KINGDOM OF ESWATINI

Multisectoral Guidelines to Facilitate Adolescents' Access to Services Related to HIV and Sexual Reproductive Health

2019

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Multisectoral Guidelines to Facilitate Adolescents' Access to Services Related to HIV and Sexual Reproductive Health

2019

unicef
for every child

Foreword

Eswatini has made great strides against the HIV epidemic, with reductions in incidence and HIV mortality firmly demonstrated. The National Multisectoral HIV and AIDS Strategic Framework, 2018-2023 aims to scale up treatment, care and support services to achieve 95-95-95 percentages in the treatment cascade by 2023 - 95% of all people living with HIV will know their status, 95% of all people living with HIV (PLHIV) with an HIV diagnosis will be receiving sustained antiretroviral therapy, and 95% of all PLHIV receiving antiretroviral therapy will have achieved viral suppression. The insufficient coverage of these services for adolescents and young people threatens the achievement of these targets. Those aged 15-24 years account for 45% of all new HIV infections, with girls aged 15-19 years being five times more likely to contract HIV than boys. It is clear that adolescents and young peoplel still need to be at the centre of the response. Eswatini also focuses on the sexual and reproductive health (SRH) of adolescents with the aim of reducing pregnancy among adolescents and to positively influence sexual behaviours.

This document, "Multisectoral guidelines to facilitate adolescents' access to services related to HIV and sexual reproductive health" is a welcomed development that establishes the fact that tackling HIV in any age group especially in adolescents and young people is a multisectoral agenda. The document also highlights the fact that adolescents are themselves key stakeholders for ensuring that the agenda is achieved. For too long duty bearers and programmers have conceptualised and implemented interventions for young people without obtaining inputs from them. Adolescents and young people's participation is a game changer that must be embraced by programmers in all sectors for optimal results. In addition to adolescents, six other key duty bearers namely parents/care givers, teachers/educators, social workers, the police and the judiciary have been identified as sectors whose partnerships must be nurtured to facilitate adolescents' access to services related to HIV and sexual reproductive health. The document has clearly articulated the rational, roles and recommended actions expected by these key duty bearers for robust results.

With this guideline we believe Eswatini has what it takes to increase the uptake HIV and SRH services by adolescents in a strategic manner.

All sectors are encouraged to galvanize all efforts to ensure intensive utilisation and wide dissemination to scale-up the adoption of this guideline to give adolescents quality HIV services towards achieving the UNAIDS/WHO 95-95-95 and other SRH targets.

DR. SV. Magagula
DIRECTOR OF HEALTH SERVICES

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Abbreviations/acronyms

ALHIV	Adolescents living with HIV
ART	Antiretroviral therapy
AYKP	Adolescent and young key populations. These are young men who have sex with men; young lesbian, gay, bisexual, transgender and intersex people; young people who use drugs; young sex workers; young prisoners; young people living with disabilities; young migrants; and the sexual partners of these populations.
AYSRHR	Adolescent and youth sexual and reproductive health and rights
CATS	Community adolescent treatment supporters
CBO	Community-based organization
CMIS	Client management information system
CPWA	Children's Protection and Welfare Act, 2012
CSE	Comprehensive sexuality education
CSO	Civil society organization
CSTL	Care and support for teaching and learning initiative (known in Eswatini as ***Inqaba***)
DSW	Department of Social Welfare
EMIS	Education management information system
FBO	Faith-based organization
GBV	Gender-based violence
HTC	HIV testing and counselling
HTS	HIV testing services
INGO	International non-governmental organization
LGBT	Lesbian, gay, bisexual, transsexual people
LSE	Life skills education
MOET EMIS	Ministry of Education and Training – Education Management Information System
MOH HMIS	Ministry of Health – Health Management Information System
NGO	Non-governmental organization
OVC	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PLHIV	People living with HIV
PrEP	Pre-exposure prophylaxis
REPSSI	Regional psychosocial support initiative
SODV	Sexual Offences and Domestic Violence Act, 2018
SRH	Sexual and reproductive health
STI	Sexual transmitted infection
TB	Tuberculosis
VLM	Viral Load Monitoring
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

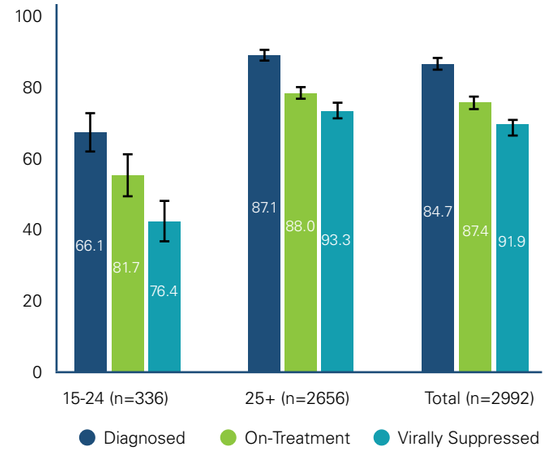
Background and rationale

Eswatini has made great strides against the HIV epidemic, with reductions in incidence and HIV mortality firmly demonstrated. The National Multisectoral HIV and AIDS Strategic Framework, 2018-2023 aims to scale up treatment, care and support services to achieve 95-95-95 percentages in the treatment cascade by 2023 – 95% of all people living with HIV will know their status, 95% of all people living with HIV (PLHIV) with an HIV diagnosis will be receiving sustained antiretroviral therapy, and 95% of all PLHIV receiving antiretroviral therapy will have achieved viral suppression.

