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READY 

RESILIENT & EMPOWERED
ADOLESCENTS & YOUNG PEOPLE

Case Study 



Namibian adolescent girls and young women get **READY!**

Positive Vibes' integration of READY in their HIV prevention response for adolescent girls and young women.



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About



This case study is one of a series showcasing the collaborative work done by Frontline AIDS and linking organisations in their pursuit to reach UNAIDS' 90:90:90 goals. This case study focuses on Positive Vibes Trust and the processes to integrate READY in their HIV prevention response focused on adolescent girls and youth women (AGYW) as part of the National Global Fund (GF) 2018 – 2020 HIV prevention programme.

The compilation of this case study has been informed by the Frontline AIDS staff, Positive Vibes READY programmes team and supporting documentation provided.



Frontline AIDS has been at the forefront of the world's response to HIV and AIDS for 25 years, working with marginalised people who are denied HIV prevention and treatment simply because of who they are and where they live. Set up in 1993 to work with community groups in the countries most affected by the global AIDS epidemic, they've continually adapted their approach, looking for innovative ways to break down the barriers that marginalise people living with, or at risk of acquiring, HIV. All with one goal in mind – a future free from AIDS for everyone, everywhere.

Everything they do is rooted in two key beliefs:

- that the lives of all human beings are of equal value and
- that everyone has the right to access the HIV information and services they need for a healthy life.

Today, they work with communities in more than 40 countries, taking local, national and global action on HIV, health and human rights.

For more information on Frontline AIDS and the work they do, please visit: www.frontlineaids.org



Positive Vibes Trust works in the area of health and human rights in Africa, walking in solidarity with the most marginalised, vulnerable and often criminalised communities. PV's work with these groups entails shifting and disrupting the legal and social drivers of othering, marginalisation and exclusion.

PV's approach is based on the conviction that people can:

- take charge of their own lives;
- strengthen themselves to more effectively shape their own futures; and
- use their voices and actions to contribute towards the larger goals of social inclusion, social justice and equity.

This person-centred approach, inspired by Freire's Theory of Oppression, aims to catalyse the awakening of critical awareness or 'conscientisation' in the individual i.e. the awakening of the self. This awakening of self, in relation to the system in which I find myself, is central to PV's theory of change.

PV long-term accompaniment of groups is focused on the fostering of strategic partnerships, through consensus building, collaboration and co-creation of interventions. This work often leads to the strengthening of community-based Movements for Change. PV's collaboration with these movements has resulted in the development of Looking In, Looking Out (LILO), a series of curricula and methods designed to support and facilitate change at individual, community, institutional, policy and legal level.

For more information on Positive Vibes and the work they do, please visit: www.positivevibes.org



READY stands for **R**esilient and **E**mpowered **A**dolescents and **Y**oung People. It is a **Movement** of youth-led and youth serving organisations working with and for adolescents and young people (A&YP) living with and most affected by HIV. READY was developed in consultation with young people from five countries collaborating on the Link Up Programme, a SRH&R for A&YP initiative that reached 940,000 young people in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda.

READY aims to ensure that A&YP living with HIV become ready to make informed decisions about their health and rights and that parents and care-givers, services, and decision makers are equipped with the necessary knowledge, skills, services and commodities to facilitate an environment conducive to growth and positive development. The development of READY and all corresponding projects under the READY umbrella, was informed by years of operational learning, extensive research with A&YP and lessons learnt through the Link-Up Programme. Projects under the READY umbrella include:

- **READY+** focuses on 10–24-year-olds living with HIV in Mozambique, eSwatini, Tanzania and Zimbabwe;
- **READY Teens** focuses on adolescents 10–19-years-old living with and most affected by HIV in Burundi, Uganda and Ethiopia;
- **READY Fellowship** focuses on developing and supporting a new generation of young activists in the global HIV response;
- **READY to Lead** is an advocacy and leadership programme targeting young women in Zimbabwe; and
- **iREADY** is an ICT project to establish a social-media based SRH&R engagement platform, implemented in Mozambique and Burundi.

For more information on READY, please visit: www.frontlineaids.org/ready



Namibian adolescent girls and young women get READY! – Positive Vibes Trust's integration of READY their HIV prevention response for AGYW response.

