Peer power!

This newsletter is dedicated to Selma Pires, who died, aged 18, on 25th August 2017. Selma recently trained as a community adolescent treatment supporter (CATS), helping other young people living with HIV in Beira, Mozambique. Nicola Willis, Executive Director, AfricaID-Zwandi, said, “During training Selma showed immense insight and maturity. We knew she was going to be a fabulous support to her peers.” Even when very ill, Selma helped others. She, in turn, was supported by READY+ implementing peer support. Selma’s death is a stark reminder of why READY+ is needed. By the time many young people are diagnosed, they will have been living with HIV for two decades. Monique Kamphuis, Oasis, director, national delegates of young people living with HIV (RU+), said, “I hope that counselling CATS will help in that no one loses hope. Their work is so valuable.”

Welcome to the second issue of the READY newsletter! There is now strong evidence showing the effectiveness of peers – people of similar status and age – in promoting health and wellbeing. Over the page we summarise new data, learning and useful tools. Evidence is of course crucial. But we want to show the human side too: That’s why we’re proud to share a unique conversation between a CATS and client in Swaziland. We also look at how CATS are recruited and trained. CATS and other peer supporters care for others, but who cares for them? We explore this key issue and resilience in the newsletter. At the RU+ centre in Burundi I see the power of peers every day. Recently, a young woman turned her life around thanks to a peer educator: “I was scared to disclose my HIV status but when some peers approached me, I knew I wasn’t alone,” she said. “I used to suffer from self-stigma and I didn’t take my medication correctly. But after speaking to one of the RU+ peer educators I found the courage to face my problems. Later on, I became a peer educator too and I’ve helped many other young people. Nowadays I’m healthy and I support my peers who struggle to accept their HIV status.”

Adolescence is a critical stage of life. Adolescents become more independent, ready to move from their families into the wider world. For adolescents living with HIV this can be a particularly difficult time. Most, however, can overcome challenges when supported by adults and the community.

Resilience is the ability to adapt and bounce back when things don’t go as planned; to learn from mistakes and move on. Resilience among adolescents and young people living with HIV helps them to adhere to treatment and access sexual and reproductive health and rights (SRHR) information and services; develop mechanisms that protect them against mental health problems; and maintain balance in their lives.

We all need to love and be loved. The community can help adolescents become resilient by encouraging them to spend time with family and friends, and develop a support network. When everyone helps foster resilience in adolescents, they build strong relationships with adults and their peers. They become role models, who are independent but able to seek help when necessary.

How do we measure resilience in adolescents and young people living with HIV? One way is to elicit their responses regarding various resilience factors, using a set of questions or scales. The Child and youth resilience measure tracks the availability of internal and social resources that increase the likelihood of demonstrating resilience in the face of adversity. Another way is the projective storytelling technique, which draws information from adolescents and young people living with HIV on their thoughts, feelings and relationships relating to resilience.

CATS chat

Thabiso Mashaaba (aged 15) recently found out his HIV status when he fell sick, and was encouraged to go for testing. He lives with his mother who is also HIV-positive. Thabiso and 17-year-old Sipho Bhambo, who is a CATS, have built up a close relationship in their attempts to adhere to treatment.

Thabiso: What do you find rewarding about your work as a CATS?
Sipho: So many of the peers I support now see me as their role model and want to be like me. They usually go out of their way to look for me at the clinic until they find me.
Thabiso: When you’re feeling low, what motivates you to come to work every day?
Sipho: I’ve developed this passion for young people. Even if I tell myself that I won’t go to the clinic today, I think that these young people leave their homes and are motivated to come to me for help – if I don’t go to the clinic to help them, who will they talk to about their problems?
Thabiso: How has having me as a CATS helped you?
Sipho: How do you feel now?
Thabiso: When I first started treatment I would feel very dizzy and wanted to give up, but you encouraged me not to give up and keep taking my medication. I can now talk to you freely as you are my peer.
Sipho: What about stigma? At first, you felt like you were the only person living with HIV – how do you feel now?
Thabiso: I feel okay because I understood that I won’t die because my sister and mother are also on treatment. I decided that if I continue to waste time and not take my treatment, I might just die.

“We must keep on coming back – then welcoming, youthful, knowledgeable peer supporters and navigators who are recognised, trained, mentored and paid at each of our public sector clinics is, in my opinion, a non-negotiable!”

“Peer supporters are there to act as a pillar of strength to their peers by providing information, encouragement, support, counselling, instilling confidence through shared experiences in order to boost self-esteem. I’ve changed lives by sharing my story.”

#ActOnHIV

Creating resilient adolescents for life

BY KAREMA MUSHI, PROGRAM OFFICER, REPSSI TANZANIA AND CHENGABETA OZIMA, ADVISOR, MONITORING AND EVALUATION, IMAE, INTERNATIONAL HIV/AIDS ALLIANCE

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How to train CATS
BY FELICITAS FARAI NGUBO

I’m the Regional Capacity Building Lead with Africaid-Zvandiri in Zimbabwe. Recruiting CATS has never been easy. In most countries, apart from Zimbabwe, this is a brand new initiative, which is amazing.

The health facility and implementing partners look for young people living with HIV, generally aged 18-22 who have shown good adherence over the last year and who aren’t at school or working. They must know their status, and feel comfortable talking about it. They must be passionate about working with adolescents and young people living with HIV, willing to learn, and demonstrate leadership.

CATS are trained and mentored for ten days. Half that time is in the classroom and the other half is in health facilities and the community. This equips CATS with the knowledge, skills and confidence to support their peers.

Disclosure is still a challenge in the four READY+ countries. It’s hard to find young people willing to share their life experience with their peers. But CATS are integrated within health facilities and they work with expert clients and peer educators in the community.

I’ve learnt that CATS differ in terms of their culture, their experience of contracting and living with HIV, their expectations and how they see the world. We have to appreciate their diversity. I’m so proud of the CATS we’ve trained. They’re resilient, vibrant and bright young women and men.

Caring for CATS
BY LEOPOLDINA SEMO SEMO BANCO, MANAGER, OASIS MOZAMBIQUE

Oasis looks after 12 CATS who support other adolescents and young people living with HIV with adherence to antiretroviral therapy (ART). Our role is to motivate the CATS. We give technical support to help them overcome any difficulties they encounter, and provide a one-to-one service in situations of emotional crisis. We keep in touch with their families, give health information and advice, and refer them to the doctors linked to the READY+ project. We also contribute financially.

Caring for CATS isn’t easy because they are young people who need looking after in a crisis. We rely on the support of a social psychologist. Occasionally, CATS – who are vulnerable to opportunistic infections – face serious health problems. When they’re ill, the memory of Selma’s death is fresh in our minds.

To overcome these difficulties, we request ongoing technical support from REFFSJ, especially psychosocial support, and funding for education, training and medicine.

To make peer support work …

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DIANA T-AMANYIRE, HEAD, YOUTH AND KEY POPULATIONS, MARIE STOPES INTERNATIONAL, UGANDA (2009)

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