The insufficient cover**age** of these services for adolescents and young people threatens the achievement of these targets. Those aged 15-24 years account for 45% of all new HIV infections, with girls aged 15-19 years being five times more likely to contract HIV than boys. It is clear that adolescents and young people[1] still need to be at the centre of the response.

Eswatini also focuses on the sexual and reproductive health (SRH) of adolescents with the aim of reducing pregnancy among adolescents and to positively influence sexual behaviours.

Figure 1: *HIV treatment cascade by age, 2016, adopted from the National Strategic Framework for HIV/AIDS, 2018*



The large proportion of young people in the country (33% of the total population in 2018) is reason for great optimism, given their thirst for knowledge and experience, their energy and their persistence to solve problems and contribute to their communities. Ensuring that they are educated, healthy and safe are prerequisites for achieving their potential, and it is in the interest of everyone to help to make this happen.

These guidelines have been prepared for programme managers to outline key activities to be undertaken by six groups of duty bearers who can increase adolescents' access to and use of HIV and SRH services, thereby addressing major risks

[1] Adolescents 10-19 years old, youth 15-24 years old and young people 10-24 years old. These terms will mostly be used interchangeably. However, adolescents **per se** are more relevant to the education, family and social welfare sectors, while all young people (10-24 years) are relevant in terms of the health sector and the police/judiciary.

to their health and wellbeing. The duty bearers are adolescents themselves, parents/caregivers, health workers, teachers/educators, social workers, and the police and judiciary. The recommended actions are derived from consultative meetings, key informant interviews and focus group discussions[2] in Eswatini, a review of relevant policies and programmes in Eswatini, and a literature review of recent evidence-informed experiences from other countries in relation to the HIV treatment cascade among young people.

There are several common attributes of these duty bearers – they are all in a position to provide information about HIV and SRH to adolescents – meaning that they themselves need to be knowledgeable about HIV/SRH; about HIV and SRH prevention, treatment and care services; and about adolescent development. They can all support adolescents' health and development, reinforcing young people's evolving capacity for self-care, and they can all provide psychosocial support. They can protect those adolescents who are vulnerable to HIV acquisition, those having difficulty with HIV treatment, and those at risk of sexual and reproductive health problems. All of these people have the potential to improve adolescents' access to SRH services, HIV testing, antiretroviral therapy (ART) initiation, adherence to anti-retroviral treatment, and retention in care. In order to provide this support to young people, these different groups need to be aware of one another's responsibilities, to coordinate and communicate with one another, and to work together.[3]

This document has six sections, each section referring to one of these groups in terms of:

- **Rationale** – why this group of people have an important contribution to make for HIV and SRH among young people.
- **Roles** – their specific roles in relation to HIV/SRH and young people.
- **Recommended actions** – what could improve the performance of these roles; what might the duty bearers do better?
- **Resources** – a short list of references that explain and/or give ideas in relation to the recommended actions.

[2] See Acknowledgements
[3] See reference 8

1. Adolescents and young people

Rationale

In 2015, countries throughout the world agreed on the Agenda 2030 – Sustainable Development Goals. One of the targets, Target 3.3, is to end the AIDS epidemic by 2030. This target will not be met unless young people are a key focus for HIV prevention and treatment/care ***and*** are fully engaged.

Their meaningful participation is crucial because of:

- Adolescents'rights[4]: every human being, including adolescents, has a right to dignity, to respect, to be treated fairly, to have a voice in decisions that affect them, and to take part in influencing and shaping their world.
- Adolescents' development: the process of being actively involved improves adolescents' health and development outcomes .
- Adolescent programmes: adolescents' participation increases the relevance and acceptance of programmes that are developed for them, thereby improving delivery and effectiveness.

Roles in relation to HIV and SRH

Self-care: There are a number of activities that need to be undertaken by young people to improve and maintain their physical, mental and emotional health. Adolescence is the period when children no longer rely entirely on their parents/caregivers; they have to accept self-care responsibilities, including preventative behaviours such as avoiding the use of tobacco, illicit drugs and alcohol; practicing good hygiene; eating a healthy diet; engaging in sufficient physical exercise; condom and contraceptive use; and help-seeking for a range of health concerns, including HIV and SRH. The adults in young people's lives, for example, parents, caregivers, kin, teachers and traditional leaders are important to facilitate knowledge and skills that are crucial for such behaviours, to support decision-making and to protect adolescents from negative influences in their environments.