Background

PV's Namibian office successfully applied and was awarded the HIV prevention grant for AGYW, under the new Namibia Global Fund Grant (2018 – 2020) in 2018. This grant focuses HIV preventions on out-of-school 15-24-year-old AGYW, with complementary responses targeting their male counterpart, parents, caregivers and community leaders. This programme is implemented in three Namibian political regions: Ohangwena, Kavango East and Kavango West.

The primary aim of the AGYW grant is to reach **37,500** out of school AGYW aged 15-24 years, with behavioural, biomedical and structural interventions, to reduce HIV incidence by 75% amongst this group. Specific outcomes include:

- To accelerate the mobilisation of AGYW on HIV prevention through comprehensive Sexual Reproductive Health and Rights (SRH&R), including Sexuality Education (SE), Life Skills and build self-efficacy of this group and;
- To enhance capacity of AGYW on areas pertaining to HIV education, PHDP, SRHR, and resilience building at individual and group level.

PV has been actively involved in establishing and evolving Namibia's people living with HIV (PLHIV) movement since 2007; a partnership which has seen the strengthening of positive health, dignity and prevention of onward HIV transmission for PLHIV.

It is through the work with Namibian PLHIV, that PV and Frontline AIDS first engaged, and have since developed a long-standing relationship. As a linking organisation since September 2014, PV and Frontline AIDS have partnered on Namibian based interventions focused on HIV prevention, treatment and care for PLHIV, LGBT persons and Sex Workers; regionally, this partnership culminated in multi-country programmes, such as KPConnect, which focused on empowering LGBT and sex worker-focused organisations in their response against marginalisation, oppression and often, criminalisation. The integration of READY in PV's HIV prevention response for AGYW, is the latest in the PV-Frontline AIDS partnership.

This case study details the process undertaken by PV to integrate READY in their HIV response, documents some initial lessons learnt and highlights recommendations for the strengthening of not only PV's response, but the roll-out of READY globally.

HIV and Namibian AGYW

Adolescent girls and young women continue to bear the brunt of the HIV epidemic globally, with AIDS-related illnesses leading the cause of death among 15-49-year old females. UNAIDS (2017) estimates that approximately 150 adolescents aged 10-19 years died of AIDS related illnesses **DAILY** in 2016. In sub-Saharan Africa, 15-19 year old girls constitute three in four new HIV infections.

In Namibia, the HIV response have resulted in excellent progress towards UNAIDS 90-90-90 goals, with women aged 15-64 having achieved these goals. HIV positive adults within this age cohort have also surpassed the goal set for viral load suppression at 77.4%. While these achievements illustrate positive developments in Namibia's HIV response, AGYW continue to be disproportionately affected. Annual HIV incidence is highest among 15-24 year old AGYW (0.99%), in relation to incidence amongst the male cohort (0.03%). With an incidence rate of 0.15% among adult males (15-64 years), it is evident a key driver of the high incidence rates amongst AGYW can be attributed to age disparate relationships with men engaged in multiple and concurrent partnerships. [1] [2] [5]

Namibian HIV context for Namibian at a glance

(IN %)	National Aged 15-64 years			Adolescents and Young people Aged 15 to 24 years	
	=	F	M	F	M
Annual Incidence	0.36	0.59	0.13	0.99	0.03
Prevalence	12.6	15.7	9.3	4.7 6.0	2.7 (15-19 yrs) 2.3 (20-24 yrs)
Viral Load suppression	77.4	81.7	69.6	65.4	60.7

Table 1: 2017 Namibia Population-based HIV impact assessment

Factors driving HIV vulnerabilities

Biologically, AGYW are more vulnerable to HIV infection, however, social and structural barriers further exacerbate AGYW vulnerability to HIV infection, and gives rise to the high HIV incidence within this group.

These drivers include:

Biological – AGYW immature cervix has a greater proportion of genital mucosa; young women have relatively high levels of genital inflammation which has been linked to increased HIV acquisition risk.

