

Mainstreaming Youth-friendly Service Delivery and Delivering Oral Prep in Family Planning Clinics In Zimbabwe

Getrude Ncube

National HIV Prevention Coordinator

Ministry of Health and Child Care, AIDS & TB Unit



Presentation Outline

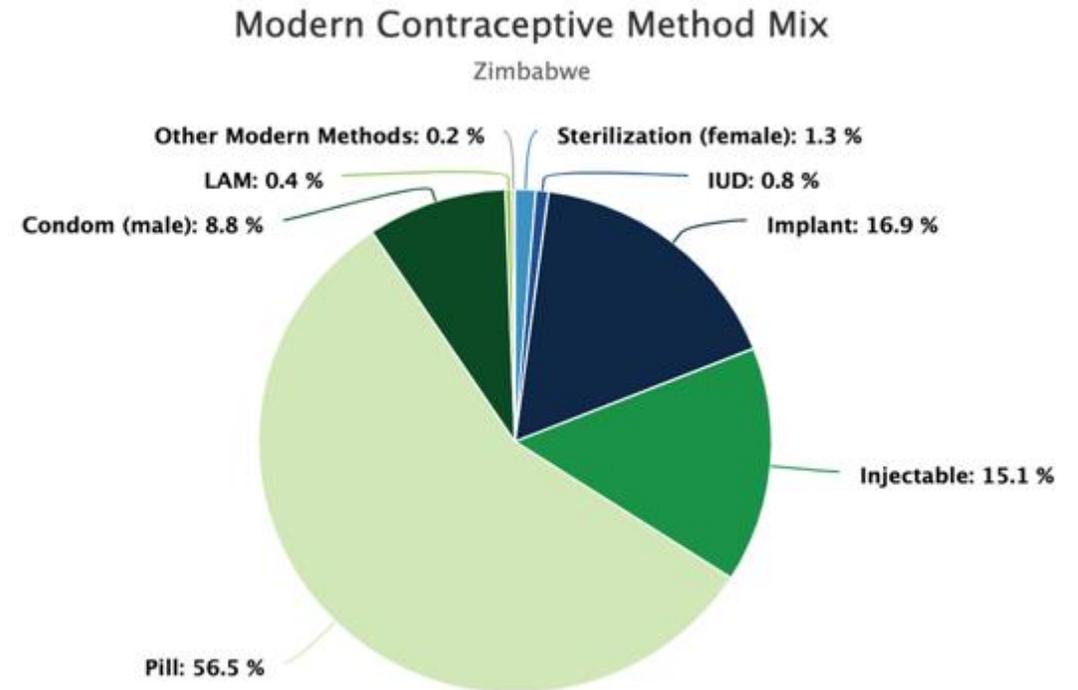
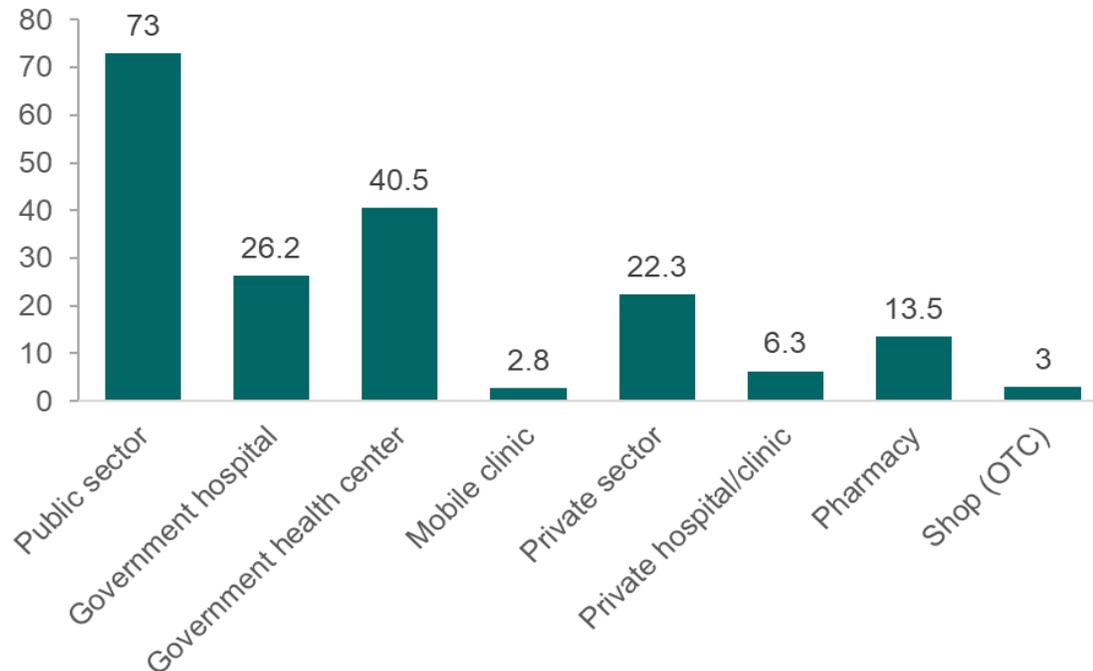
- Rationale for mainstreaming services
- Policy environment
- Integration by facility type/level
- Champions for integration
- Feedback from AGYW
- Conclusion



Rationale for Mainstreaming services

- Adolescents & youth make up **48%** of all new HIV infections
 - AGYW comprise **35%** of new HIV infections
- Unmet need for family planning is **40%** among AGYW ages 15-19, compared to 17% for those ages 20-24.