Beneficiaries: Adolescents and young people have relatively poor coverage of HIV services in the HIV treatment cascade and SRH services, which threatens the achievement of the goals set by the country and, more importantly, their health. Only 66.1% of PLHIV under 15 years are aware of their HIV status.[5] Similarly, with respect to SRH, only 31%[6] of adolescent girls and young women aged15-24 years indicate using a condom as a contraceptive, while the rate of pregnancy among adolescents (15-19 years) is high (16.7%). Of great concern is the fact that comprehensive knowledge about HIV and condom use among adolescents is decreasing.[7] Policy documents across the sectors assert the importance of including

[4] The United Nations. (1989). Convention on the Rights of the Child. Treaty Series, 1577, 3.
[5] SHIMS 2016/17
[6] See reference 28
[7] The percentage of females aged 15-24 with comprehensive knowledge declined from 58.2% in 2010 to 53.6% in 2014, while there was a slight increase in the percentage of males with comprehensive HIV knowledge, from 49.1% to 50.9% in the same period. Only 34.6% of males aged 10-14 have comprehensive knowledge about HIV. Condom use at last sex among young people aged 15-24 who engage in high-risk sex with a non-marital and non-cohabiting partner reduced from 90.6% to 74.7% for men and from 73.1% to 61.8% for women in 2010 and 2014, respectively (from reference 28).

and extending services to ALL adolescents and young people in the country, including adolescents and young key populations (AYKP).

Partners in programme development and delivery: Adolescents and young people can and should play important roles in programme delivery – as peer educators in schools and communities to encourage uptake of HIV testing services (HTS) and the use of condoms and contraceptives, provide support for other young people by accompanying them to health facilities, encourage treatment adherence through community engagement and outreach through home visits to follow up treatment defaulters (for example, community adolescent treatment supporters), and in programme design and monitoring.

> **"Nothing for us without us because anything for us without us is harmful to us.**
>
> "Young people in the validation workshop, March 2019

Because adolescents usually have a good understanding of the lives and needs of other adolescents, fulfilling their participation rights has benefits for many stakeholders. For example, knowing how adolescents and young people perceive problems and understanding the reasons for certain behaviours enable providers, programmes and services to be more responsive to the needs of this population. If young people are provided with opportunities, training and support, they can play meaningful roles in advising government, civil society organizations (CSOs), research organizations and community leaders about programme priorities and approaches that are likely to be effective. There is usually a great untapped potential to partner with young people, and to support them as activists and advocates for promoting greater access to health information, products and interventions for HIV and SRH prevention and treatment, including life skills/ comprehensive sexuality education, condom and contraceptive use, and economic empowerment.

Recommended actions

The health sector, in collaboration with other sectors and partners, should consider facilitating how young people can:

Improve self-care and access to services as beneficiaries

Up-to-date information should be shared with young people in schools, youth organizations and other settings to strengthen their knowledge about where to access HTS, HIV and SRH prevention commodities and services, and their appreciation of the importance of ART adherence and asking for support to address their concerns. This is not only important for young people, but can also contribute to improved health outcomes for their families, friends and partners.

Young people need to be more proactive in **building their own capacities** in all matters relating to health and development. This will give them more bargaining power, as they will be considered as equals and not as learners during important decision-making discussions. Young people should be ready to make informed decisions about their health and rights. At the same time, they should have access to leadership training and capacity-building resources for HIV and SRH prevention, treatment and care services and support that they can share with other young people in their communities. They could also develop means and indicators for improved adolescent participation.

Improve how young people act as partners

Review **the roles currently being undertaken by young people**: what are they doing and how are they being supported and capacitated in relation to SRH and HIV prevention, treatment and care services? The results of such an assessment could identify opportunities to strengthen, formalize, and expand their roles in various sectors, recognize their contributions to society, ensure that they are not exploited, plan for adequate support and sustainability, and provide information that could be communicated widely for the appreciation of their current contributions. Young people and youth organizations can play important roles in monitoring what is happening. To this end, a format could be developed for young people to regularly undertake and update reviews of community-level interventions provided by different sectors.

Resources

Paediatric Adolescents Treatment. 2017. PATA peer support programme handbook (for health workers).

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2. Parents, caregivers and kin/family

Rationale

The family and home environments are central to healthy adolescent development and to the prevention and treatment of health problems. Parents, caregivers and kin/family can:

- provide support and love
- promote moral development and a sense of responsibility
- provide role models and education about culture
- support decision-making
- set expectations
- negotiate for services and opportunities
- filter out or counteract harmful or inconsistent influences from the social environment.

These roles, building on those undertaken earlier in childhood, are played out in daily interactions with adolescents and have potential consequences for SRH and HIV prevention, treatment and care.

Roles in relation to HIV and SRH

Connection – is the positive emotional bond between parents/caregivers and their children. It is made up of behaviours that convey to adolescents that they are loved, accepted, welcomed and that parents/caregivers are trust-worthy and committed to helping their children and adolescents achieve their life goals, and can be a source of hope. It is particularly important for HIV-related mental health and dealing with stigma, including self-stigma, as well as the holistic wellbeing of the child and adolescent.

Regulate behaviour – shaping and monitoring adolescents' behaviours, and setting limits relevant to social relations, including sexual activity and substance use. Navigating the changes in social expectations and dealing with 'adult' behaviours can be difficult for all adolescents. For adolescents living with HIV, these issues can be especially challenging – they may feel inhibited in relations with friends because of fears related to disclosing their status, and concerns about relationships and families in the future.