Behavioural – Early sexual debut; infrequent and incorrect use of condoms; multiple and concurrent partnerships; age-disparate relationships; engagement in transactional sex; low uptake of HIV services; low SRH&R and HIV literacy; alcohol and drug misuse

Social – Entrenched harmful gender norms; peer pressure; poverty and lack of employment; high prevalence of sexual and gender based violence; high levels of school drop-out

Policy and Legal – Lack of AGYW-friendly services; age of testing and sexual consent. [3] [4]



6730 Namibian females learner dropped out of school in 2017.

The number one reason reported:

Pregnancy (28.8%)

- The second most common reason mentioned was the long distance between school and home (7%).
- A large number of cases reported under 'unknown reasons' (40.5%) conceal the main reason, thus learner pregnancy rates might actually be higher. [5]

PV gets READY – the process from conceptualisation to integration

PV's **READY for out of-school, 15-24-year-old AGYW programme** integrates person-centred and evidenced behavioural, structural and biomedical interventions to address the drivers of HIV vulnerability of AGYW. PV therefore prioritised a community driven, human rights-based approach, that focused on building a movement of not only SRH&R functionally literate AGYW, but a strong inclusive movement comprising of adolescent boys and young men, parents and care givers, community leaders, and decision makers.

The phases of programme development and READY integration is detailed below.

Phase 1 – The work before the work

Work informing PV's GF grant application was preceded by a lengthy, often unsystematic, yet accumulative process of strategic consideration, internal programmatic reviews, stakeholder engagements and operational research. An important phase in programmatic design that often goes undocumented.

PV traditionally works with the most marginalised and othered groups in communities; the social outcasts, who because of health status, sexual orientation, gender identity, or choice of profession, as in the case of sex workers, are shunned by society.

While their vulnerability is undisputed, cis-gendered, heterosexual and HIV- AGYW don't necessarily fit the bill of social outcast:

At policy level, this group is prioritised; socially, violations inflicted against AGYW is met with national outcry. The appointment of Namibia's First Lady, Madame Geingos, as a UNAIDS Special Advocate for Young Women and Adolescent Girls also ensures that within the Office of the President, this group remains prioritised.

PV's deliberations and decision making on working with this group was consequently a lengthy and strategic process.

To understand factors influencing PV's own critical awakening requires a quick overview of Namibia's response to HIV, as well as the role civil society has played in shaping that agenda.

Towards a Multi-sectoral, coordinated response

AGYW is prioritised within Namibia's National Strategic Framework (NSF) for HIV/AIDS (2017/18 to 2021/22). To address high levels of incidence in this vulnerable population, Namibia has also embraced a Combination Prevention Strategy; a human-rights based, community-centred strategy, focused on high impact behavioural, biomedical and socio-structural interventions. The achievement of this is through a coordinated, multi-sectoral response.

Namibia is currently implementing various initiatives focused on AGYW, the two largest of which is DREAMS under US President's Emergency Plan for AIDS Relief (PEPFAR) and the National Global Fund Programme, both in collaboration with Namibia's Ministry of Health and Social Services (MoHSS). MoHSS, PEPFAR and Global Fund country teams, coordinated and aligned strategies, high priority sites, and priority populations to ensure complementarity and mutually reinforcing interventions.

This was done in partnership with PV and other civil society organisations working in the field of HIV and AGYW.

It was through these engagements and deliberations, that it became increasingly clear to PV: a **movement of AGYW** was needed; one with the necessary skills and knowledge to advance positive health seeking behaviours, and challenge and redress the factors fuelling high incidence levels within this group. These factors, while not the same, were similar to those affecting other marginalised groups (e.g. LGBT persons, sex workers), namely patriarchal systems, gender norms, harmful cultural practices and belief systems, inadequate legal and policy frameworks, limited sub-national support systems and low SRH&R literacy levels. Through community consultations, it also became abundantly clear, that AGYW did not lead single-issue lives, and that intersectionality with these other groups (e.g. LGBT persons, sex workers) are more frequent than one might think.

PV's past experience on movement building within vulnerable communities, health policy strengthening and vested interest in reducing HIV incidence in country, all motivated PV to apply as a sub-recipient for the GF grant.

Phase 2 – Designing the package

PV's AGYW programme is multi-levelled, to facilitate transformation at all levels:

	3-day SRHR workshops for AGYW Annual Girls Conference ALHIV Teen Club Meetings Annual Teen Club Conference	On-site HIV testing services Initiation onto Treatment; PreP etc Linkages to appropriate services: Family planning, GBV, counselling
	2-day SRH&R workshop for Adolescent Boys and Young Men (ABYM) Initiation onto Treatment; PreP etc Linkages to appropriate services: Family planning, GBV, counselling, VMMC	
	1-day workshop: Sensitisation sessions with Parents 1-day workshop: Sensitisation sessions with Community Leaders	
	Policy and practice strengthening Sharing of experience, best practice and learning	

A key decision in designing the package was the choice of curriculum to use. DREAMS implementing partners follow a school-based approach, using My Future Is My Choice and Windows of Hope. PV's own adolescent focused curricula currently focuses on ALHIV, and limited time and funding was available for adaptation.