Service delivery points for modern contraception (%)

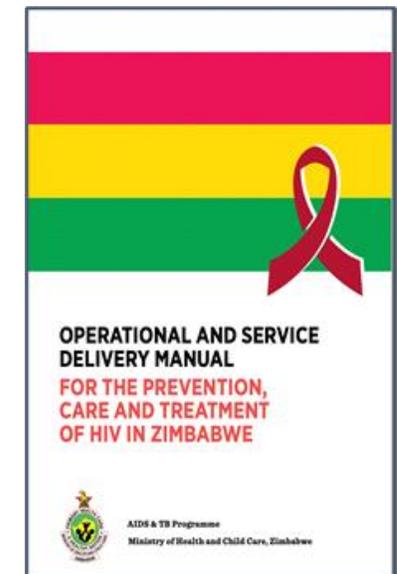
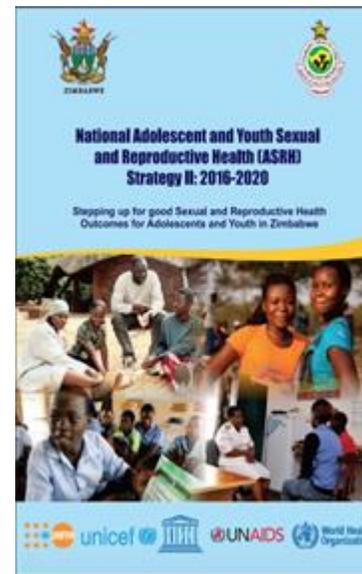
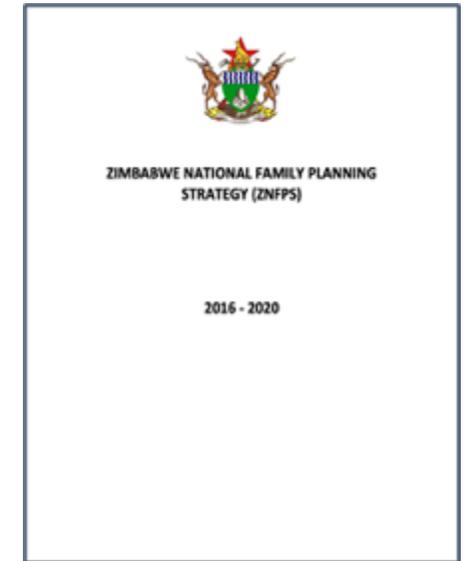


Gov't hospitals & health centers are primary delivery points of FP for AGYW

Source: FP2020, citing Zimbabwe 2015 DHS

Policy environment fosters HIV/SRH integration

- **Key policies and guidelines emphasize the integration of HIV/SRH services**
 - National Health Strategy for Zimbabwe, 2016-2020 (currently being updated)
 - National Health Strategy for HIV (current being updated)
 - Zimbabwe National Family Planning Strategy (ZNFPS), 2016-2020
 - National Adolescent and Youth Sexual and Reproductive Health (ASRH) Strategy II: 2016-2020
- However, the existing policies lack guidance on PrEP, or specifics on how to operationalize PrEP/FP integration at facility-level
- Integrated coordination exists through AIDS and TB, Family Health and the Zimbabwe National Family Planning Council (ZNFPC) through technical working groups and partnership forum at national level



Assessment findings on Service delivery* by facility type

Facility type	Specifics	Youth friendliness	Type of integration
Primary Low-volume	Services offered by same provider in same room, including PrEP.	No YF services available in-house, but AGYW referred to a nearby sexual gender-based violence (SGBV) clinic.	“Supermarket Approach”: all services provided by same provider in same room, but not YF.
Secondary/ Tertiary High-volume	HIV and FP services typically offered in separate rooms/areas. PrEP offered through OI clinics.	3 out of 4 facilities provided YF services in-house through a YF wing or area. No accommodation in the 4 th rural-based facility.	Internal and accompanied referral made between FP and OI clinics. FP services provided within OI clinics.
Youth friendly area or centre	Youth wing or centre, designed specifically to address the needs of young people, offering FP, HIV services and PrEP, with a particular focus on services being YF.	Partner-supported or NGO-run youth centers have high level of youth friendly capacity, including trained providers, confidential spaces, fully integrated services.	Supermarket Approach offers fully integrated services for AGYW; same provider, same room/service delivery area.
Private	Depends on level of facility – mirrors levels described above. Private sector facilities are typically well-resourced compared to public sector, sometimes with user fees, and level of YF service delivery depends on mission or partners’ support.		

