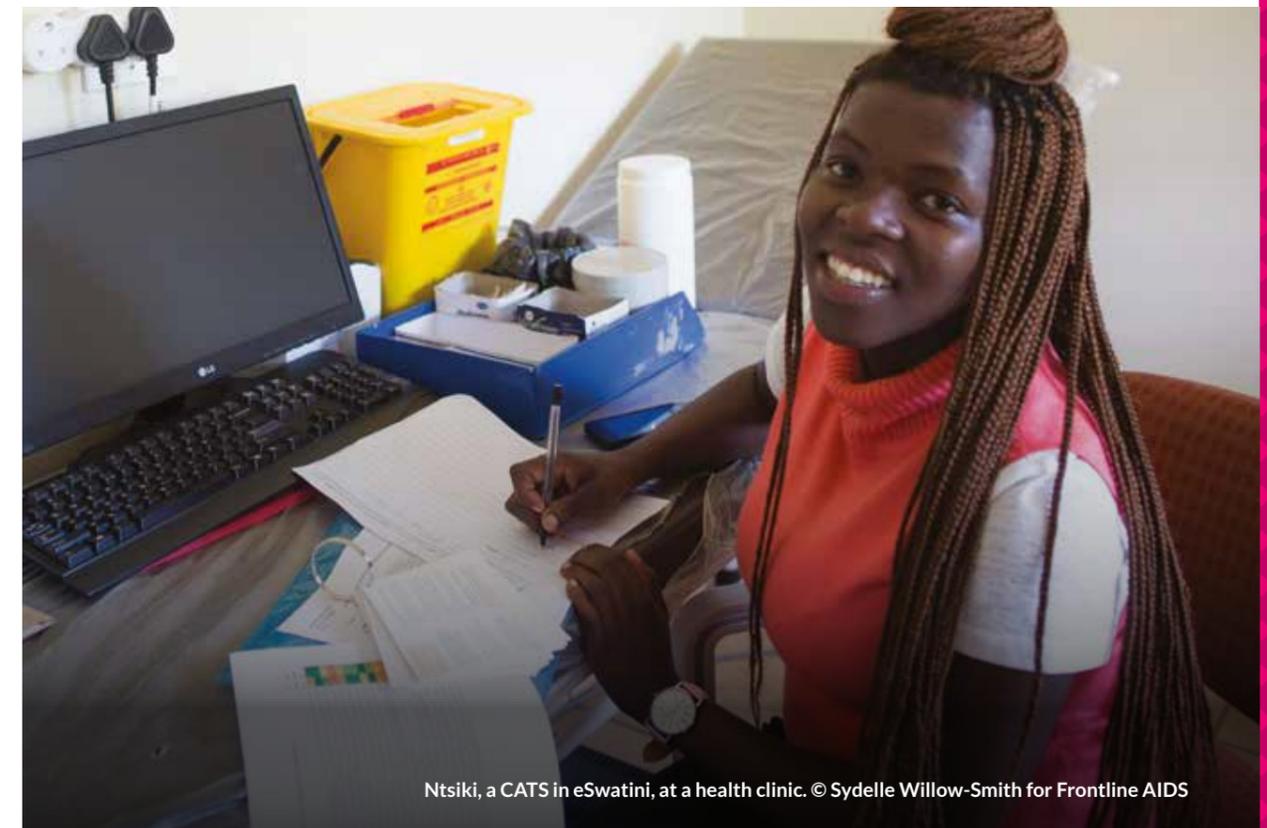
Exit interviews provide a rich source of data, revealing why some CATS had opted out of the programme. The main reasons were home circumstances, such as marriage and relocation; too much walking; lack of support from implementing partners; low stipends and delays in getting paid. Poor relationships with other CATS were also cited. All but one of the CATS who left the programme, however, said they had benefitted in some way from READY+.

"It's like we forget that they [CATS] are also young people living with HIV and thus bound to have the same or similar challenges every young person has... CATS are the heart and pulse of the project; they must be taken care of."
Implementing partner, eSwatini

"It was good working as a CATS in the READY+ programme. Training was good and it exposed me to the HIV/AIDS/ART field. I would go back to the facility as a CATS if our challenges and problems are solved and attended to."
CATS, Lubombo, eSwatini

How would CATS improve the programme?

CATS would like to increase the stipend and get paid on time. When asked what they would change about the programme, one of the most common statements was "... an increase in the care, motivation and support for CATS." Workshops, training and a better working space were popular suggestions. Uniforms were also proposed so that CATS could be recognised more easily in the community.



Ntsiki, a CATS in eSwatini, at a health clinic. © Sydelle Willow-Smith for Frontline AIDS

CHALLENGES

A number of challenges have inevitably arisen since the programme started. Indeed, some of the most valuable learning comes from reflecting on areas where progress has lagged behind, where unanticipated issues have arisen, and where gaps in programming have been identified. These useful insights will inform future programming in the remaining years of READY+ and beyond. Key challenges – identified in the mid-term review and CATS assessment – include:

Caring for CATS

- In some cases, CATS felt that support from implementing partners and health workers was lacking. This prevented some CATS from doing their jobs properly.
- CATS reported not being paid their stipend on time, stipends being too low, and a lack of bus fares for home visits. Data from the Youth Summit shows that for many CATS (62%) the stipend is their sole source of income.
- Others challenges faced by CATS relate to the nature of CATS' work (lack of unity among CATS, excessive work, long distance to home visits, no clear job description, lack of motivation, poor communication with implementing partners, and no designated place at the health facility), and their relationship with other people (for example, lack of respect from health workers at facilities).
- Impressions of 'employment', 'job descriptions' and 'social security' reinforce CATS as an employment relationship which is not correct. This has caused misunderstandings between CATS and implementing partners.

