In South Africa, throughout the month of June we celebrate young people’s resilience, strength and voice. We commemorate the youth of 1976 who stood up against an oppressive regime that created an enduring legacy of inequality. Although the dawn of democracy in 1994 was meant to end this deep-rooted injustice, black South Africans – like many other people of colour across the world – are still discriminated against on the basis of their skin. The African Union adopted 16 June as the Day of the African Child in honour of the student uprising in Soweto on that day in 1976. The theme for this year is ‘access to a child-friendly justice system in Africa’ – a focus on the child rights-based approaches that are important for the health and welfare of all children on the continent.

In 2020, while the world grapples with the challenges brought by COVID-19, racism, gender-based violence, sexism and poverty are a stark reminder of the overlapping difficulties young people face. The READY movement is following the global response to social and economic injustice, standing in solidarity with young people who every day have to challenge stigma and discrimination, including against those living with HIV. Like the youth of 1976, many young people today are the voices of change that have brought about increased access to health services and treatment, progressive policy changes, fast tracking action to advance global health and sexual and reproductive health and rights.

This second edition of the READY response to COVID-19 showcases young people on the frontline of challenging inequality, including unequal gender relations, and safeguarding the rights of marginalised people. We have a long way to go. But we'd like to take a moment to celebrate the spirit and courage of the young people of 2020, the torch bearers to a future free of discrimination and injustice. We ended this month with a powerful, vibrant webinar that amplified the voices of young Africans who are standing up for justice. We are READY! Tumie Komanyane

LEAD: PROGRAMMES, FRONTLINE AIDS

“ ма I can escape from the other world where I grew up without enough food, having my mother struggle to raise our school fees, having HIV – a life which wasn’t what I had hoped and dreamed it to be.”

Rutendo, a young mother, is enrolled in an area that defies gender stereotypes: welding. Her family is encouraging her to take her theory lessons seriously, but she can’t do her practical lessons.

Now I am back to where I was before Skills2Live. I need to sit down with my CAT’s face-to-face and just talk – speaking over the phone limits our conversation.”

The S2L management team are continuing the programme, with mobile phones the only feasible way to continue. Different threads of doing contact tracking, providing mental health support, counselling and drop-in sessions. But further research is needed into how to help those young people who don’t have access to the internet. With a rise in financial and mental health challenges, many S2L students – like other young people globally – are vulnerable. They’re wondering how they are going to survive lockdown.

“Names have been changed.”

Skills2Live – a brighter economic future on hold?

BY SUNGANO BONDAYI AND SHELTER DHLAWYO, SKILLS2LIVE MENTORS, AFRICAD

Meet Kunashe (solar technology), Tatenda (catering), Rutendo (welding) and Moreblessing (catering) from Harare, Zimbabwe. They’re all enrolled at Young Africa under the Skills2Live (S2L) programme.

Like many young people, growing up with HIV has been hard. Yet with support from their peers they have overcome so much. Their future looked bright when they enrolled in S2L, which builds the vocational skills and capacity of young people. But with the lockdown, many S2L students are back at home, and facing a range of challenges. Kunashe said, “I’m forced to work and when I finish and want to do my own things, my father says, ‘What can a little boy living with HIV know?’ Being at school was better. If this lockdown continues, I don’t see any hope. Everything seems dark.”

Mental health issues related to financial concerns are increasing. “It’s now a big challenge to earn money since no one is willing to hire anyone,” said Tatenda. S2L enabled young people from different backgrounds to meet and make friends.

Male involvement in strengthening family relationships

BY CLEVER NDANGA, PROGRAMMES ASSISTANT, REGIONAL PSYCHOSOCIAL SUPPORT INITIATIVE (REPSSI)

In Zimbabwe, most men are rarely at home and hardly do any housework or childcare. Our culture and stereotypes around gender roles normalise this behaviour. Children and young people miss the chance to learn from their fathers, to ask for advice, build relationships or watch them relate with their intimate partner in a positive, respectful way. As a result, many boys don’t know how to treat girls, and girls don’t have a role model of what to expect from boys. Young people living with HIV need special attention and guidance to become empowered and resilient – fathers or male caregivers must be there to provide emotional and psychological support to children.

Lockdown is challenging. Yet it’s also an opportunity to mend the broken nets of family relationships. Fathers can be more involved in childrearing and playing with their children, thereby strengthening bonds. Men can appreciate the enormous amount of work entailed in running a household. They can role model healthy gender relations for their children. I believe that fathers and male caregivers have a duty to teach their sons how to be a good husband or partner and show their daughters a standard of acceptable male behaviour. It’s never too late to learn and unlearn. I urge men to start unlearning toxic beliefs about maleness and instead embrace positive masculinity to promote their own and their family’s mental and psychosocial wellbeing. Let’s take this opportunity to repair the broken nets by strengthening family relationships in the time of COVID-19.

Resources: READY for COVID-19

New READY leaflets on gender and COVID-19 are available, one aimed at adults/caregivers and one for adolescents and young people: www.frontlineaids.org/our-work-includes/ready/
Regarding personal protective equipment (PPE), very few health workers have an adequate supply of gloves (7%), gowns (3%) and masks (2%). Half said they have no gowns at all, and just under a third (32%) have no masks.

Almost two-thirds (63%) reported having no COVID-19 test kits, and just over half (52%) have no drugs to treat COVID-19.

Healthcare providers overwhelmingly need more information and training on COVID-19, including how to diagnose someone with the virus (80%) and how to treat and care for someone with COVID-19 (93%).

Over half (52%) feel extremely or very stressed. Healthcare providers in primary and secondary care facilities, and those in rural facilities are more likely to say they plan to work longer hours than normal.

We will shortly share the results of the survey, linked to a clear action plan on how to address providers’ concerns and needs, with key advocacy messages. Follow #TeamPATA on social media to find out more. But for now, here are some initial trends:

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Voices of frontline healthcare providers during COVID-19

BY TAMMY BURDOCK, COMMUNICATIONS MANAGER, READY AFRICA

What are the concerns and local realities of frontline health workers across sub-Saharan Africa? To amplify their voices, PATA distributed a survey in four languages (English, French, Portuguese and Swahili) to health facilities delivering HIV services. The responses – 188 in total, mainly from Kenya, Tanzania, Uganda, Zambia and Zimbabwe – provide valuable insight into areas where support is needed by an already overstretched health workforce. One provider said,

“My biggest worry is how we shall manage COVID-19 as infections spread to high-density communities if our health system is already struggling with a few cases.”

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