- Training identified as the most critical need for expanding integration, and the delivery of PrEP and YF services
- Building stronger linkage systems that allow clear service pathways for clients across SRH/FP and HIV to ensure uptake across.
- Across sites, provider capacity and YF service delivery are highly dependent on implementing partner support, with additional resources and incentives

***Note: categories are not mutually exclusive**

Mainstreamed YF services: Stand alone facilities offer more of what youth want, but mainstreaming is more feasible

Stand alone YF service delivery (partner supported)

- Separate buildings, or spaces within larger facilities
- Typical Staffing:
 - YF coordinator
 - Nurses/midwives trained in comprehensive YF services
 - Peer counselors/educators and CATS
- Space: strictly youth environment; private waiting areas and consultation rooms; often includes computers, wifi, TV, life skills education and other recreational opportunities.
- Services offered: Comprehensive SRH and HIV services, however not typically offering PrEP.

Model offers youth private, confidential and tailored services, but may be too expensive for widespread scale-up. Peer support for PrEP highly effective.

Ideally, PrEP and ART would be provided in-house.

Examples: SGBV clinics, SHAZI!, UBH YF centre, and 5th Ave ZNFPC

Mainstreamed YF service delivery (MOHCC Policy)

- Providers at all levels are capacitated through training, supervision and mentorship to provide YF services
- Typical Staffing:
 - Sub-set of providers in every service delivery area trained in YF service delivery
 - Possibly peer counselors/educators and CATS (with Partner supported sites)
- Space: Youth access services in main facility areas, including waiting areas. Sometimes YF services are offered during certain days or times.
- Services offered: Comprehensive SRH and HIV services. Referrals to OI clinics for ART and PrEP.

Model less expensive than stand-alone clinics, theoretically offers YF services at all service points; but capacity is limited.

Ideally, PrEP and ART would be provided in MCH/FP areas (e.g. not just in OI clinics).

Examples: Rusape General, Chishapa Clinic, Nyazura Clinic

Champions (individuals trained in specific service delivery specialties) can be utilized to promote integration

- Opportunities to **identify and invest in “integration champions”** across the health system
- **Incentives (e.g. payment, t-shirts, airtime) are highly motivating to champions**, and when feasible can be used to help ensure training is put to use.

	Level	Actions needed
	Policy level	<ul style="list-style-type: none"> • Develop national guidelines/circulars on HIV/FP integration including facility-level targets, operational plans, training materials and job aids for what is required at county, facility and community level • Create integrated M&E tools
	MOH Coordinators	<ul style="list-style-type: none"> • Integrated annual workplans developed by HIV and RH focal persons • Joint supervisory visits to facilities by district managers • Joint training and on-the-job-training for HIV and SRH/FP providers
	Facility level	<ul style="list-style-type: none"> • Promote integration (based on national-level guidance and operation plan) at facility-level • Facilitate facility-level meetings to problem-solve around and promote integration
	Community level	<ul style="list-style-type: none"> • PrEP champions to promote and provide FP education and counseling alongside PrEP • Provide incentives to motivate champions to deliver on targets

AGYW want Choice, Access, Respect, Privacy

Choice,
integrated and
differentiated care

“At the end it has to be about choice so that an AGYW is able to access what works best for her...Adolescents are actually not a homogenous group; remember some of them are married. Some are out school and others are in high school, etc. So their choices and preferences are very different.” CSO dialogue, RHRN

Access to services that
meet their needs,
when they need them

“Sometimes one pays 5 dollars user fees to be able to get to the clinic, only to be told that the particular service they need is not available. They are referred to another centre where they again need to pay 5 to access the clinic. After that they also need to buy the medication...Ideally all services should be free and in one place.”

CSO Dialogue, RNCYP

Respect and non-
judgmental care

“Here (at a youth drop-in centre) I’m treated well. The staff is friendly and I meet other young people my age. I’m on PrEP and no one asks me why I need PrEP, like what have I done that warrants you taking PrEP.” AGYW 16-24, SHAZ! HUB

Privacy and
Confidentiality

“I prefer somewhere private so that one cannot guess what service I am there for. Unlike at (regular health) clinics where one can tell that you are now going for HIV testing which means you are having unprotected sex.” AGYW 16-24, SHAZ! HUB



Conclusion

Mainstreaming of services is feasible and requires: -

- ✓ An enabling policy environment supported by operational guidance
- ✓ Capacity building for health workers through training and mentorship
- ✓ Integration of data and M&E systems
- ✓ Coordination of investments across different programmes
- ✓ Engagement and coordination across key stakeholders including the providers and consumers (adolescents and young people)

Thank You