Respect for individuality – adolescence is a time of establishing a sense of self or identity, and the gradual assumption of taking responsibility for one's own life and decisions, especially relevant for self-care. Parents and caregivers can assist by respecting what the adolescent has to say, seeking his/her opinion on important family matters, understanding and not ridiculing the ways in which adolescents may express themselves and try out behaviours, and not comparing them with others. Uncertainty about the future and inadequate recognition or denial of their situation can result in adolescents behaving inconsistently, which can be difficult for parents/caregivers to understand and respond to. Adolescents are very diverse and react differently to similar circumstances, requiring responses in the best interest of the adolescent.

Modelling of appropriate behaviour – what parents/caregivers say, how they react and what they do influence what adolescents consciously or subconsciously follow or adapt in relation to behaviours of relevance to HIV. What parents/caregivers say and do provide examples of how to conduct yourself in relation to health-related behaviours, including non-aggressive means of dealing with conflict, fear or doubt, and self-care in terms of nutrition, taking medication and help-seeking.

Protection and provision – families are the primary source of protection of children and adolescents' health, welfare and rights, and for providing for basic needs (shelter, food, etc.), educational needs (fees and uniforms), emotional support, and health-related information and care (such as being taken to the clinic for HIV and STI testing, consenting for treatment, reminding one of medication and clinic appointments, and being provided with money for transport). It is important to note that abuse sometimes takes place within the family setting and of the limits caused by poverty to their ability to provide. It is also important to acknowledge that caregivers need to understand and deal with their own issues in order to assist others (for example, the disclosure of their own HIV status).

Recommended actions

The health sector, in collaboration with other sectors and partners, should consider facilitating how parents and caregivers can:

Improve connection

Be aware of the **benefits to adolescents and family relationships in knowing their HIV status**. Many people do not know how to talk about HIV and need to seek the support of health care providers to assist in a gradual process of providing age-appropriate information about HIV. Discuss with local authorities and non-governmental organizations (NGOs) how to create support groups with other caregivers to share information and experiences, and seek support together.

Try to have information on hand for contacting adolescents' schools and to **be informed about how schools address HIV, SRH and other health issues** through school health teams, health education and clubs, and the support they provide. Assist adolescents to communicate with the school about clinic appointments and know how to inform schools about absences.

Improve regulation

Seek support for developing positive behaviours and finding opportunities so that caregivers can help adolescents identify, plan and role-play situations in which they may be pressured by peers, partners or adults to use drugs/substances, have sex, and/or be at risk of aggression or violence. Guidance teachers/counsellors in schools and local NGOs may be of assistance.

Improve respect

Be aware that adolescents living with HIV **do not want to be treated differently from others** in the family and are less likely to internalize stigma if they feel good about themselves.

Improve modelling

Be aware that adolescents need to understand their health problems and those of family members, including the past or imminent loss of parents, caregivers, relatives or siblings. Seek support from community-based programmes supporting families and adolescents to **develop skills for communicating with adolescents**, including taking time and care to listen and understand, asking for their opinions, and identifying and solving problems together instead of blaming and complaining.

Improve protection

Be aware of the **importance of starting ART immediately** when adolescents are diagnosed with HIV, of taking ARVs regularly, and of regular monitoring of viral load. Seek support from health care providers and NGOs for ideas regarding how to address the challenges faced by adolescents in terms of adherence (for example, through teen clubs). Acknowledge and encourage adolescents to be involved in their own care, and encourage monthly attendance at clinics for adherence support and medication refills.

Be aware of the **prevention and support resources available in the community** for adolescents who test negative so that they can be given information, skills and services to remain HIV negative and to prevent pregnancy and STIs.

Be aware of the **risks that adolescents face in relation to HIV** and of the availability in the community for HIV testing and voluntary medical male circumcision (VMMC). Note that adolescents can from the age of 12 themselves seek HIV testing from health facilities and from the age of 16, from organizations offering self-testing. Caregivers can support the uptake of VMMC among adolescent boys aged 10 and above. Offer to accompany adolescents for testing or ask health clinics if there are peer educators who could do so.

Be aware of the **structures and organizations in the community**, such as social services and the police, which can advise on and provide protection, and those that provide social assistance to help with inadequate finances.

Be aware of **the necessity to inform the police and/or social welfare workers** if one is concerned or suspect that an adolescent has been or is at risk of abuse.

Resources

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World Health Organization (WHO). 2007. "Helping parents in developing countries improve adolescents' health." Geneva, Switzerland.

WHO. 2013. "HIV and adolescents: guidance for HIV testing and counselling and care for adolescents living with HIV: recommendations for a public health approach and considerations for policy-makers and managers." Geneva, Switzerland.

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3. Health

Rationale

The health sector is responsible for the oversight and provision of health and HIV (that is, HTS, management of opportunistic infections, ART, adherence support, viral load monitoring and care) and SRH (contraceptive and condom provision, STI diagnosis and treatment, and maternity care) services for the entire population. This includes understanding the specific needs of adolescents, tailoring service delivery to respond to these needs, and mobilizing and facilitating the engagement of other sectors and partners in the provision of complementary interventions.