Project coordination

- Coordinating numerous partners at regional and country level is a challenge. There are a number of spaces in which coordination occurs at the country level, including six-monthly planning and review meetings, the involvement of country lead organisations in the READY+ steering committee and READY+ working groups on monitoring

and evaluation, communications and developing materials. Phone calls between country leads and Frontline AIDS as well as calls between country leads and regional technical partners take place on a regular basis. A key lesson has been the importance of budgeting sufficient funds for face-to-face coordination meetings for implementing partners at the country level to monitor progress, learn from one another and plan ahead.

- Some project delays have occurred. Firstly, in providing technical assistance to train parents/caregivers, which meant the target was not met. Secondly, in finalising tools, which meant the target for the number of adolescents and young people living with HIV involved in designing, monitoring and accrediting services was not met.

Data collection

- Although excellent advocacy and accountability work is being carried out in the four READY+ countries, not all data is being captured on time.

"Low CATS stipends, not given on time, for example it takes two-three months without paid. ... We ended up in confusion because our job description wasn't clear. During mid-month, IP [implementing partner] call us for a meeting without giving us bus fares. Long working hours as CATS at a health facility and even told to work the whole week."
Exit interview, Lubombo, eSwatini

RECOMMENDATIONS

The following recommendations have been identified, based on the challenges, lessons learnt and gaps outlined in the mid-term review and CATS survey:

Vocational training for young people

- Explore and create new opportunities to develop young people’s skills, knowledge and competencies so that they can get jobs.
- Broaden CATS’ ‘job shadowing’ opportunities (where they observe implementing partner counselling sessions) beyond the actors involved in the programme to include other professions. This could amplify livelihoods options and open up economic spaces for CATS.
- Explore innovative ways to develop the knowledge and social capital gained by CATS into employment opportunities, beyond healthcare.

Enhancing community awareness and support

- Intensify activities that create community awareness and address HIV-related stigma and discrimination. This could include engaging champions.
- Scale up efforts to work with schools to increase awareness, reduce stigma and discrimination and create environments for adolescents and young people living with HIV to thrive.
- Link adolescents and young people living with HIV and parents/caregivers with partners that provide nutritional support.
- Prioritise the provision of technical assistance needed to train parents/ caregivers.

Young people’s capacity building and meaningful engagement

- Ensure adolescents and young people living with HIV are meaningfully involved in designing, monitoring and accrediting health services.
- Invest further in youth leadership in advocacy and accountability.

Data

- Invest in data collection so that all advocacy and accountability efforts are documented in future.

Transforming health services

- Continue to invest in building the capacity of health workers and shifting their attitudes so that they can provide quality services that are sensitive to the unique needs of adolescents and young people living with HIV.
- Continue to invest in the integration of HIV, SRHR and mental wellbeing through provision of comprehensive services, training of service providers and meaningful involvement and engagement of CATS within health teams.

Caring for CATS

- Make sure CATS consistently receive their stipends on time. While it may not be possible to increase stipends, communication on stipends and managing CATS’ expectations needs to be improved.
- Continue to improve relationships between CATS, and with implementing partners and health workers.
- Hold regular coordination meetings between CATS and implementing partners where CATS can obtain support from each other and partners so that they can stay healthy and motivated.
- Consider establishing a peer review mechanism for implementing partners. The peer review should be linked to a process through which implementing partners can learn from others’ experiences of how best to operationalise and support CATS.
- Ensure more support for health workers to provide supervision to CATS.
- Consider innovative, practical ways to develop CATS’ interpersonal ‘soft skills’ in effective communication, empathy, cooperation, conflict management and resolution. This will help reduce areas of conflict among CATS, and between CATS and other stakeholders.
- Invest more in capacity building, mentorship and fair remuneration for youth leaders, youth networks and CATS.
- Develop CATS’ social capital, and create more opportunities for CATS to share experiences and build relationships to ensure they are retained.
- Ensure clear communication regarding the basis on which CATS are recruited to manage CATS’ expectations and avoid misunderstandings.



A peer supporter educates young people about the importance of nutrition. © Peter Caton for READY

CONCLUSIONS

In just over two years, READY+ has been extremely successful in achieving or exceeding most of its end-of-programme targets. A wealth of qualitative and quantitative data shows the numerous benefits not only for adolescents and young people living with HIV (including CATS) but also health workers, communities and parents/caregivers.

The design of READY+ is strong, coherent and relevant. The holistic model means that services are provided in a way that is sensitive to the realities of adolescents and young people living with HIV, and a wide range of stakeholders are targeted.

A number of challenges and lessons learnt have been identified, as outlined above. Progress in achieving targets is shaped by partner dynamics, the existence of initiatives prior to READY+ and relationships between partners and ministries of health. Delays in funding and the provision of technical assistance have also affected targets. Where targets have not been achieved, there are often clear reasons, and plans have been drawn up to address gaps. This will ensure the programme continues to support adolescents and young people living with HIV to be resilient, empowered and informed, and make healthier choices.

“The READY+ and Zvandiri programme is doing great work and wonders in terms of assisting children, adolescents and young people living with HIV. The programme must continue. More health facilities to be included as well. This must be a national programme and more support and resources to be mobilised.”

CATS, Masvingo, Zimbabwe





READY+ aims to advance sexual and reproductive health and rights (SRHR), psychological wellbeing, care and treatment with, by and for 30,000 adolescents and young people living with HIV in Mozambique, eSwatini, Tanzania and Zimbabwe. The programme is being implemented by an innovative and multi-disciplinary consortium of youth, SRHR, HIV and communication partners.

READY+ is one of a portfolio of projects being implemented under the READY programme. For more information, visit <https://frontlineaids.org/our-work-includes/ready/>



Kingdom of the Netherlands