PV needed a curriculum that promoted movement building, spoke to both +/- HIV AGYW and ABYM; and required little adaptation to fit country context.

WHY READY?



PV was introduced to READY at the 2018 Frontline AIDS Directors meeting. With interest piqued, PV had initial discussions with Frontline AIDS and perused the READY portfolio and core SRH&R curriculum. The choice to integrate READY within PV's AGYW programme was influenced by the following factors:

- READY is focused on building a movement.
- READY follows a person-centred, human-rights based approach.
- READY's theory of change is multi-layered and aligns to the Namibia's HIV strategic framework priorities and combination HIV prevention approach.
- READY's Results Framework aligns to the national AGYW HIV prevention as well as the Global Fund's M&E framework.
- The methodologies have been tested and proven to work in other country contexts.
- The SRH&R 101, sexuality and life skills toolkit is expansive and comprehensive; tailoring to country context and needs would therefore not be problem.
- The comprehensive curriculum also meant that various intersectionality across community groups could be addressed.
- As an Frontline AIDS LO, PV can leverage technical support from the Frontline Aids secretariat and share operational learning on READY's implementation and outcomes, to the wider networks of LO's globally.

With decision made, PV set the wheels in motion. PV introduced READY to the GF primary recipient, Namibia Networks of AIDS Service Organisations (NANASO). With their endorsement, PV resumed correspondence with Frontline AIDS's READY team on processes needed to integrate READY.

Phase 3 – Getting the organisation READY

In Namibia, PV has two offices, one based in Windhoek, the country's capital and PV's national headquarters, and a regional office based in Ongwediva, Northern Namibia. Having successfully implemented and managed GF grants in the past, PV decided the Ongwediva-based office and programmes team would be best placed to manage the implementation of the grant. Oversight and technical support will then be provided by PV's Namibia Director. Other factors strongly weighing in their strategic advantage was:

- Closer proximity to the READY sites;
- Extensive experience in community-driven HIV programmes, including working with ALHIV at health facilities
- Established relationships with regional MoHSS and other government offices; and,
- Most importantly, the trust and relationships that have been built with community.

PV recruited 3 regional coordinators, who with the Ongwediva-based programme manager, are tasked to provide implementation support the READY facilitators.

Phase 4 – Regional introductions

PV's regional programmes team introduced the READY programme to the regional Constituency* AIDS Coordinating Committees and Regional AIDS Coordinating Committees (CACOC & RACOC), constituency offices, community councillors, ALHIV Teen Clubs focal nurses, as well as local CSO in the various regions.

Community councillors and PV's regional coordinators also introduced the programme through local radio stations.

During these introductions PV also recruited 30 constituency-based READY facilitators through the constituency offices.

*Namibia's political regions are further divided into electoral constituencies.

Phase 5 – READY Training

Frontline AIDS provided the initial READY training to PV staff, NANASO and Walvis Bay Corridor Group representatives in July 2018.

This training served two purposes, a) to ensure that programme teams within the AGYW GF response team is acquainted with the READY compendium of SRHR/HIV tools; and, b) to select the sessions that would constitute the core package for the envisioned AGYW 3-day SRH&R workshops.

To further inform package selection, PV invited three AGYW, to share experiences, and review topics based on their priorities. Selection of sessions were based on:

- Those sessions that provided the groups with the most comprehensive introduction to SRH&R.
- Sessions that would contribute to reaching the programme aims 1) increase SRH&R knowledge; 2) encourage health seeking behaviours, and 3) ultimately, lead to the reduction of incidence amongst AGYW.
- Sessions that would address the primary drivers of high rates of HIV incidence in AGYW e.g. sleeping with older men; incorrect and inconsistent condom use.
- Topics/priorities not covered by other interventions in the region e.g. learner pregnancy interventions by the Ministry of Education and Life skills curriculum; LGBT and sex worker initiatives by PV and Society for Family Health, the GF sub-recipient working on HIV prevention with LGBT and sex workers.