Roles in relation to HIV and SRH

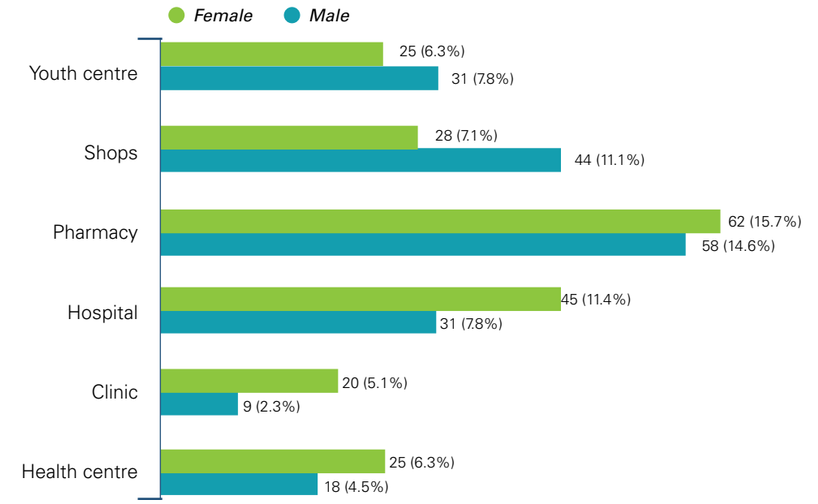
Access to adolescent and youth-friendly services: Ensure that HIV prevention, treatment and care, and SRH service delivery is tailored to adolescents. Ensure that the health workforce, including clinicians, laboratory technicians, pharmacists, counsellors and support staff are trained to provide responsive, confidential and non-discriminatory care through static, mobile and outreach facilities. Given the heterogeneity and spread of the population, service quality and coverage are crucial.

Advocacy and policy: Promote and develop appropriate legal and policy measures to ensure access to and delivery of HIV and SRH services for adolescents, including young people from the key and priority populations, and respond to the determinants of health issues, for example, early marriage and gender-based violence (GBV).

Strategic information: Develop and maintain systems to use epidemiologic and programme data disaggregated by age, sex and location. There is an urgency in ensuring the right mix of programmes is implemented in the right place, to the right people, at scale and using the most cost-efficient approaches to maximize impact. For this approach to be effective, strategic information is required to inform both national and local level planning and implementation. More importantly, data disaggregated by age and sex should be available in a timely manner to understand local epidemics, inform micro planning, target the specific needs of young people (for example, the prevention of pregnancy), and track their outcomes over time, especially as they are among the least reached with services.

Coordination: Ensure the capacity and coordination of all key stakeholders responsible for the delivery of adolescent HIV prevention, treatment and care, and SRH services, including private providers, at all levels. Particularly important is the establishment of referral procedures, and the structures and mechanisms for coordination with other sectors at various levels.

Figure 2: *Use of SRH services*



Source: From reference 27

Of the 927 young people surveyed in 2015, only 396 (43%) accessed and used SRH services; most of them used pharmacies.

Recommended actions

Improve access

Review the **implementation of differentiated services for adolescents** and the full continuum of actual SRH and HIV service[8] delivery in a representative sample of health facilities to determine coverage, gaps and blockages, and plan remedial actions.

Analyse data (for example, through the client management information system [CMIS]) to determine whether the **actual (age- and sex-disaggregated) SRH and HIV service[9] delivery to adolescents** in those facilities meet adolescent-friendly standards[10], to determine the level of effort required to meet such standards and/or introduce additional measures to increase service use by adolescents.

Evaluate the effectiveness of current **initiatives that engage young people in the provision of treatment support to adolescents living with HIV**, including linkages to health facilities, to consider the effort needed for their eventual strengthening and continuation.

Improve the **capacity of health workers** to deliver sensitive HIV services to young key populations, and the need for ongoing guidance and training.

[8] Teen clubs, HTS, ART, VLM, PrEP, VMMC, contraceptive and condom provision, and STI diagnosis and treatment.
[9] Teen clubs, HTS, ART, VLM, PrEP, VMMC, contraceptive and condom provision, and STI diagnosis and treatment.
[10] See reference 6

Improve advocacy

Review possible policy barriers and service delivery approaches to HIV and SRH **service provision to adolescent and young key populations.**

To prevent stigma, develop and print a **standardized note of absence** to be used in all clinics (including NGOs) to account for all learners' absences from school due to clinic visits that does not disclose the services sought or rendered.

Improve strategic information

Establish a means to share relevant data and information between the Ministry of Education and Training (MOET) Education Management Information System (EMIS) and the Ministry of Health (MOH) Health Management Information System (HMIS) regarding indicators of mutual programmatic interest, for example, the percentage of young people aged 15-24 years who have had a sexual experience before the age of 15.

Improve coordination

Document and communicate **referral and coordination mechanisms**, especially at community level, to all partners through the health committee so each local partner knows the local referral network. Ensure community partners use the standardized referral tool.

