INTRODUCING YOUTH-FRIENDLY PREVENTION OF MOTHER-TO-CHILD TRANSMISSION SERVICES TO PUBLIC-SECTOR CLINICS TO BETTER ADDRESS THE NEEDS OF YOUTH IN SOUTH AFRICA
Pathfinder International is driven by the conviction that all people, regardless of where they live, have the right to decide whether and when to have children, to exist free from fear and stigma, and to lead the lives they choose. Since 1957, we have partnered with local governments, communities, and health systems in developing countries to remove barriers to critical sexual and reproductive health services. Together, we expand access to contraception, promote healthy pregnancies, save women's lives, and stop the spread of new HIV infections, wherever the need is most urgent. Our work ensures millions of women, men, and young people are able to choose their own paths forward.

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Support for Strengthening and Expanding Comprehensive HIV and AIDS Prevention Programs in South Africa (2010-2015) is a CDC-funded program providing public sector capacity building to provide comprehensive youth-friendly HIV/AIDS services.

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Responding to an Urgent Need in South Africa

In 2014, South Africa was home to the world’s largest population of people living with HIV (PLHIV) and pregnant PLHIV. Twenty percent of women aged 20-24 had begun their childbearing years by age 18; and among pregnant women aged 15-24, prevalence was 21.7 percent. Though as many as 43 percent of girls aged 15-19 were already sexually active,1 provider bias against youth’s sexual activity—particularly for young PLHIV—persisted. As youth pregnancy similarly carried stigma among providers, the environment for young pregnant PLHIV was particularly ill-suited for their improved health outcomes. Given the country’s large proportion of sexually active young people and young people perinatally infected—many of whom were entering their reproductive years—the need for services supportive of their right to safely plan for their reproductive goals was pressing.

Recognizing the need to better address Prevention of Mother-to-Child Transmission (PMTCT) among this population (including access, early antenatal care (ANC) bookings, adherence), Pathfinder International expanded its programmatic portfolio to include capacity building for youth-friendly PMTCT services within public-sector clinics. Although adolescent and youth-friendly services (AYFS) had been applied in South Africa before, dedicated 3,4,5,6 months had been applied in South Africa before, dedicated

strategies

• To ensure the interventions addressed the wide range of life experiences of the facilities’ youth populations, the effort began at the community level with recruitment of peer educators. The project recruited a cadre of youth peer educators of diverse ages, genders, and serostatus, training them to address a broad spectrum of sexual and reproductive health (SRH) needs from prevention of HIV and unintended pregnancy, to treatment adherence, exclusive breastfeeding, and social support. Through their daily activities, peer educators conducted outreach efforts to educate and mobilize youth, linking them to clinics and generating demand for PMTCT and SRH services.

• At the facility level, Pathfinder prioritized capacity building. To address needs for quality improvement, the project provided technical assistance to improve facilities’ data collection, monitoring, and analysis skills. Through trainings and on-going mentoring, staff established routine facility performance reviews to institute regular, collaborative data analysis to monitor quality and identify areas for improvement.

• Providers received training in youth-friendly PMTCT services, ensuring that providers had up-to-date PMTCT service delivery skills and were sensitive to the needs of youth in their catchment areas.

• Providers also participated in values clarification exercises to be able to identify and address negative values relating to providing SRH services for young people that could affect quality and access.

• Facilities were also renovated to create safe and confidential spaces for youth called “youth zones.” These youth zones served to make health-seeking behavior a routine part of youth life.

• Through the youth zones, the project’s community- and facility-based efforts were also linked, as the peer educators joined providers in the youth zones to act as familiar sources for SRH services.

Performance

Through its work to support the public sector, project-supported facilities have increased access to young people for a variety of SRH and HIV services, including PMTCT.

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From April, 2011 to March, 2015, 9,285 women aged 10-24 attended their first ANC clinic visit. Out of these, 8,851 (96 percent) were counseled and tested for HIV at that visit. All clients either already knew their status or were counseled and tested. At their first ANC

VALUE CLARIFICATION

Pathfinder conducted baseline assessments to determine local need. These assessments revealed that barriers to provision of services to youth extended beyond clinical skills to provider motivation. In response, project staff and the DOH staff collaborated to conduct values clarification workshops for facility staff. The workshops brought together all stakeholders to meaningfully address barriers to provision of quality adolescent and youth-friendly services, interrogate personal biases and explored adolescent and youth-friendly service provision as part of a larger spectrum of services for improved SRH outcomes.

PATHFINDER INTERNATIONAL SOUTH AFRICA’S YOUTH-FRIENDLY PMTCT SERVICE PACKAGE

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent new HIV infection</td>
<td>• Counseling regarding safer sex; condom provision • HCT; ARV initiation and provision • Tracking and follow-up re-testing for all HIV-negative clients • Sexual abuse and violence counseling, treatment, and referral • Sexually transmitted infection counseling, testing, and/or syndromic management and treatment</td>
</tr>
<tr>
<td>Enable planned pregnancy</td>
<td>• Counseling and provision of accurate information on SRH, including puberty and sexuality • Contraceptive counseling and provision of a full range of methods • Dual-method promotion • Pregnancy counseling and preparation for HIV+ youth for planned pregnancy to minimize negative effect on mother’s health and transmission to baby • Pregnancy testing • Birth preparedness planning</td>
</tr>
<tr>
<td>Prevent transmission and ensure rights</td>
<td>• Antenatal care services with integrated PMTCT services • Referral for delivery • Postnatal care • Counseling on exclusive breastfeeding • Support and involvement of male partners • Young mother support groups • Tuberculosis screening for all pregnant women</td>
</tr>
<tr>
<td>Ensure ongoing care, treatment, and social protection</td>
<td>• Ongoing care of the mother • PCR testing for the exposed infant • Nevirapine for HIV-exposed infants • Infant care and follow up regularly, and at 18 months • Nutrition counseling • Referral for medical care • Loss-to-follow-up tracking at community level • Peer Educator consultation at facilities</td>
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Youth-Friendly Prevention of Mother-to-Child Transmission

visit, 13.8 percent of clients tested positive. Ninety-five percent of those pregnant women testing positive then received a CD4 test and 100 percent were initiated on ART or ARV prophylaxis. Figure 1 illustrates the increase in both ANC attendance and HCT for PMTCT, April 2011-March 2015.

Figure 2 illustrates the HCT services at the Pathfinder-supported facilities from April 2011 to March 2015. For HCT services, from April 2011 to March 2015, 43,638 clients aged 10–24 years received HCT at the facilities supported by Pathfinder, 6.67 percent tested positive, 86 percent received a CD4 test, and 92 percent were screened for TB. The project reached over half (57 percent) of the catchment population aged 10–24 years with HIV and AIDS services. In addition, 1,367 HIV-infected women aged 10–24 years received a family planning method at project-supported sites. Over 80,000 young people have participated in individual and/or small group SRH education and community mobilization activities; 1,546 peer educators have been trained.

Key Findings

- Our data shows that young people do make use of youth-friendly services, especially services related to contraceptive methods, pregnancy, and sexually transmitted infections.
- Youth-friendly services rooted in the primary health care setting (rather than stand-alone) were the most feasible, sustainable, and cost-effective.
- The most significant barriers experienced by adolescents in accessing AIDS were that they were not youth-friendly, the location of clinics, and lack of privacy and confidentiality. Youth are less concerned with youth-only services, and young staff, and are more concerned with confidentiality, short waiting times, and friendly staff.
- Clinics are able to implement effective youth-friendly services regardless of their size and location.
- Clinic staff have successfully transformed into a team that takes responsibility for the quality of care. In addition, clinic staff have skills to solve problems and take action, and staff attitudes in many of the clinics changed dramatically towards youth.
- Services need to be accompanied by activities that provide young people with skills to adopt protective behaviors and manage their own health.
- Community activities to encourage young people to access health care services using referrals enhance support for youth-friendly services.
- Supervision of peer educators by facility staff helps the facility staff to know what peer educators are doing and their whereabouts.

Lessons Learned and Recommendations for Program Implementation and Sustainability

- Addressing sustainability from project inception and working with facilities to take ownership of the project is critical. Pathfinder has been promoting the sustainability of activities through a range of methods including building the capacity of existing public sector service providers. From project inception, Pathfinder has been working on improving the technical competence through skills transfer and mentoring, developing human capacity through in-service training, strengthening management systems and infrastructure, and building direct relationships with government programs to monitor quality of services and eventually take over all technical support functions. This has benefitted not only the youth-friendly services, but the entire facility. Partnerships at all levels were crucial, but in particular with the Department of Health. Support is required at provincial, district, and local levels.
- Issues of non-friendly staff, clinic location, and privacy and confidentiality need to be addressed by any youth-friendly intervention to ensure that young people access services. It is essential that youth-friendly services are rooted within the primary healthcare system to secure support and sustain the changes that have been implemented (e.g. convenient hours for young people).
- Integration of services assisted in meeting the overall needs of youth.
- There was no disaggregation of data by age in DHS—therefore it was hard to determine the number of youth of different ages served. Pathfinder worked with the registers at the facilities to extract data for the 10–24 year age group.
- Sometimes facility managers were not supportive of the program. In some instances, provision of SRH services was not recognized as a priority. Capacity building of service providers through training and on-going mentoring was critical to program success, as was values clarification for providers in the provision of adolescent and youth services. In order to create staff commitment and buy-in, it is important to have on-going capacity building.
- Interventions that were most successful combined: training of clinic staff, facility-based improvements, and community-based activities to inform and mobilize support. Thus, any intervention must include these components.
- Staff turnover and rotation at the facilities requires recurring investment in training of the new staff so that they are able to provide services to adolescents and young people.

In addition to upgrading existing facilities to meet SRH service preferences of adolescents, it is necessary to improve community support for adolescent SRH, as this is a strong predictor of young people seeking SRH services. Community participation is critical to uptake of services by youth. However, facilities do not always have resources for community outreach (e.g. provision of on-going support for young HIV positive pregnant women).

- Professionalization of peer educators through on-going training and mentoring contributed to the project success. Trained peer educators foster an enabling environment in the clinics for young people. (Pathfinder uses both male and females. For example, the male peer educators can convince young men that they can access services with a female provider).