Resources

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4. Education

Rationale

Education is the cornerstone of individual and sustainable development. Adolescents and young people with access to quality education can obtain the knowledge and skills to break the cycle of poverty, reduce inequalities and achieve gender equality. It also empowers people everywhere to live healthy and productive lives, and is crucial to fostering tolerance between people. The role of the education sector includes providing learners and staff with the knowledge, skills, attitudes, values, and access to services and support that can contribute to behaviours that enable them to stay healthy and free from HIV, or if already living with HIV, can contribute to maintaining their health, including SRH. The adoption of the regional Care and Support for Teachers and Learners (CSTL) framework provides an integrated and coordinated intra- and extra-ministerial collaboration to address the underlying barriers to access and regular school attendance of every learner, especially the most vulnerable.

Roles in relation to HIV and SRH

Provide health-promoting education and environments – the provision of age-appropriate, evidence-based and comprehensive education on health, HIV and AIDS, SRH and GBV, including life skills.

Access to care – the provision and/or facilitation of access to care, HTS, SRH and stigma-free support for learners living with HIV.

Psychological support – the provision of guidance and counselling, such as psychosocial support for learners, teachers and other employees, including those infected and affected by HIV and AIDS.

Coordination – the creation and maintenance of partnerships between schools, parents/caregivers, local communities and relevant health and welfare organizations to provide supportive care, including school-based adolescent sexual and reproductive health (ASRH), HIV and STI prevention programmes implemented by NGOs, community-based organizations (CBOs) and faith-based organizations (FBOs).

Table 1: *HIV and AIDS Strategic Framework*

Short Term

- Provide advocacy and leadership to support the HIV and AIDS response and reinforce policy implementation.
- Ensure open access to clear, age-appropriate, evidence-based and comprehensible information on HIV and AIDS to raise awareness and inform prevention.
- Develop and integrate HIV prevention knowledge and skills through LSE as a compulsory component of the curriculum.
- Review and amend all human resource management policies and practices at all levels of the education system to address and accommodate relevant HIV and AIDS issues.
- Make age-appropriate HIV testing and counselling (HTC), as well as reproductive health services and protective devices, available to everyone in the sector.
- Ensure that the learning environment at every level is safe and health-promoting.
- Ensure school and institution flexibility in accommodating the needs of vulnerable or needy children.

Source: From reference 36

Recommended actions

Improve health education and the school environment

Assure that the content of LSE curriculum and teacher training materials **addresses HIV treatment**, the importance of adherence and the monitoring of viral load, to ensure adequate treatment literacy among school staff and learners. Review the **implementation of HIV materials in life skills education (LSE) sessions**, given the concerns expressed by caregivers during the preparation of these guidelines and the results of the testing of Inqaba indicators in EMIS regarding the inadequate attention to HIV in LSE[11]. Review how the curriculum acknowledges the specific SRH needs and rights of young people living with HIV, and adolescent and young key populations, especially as they reach and go through puberty.

Evaluate the **effectiveness of health clubs in schools**. If found effective in providing information and support about health, HIV and SRH, explore the availability of local organizations (for example,NGOs) to participate in their expansion.

Improve access

Clarify the **procedures for schools in relation to learners, particularly those living with HIV and tuberculosis, who may need specific support**. Review the actions to be taken by parents/caregivers, school staff and school health teams if learners attend school while unwell. This would likely include referral and accompaniment to local clinics. Consider inclusion of these procedures in schools' codes of conduct.

Establish measures to attend to learners who are **OVC, or have special learning needs and/or disabilities**, given their potentially heightened vulnerability to HIV and tuberculosis, to safeguard their personal and educational interests, especially in terms of GBV and abuse. Note the mandatory requirement to report suspected abuse.

[11] See reference 50

Improve psychosocial support

Strengthen the **ability of teachers to provide assistance to adolescents living with HIV** to maintain psychosocial wellbeing by facing the challenges involved in adhering to ART, for example, through the expanded use of materials provided by the CSTL initiative and the regional psychosocial support initiative (REPSSI) training. Equip young people to provide psychosocial support to one another.

Improve coordination

Clarify and disseminate widely the **roles, activities and contact information** of national and regional coordination units, and school support teams so that partners are fully informed about coordination and referral networks, especially as the sector moves to implement the CSTL national model at secondary level.

Develop and communicate widely the **procedures describing schools' roles in active referral** to providers of SRH, HIV and tuberculosis prevention, testing, treatment and care services. In collaboration with social welfare, health, local authorities and NGOs, **develop directories of local organizations** and/or resources that can provide home-based support or support for young people to access HTS and treatment support, SRH services, and services for young people who have mental health or substance use problems, or who have experienced violence, including bullying.

Resources

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5. Social welfare

Rationale

Social protection interventions are designed to support the productivity of poor families and facilitate their broader participation in, and contribution to, society. They can also boost investment in human capital of the poorest adolescents, thus raising their future opportunities and capacities as adults. Targeted school-fee waivers, social cash transfers, school feeding and integrated social welfare services can ensure that children and adolescents from the poorest families access their right to survival, education, health and protection, and in turn allow them to realize their full productive potential as adults. The social services systems (government, civil society and private sector) play a role in reducing structural vulnerabilities to HIV, poor adherence to treatment and improved self-determination. Strong social systems will also further family resilience and strong social networks, and contribute to poverty alleviation. The latter is critical, given that the root causes of protection violations against children and adolescents include chronic poverty, harmful traditional practices, gender discrimination, power differences and health status, including HIV and AIDS. Ensuring that comprehensive and sustainable child protection systems are in place is a necessary mechanism for supporting children's rights and specifically for preventing and responding to acts of abuse, neglect, violence and exploitation of children and adolescents, cognizant of the vulnerability created by HIV.

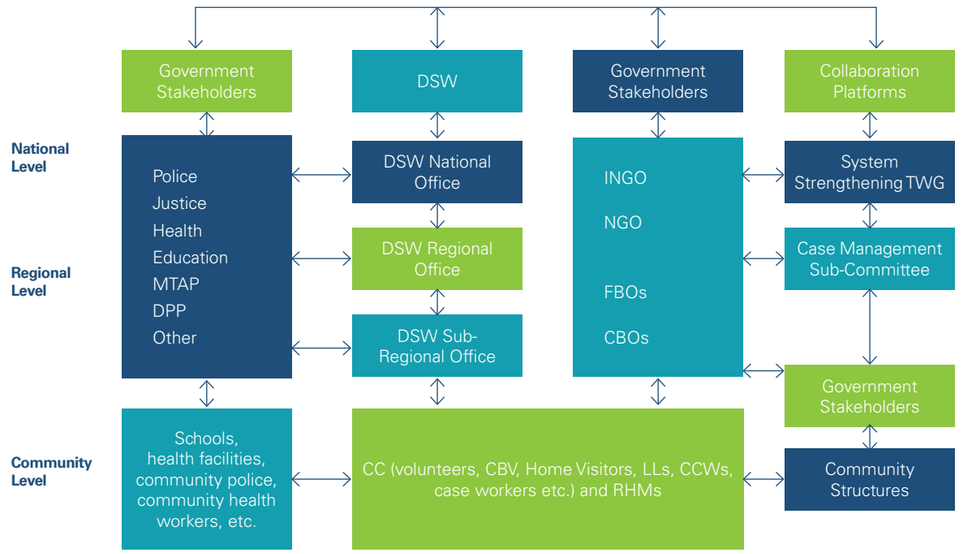
Roles in relation to HIV and SRH

Protection – Prevent and respond to abuse, neglect, exploitation and violence affecting children and adolescents, including facilitating alternative care arrangements, traditional fostering and/or institutional care. The Children's Protection and Welfare Act, 2012 (CPWA) identifies social workers, in the employ of the Department of Social Welfare (DSW), as the key duty bearers for protection. By making them officers of the court, social workers are assigned the responsibility for implementing the prescriptions of the law in situations where this is warranted. The Act further specifies the role of the Department in providing or helping to provide information to parents and other members of the community about the development of children and their needs.

Access to services – Help to increase access to essential education, health and social services for vulnerable people and households, for example, linking with health platforms and community structures for identification of adolescents requiring additional support for disclosure and/or adherence, the development of a referral form (for example, Form 4) that enables adolescents to receive HIV/SRH services, and tracking the completion of referral. All actors in the social welfare sector have this core function of enabling/facilitating service access, through direct service provision, such as home-based counselling, capacity building or coordination. Case management and referral mechanisms are the 'glue' that binds people affected by HIV and the services that adolescents need.

Advocacy – Campaign for solutions to address the needs of specific clients or groups of clients with similar needs and/or concerns within a local community or neighbourhood. This could include improving adolescents' access to HIV treatment support groups or mental health services, and/or education for young key populations within a specific neighbourhood or community. CSOs often have specific focus areas, for example GBV, adolescent abuse and young key populations, and advocate for issues of concern, such as legal and policy reform to transform the social environment in which people live.

Figure 3: *Social welfare intersectoral structures for case management at various levels*



Source: From reference 30

Recommended actions

Improve protection

Summarize and communicate widely the DSW's HIV and child protection rationale and **guidance for assessing risks (including health)** so that others are aware of their responsibility to report potential cases requiring statutory or non-statutory services and the procedures that need to be followed.

Establish platforms for and **develop the capacity of social workers to support young people in conflict with the law**. Clarify and communicate what the provisions are for legal assistance and representation (for example, court-appointed special advocates) for adolescents in conflict with the law or out of parental care and in need of protection, and the preparation of adolescents for court testimony when they face their abusers in court.

Implement the **new mechanisms for reporting sexual offences and domestic violence**, including referral for the provision of post-exposure prophylaxis (PEP) to reduce the chances of contracting HIV. Collaborate with NGOs providing post-abuse case management services at community level.

Improve access

Develop **guidelines for addressing the needs of young key populations**, and/or parents and caregivers who are from key populations.

Develop **regulations related to the CPWA health and HIV-related provisions** to guide implementation and service provision to adolescents.

Develop indicators and processes to **summarize social worker actions specific to HIV, and adolescents and parents/ caregivers** (for example, support for disclosure, referral to HTS, adherence support and psychosocial support) and to document caseloads and areas requiring strengthening.

Clarify the roles and support needs of social workers, in conjunction with health workers, on addressing the **hesitancy of caregivers to disclose their own and/or their adolescent's HIV status**.

Discuss with health officials the feasibility of adapting and using Form 2 (DSW intake and initial assessment) to include items for **screening for HIV testing**[12].

Improve advocacy

Build the capacity of social welfare and community cadres in advocacy, particularly in relation to adolescents and HIV (for example, raising awareness of the problems caused when families do not encourage or even block ART, or do not register children at school). Also, improve the public's understanding of social issues (for example, neglect and abuse and their relation to HIV/SRH problems among adolescents) and the role of social welfare in identifying vulnerable families and adolescents eligible for pension, education support and family strengthening.

Advocate and facilitate the necessary completion of processes for **birth registration** required for civil registration.

Resources

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[12] Note Table 3.3 and Annex 9.18 from reference 40

6. Police and the judiciary

Rationale

The police serve to maintain law, order and safety in local areas by protecting members of the public and their property, by preventing, detecting and investigating criminal activities such as drug trafficking, and by responding to emergencies. The attitudes and behaviours of individual police can be coloured by cultural and community norms in relation to PLHIV and members of key populations, even though they know the law does not tolerate discrimination. Adolescents, by virtue of their age, are particularly in need of protection and therefore a legal environment that emphasizes public health over punishment and stigmatization is critical for an effective HIV response. The proximity of police to the community allows detection of potential violence/abuse of adolescents, and the initiation of prevention and protective measures.

Roles in relation to HIV and SRH

Promote justice – The judiciary, by interpreting laws, wherever possible, in a manner that respects, protects and promotes the rights of young persons living with HIV, and vulnerable to HIV infection and sexual and reproductive health problems. It is important that they are cognizant of the vulnerability of adolescents and the high prevalence of HIV among adolescents, and take this into account when determining the best interests of the child in all relevant HIV-related judicial matters, such as guardianship, adoption, inheritance, education, social security and access to health care services, including testing, prevention, support and treatment services for HIV and SRH.

Protection – Protecting adolescents from violence, abuse and exploitation is a human rights imperative. It is also critical to preventing behaviours that increase adolescents' risk of HIV and decrease their access to treatment, including forced marriage and sexual exploitation/trafficking and assault, and gender-based/interpersonal violence at home, in schools and in the community. Collaboration among law enforcement, social welfare, schools, health services and CSOs that work with adolescents is essential for protecting adolescents' rights and ensuring that they have access to prevention and treatment/ care.

Access to services – Young key populations, young people who are victims of sexual abuse and violence, and adolescents living with HIV all have limited access to the resources that they need for prevention and treatment/care, such as education, health and social services, due to fear of discrimination, stigma and violence. Police officers are often the primary responders to inter-personal violence and to complaints emanating from the community (for example, 'hotspots' of drug use, sex work and concerns related to a range of child protection issues). Understanding how the police engage with these populations in ways that prioritise HIV prevention and care is critical, including detention and referral policies and procedures. Police are also knowledgeable about the community and can inform young people about available services.

Recommended actions

Improve the promotion of justice

Review the legal, policy and service environment (in general and in relation to adolescents) with a view to **eliminate/ circumvent punitive laws and practices** that make it difficult for adolescents and young key populations (AYKP) to access preventive and curative services.

Develop and implement **legal literacy capacity-building** activities to ensure that young people, including young key populations, understand legal processes and their rights, and know how to claim them through the judicial process, including their right to TB/HIV care while in police custody.

Improve protection

Communicate widely to other sectors and the community, the **roles and activities of regional specialized child protection and sexual offence units** and monitor the implementation of protection policies and legislation. Develop a means to strengthen the capacity of personnel in these units to adopt a holistic, humanistic approach to people in the implementation of all procedures.

Develop and implement **HIV-related training for police** regarding police practices reflecting public health goals and to sensitise police to the perspectives of vulnerable adolescent populations and the opportunities for providing support to meet the specific needs of young people, including confidentiality, conflictual domestic settings, acting out by at-risk adolescents, including those living with HIV.

Develop and implement interventions to **build the capacity of CBOs and CSOs** to engage more effectively with the police (for example, in harm reduction programmes).

To improve access

Ensure that police personnel have **access to information regarding local clinics** where young people can easily obtain HTS, PEP, ART and emergency contraceptives. Prepare procedures detailing access while maintaining confidentiality if young people are in need of such services while in police custody.

Articulate the **role of the police in the National Multisectoral HIV Strategy** to include police responsibility in the development of standard operating procedures (police instructions), police training, police referral/liaison with other sectors, and policies and practices in police stations/incarceration in relation to HIV prevention and care.

Ensure that police are educated regarding the **new mechanisms for reporting sexual offences and domestic violence**, and can provide care to survivors of sexual violence, including timely access to HIV-related care (services that provide HIV testing and post-exposure prophylaxis [PEP] if indicated).

Kwakha Indvodza hosted a round-table discussion at Ngwane Teachers' College in Nhlangano Shiselweni. The panel comprised a peer educator from the college, a law enforcement official and a gender activist. The discussion sensitised students on how to identify GBV on campus and beyond, with a focus on the newly enacted Sexual Offences and Domestic Violence (SODV) Act 2018. Topics centred on the causes of violence, common types of violence experienced on campus and how to address them, and encouraging students to report any form of violence they experience or witness around them on campus and in other settings.

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