From the 65 sessions in READY SRH&R curriculum, 12 sessions were agreed upon, and spread as follows over the 3-days:

Day 1	Day 2	Day 3
Welcome; Introductions Trust Working together Ground Rules Friendships between boys and girls Making Decisions Daily evaluation	Reflection on previous day Understanding Our Bodies and Feelings Sexually transmitted infections HIV - Protecting ourselves from HIV infection How is HIV transmitted in the community HIV and ART Let's use Condoms Daily evaluation	Reflection on previous day Saying no to Sex Having sex with older man Service mapping Workshop Evaluation

All 30 regional facilitators have received training on this tailored curriculum.

Phase 6 – Implementation modalities

Steps in implementation



The three READY sites have the following factors in common, which influence implementation modalities:

- Transportation and travel considerations include:
 - Most communities, including AGYW, live in villages surrounding the main towns. The terrain often requires bakkies, with four-wheel drive,
 - Distance to travel from one village/constituency to the next is vast, and travel by foot, is often difficult.
- All regions are involved in agricultural activities, with AGYW typically working in the fields. Planting and harvesting times therefore needs to be considered for roll-out.
- All regions are border regions. All three regions border Angola, while only Kavango East borders Botswana. Population mobility, transactional sex and cross-border HIV transmission are key considerations in factors driving HIV incidence.
- Community-based health clinics are available in most constituencies. Where services are not available, MoHSS have placed health extension workers.
- Villages are governed by headmen, the main gatekeepers allowing access into villages.
- All three regions have strong convictions pertaining to gender norms and roles and sexuality. Discussion pertaining to sexuality is consequently generally frowned upon.
- These three regions consistently report high rates of HIV prevalence, teenage pregnancy and school drop-out.
- Workshop facilities, such as venue, chairs, is a luxury few have access to. Implementation models needed to consider and favour the development of modalities for outdoor workshop facilitation.



To ensure that AGYW reached through the workshops have access to HCT services on site, PV has coordinated efforts with Walvis Bay Corridor Group, who is responsible for HIV testing services under the GF grant.

Step 1: Gaining entry

Before entry, facilitators are required to introduce READY to the village headman, who upon giving his blessing, will assign available space for the facilitator to conduct their sessions.

Step 2: Mobilisation

Mobilisation for the 3-day AGYW SRH&R workshop is primarily peer-driven. Facilitators initially tap into their own networks of AGYW to mobilise workshop participants. Thereafter, mobilisation is driven by AGYW participants, who either will bring along AGYW to workshop, or invite them to subsequent sessions. Village headman, constituency councillors and church leaders also assist facilitators in the mobilisation of eligible workshop participants.

Step 3: Workshop delivery

Facilitators deliver the selected READY package **over a three-day period**. Facilitation has been designed to be a one-person role. However, over the past three months, when available, facilitators have partnered with local health extension workers in co-facilitating sessions focused on HIV and STI's. These MoHSS appointed frontline workers have received extensive training to provide initial primary health care services to vulnerable groups far removed from regular health care.

Facilitators also collect demographic variables such as age, name, constituency and contact details from AGYW to track progress against outcomes. For participants younger than 18, parental/guardian consent is sought for participation in the workshop.

Step 4: Linkages to services

Following workshop delivery, WBCG's mobile van is on site to **provide HIV testing services**, initiate those found to be HIV+ on treatment and provide the necessary referral linkages to either the local or nearest health facility. Other anticipated services that will hopefully be rolled out soon, include PreP initiation, family planning and STI screening and treatment. At present, WBCG makes the necessary service referrals. When cases related to sexual and gender-based violence, rape, assault etc, are detected, facilitators immediately link these participants to the regional coordinators, who will then take the necessary steps to ensure cases are addressed.

Step 5: Facilitator Meeting

Facilitators are required to **meet monthly**, with regional coordinators and their peers. This allows facilitators to connect, share experiences and lessons learned. Monthly targets and mobilisation strategies are also discussed and tailored, with the strategic guidance of their peers and regional coordinators.

2,708 AGYW reached with SHRH workshops in October -December 2018.

Activities with adolescent boys, young men, parents, caregivers and community leaders is planned for 2019.



Some initial lessons learned

While it is too early to document progress against programmatic outcomes, the READY programme team shared these initial lessons learned.

SRH&R literacy is sorely lacking. The remoteness of the villages, high levels of school drop-out, lack of media, including social media, has resulted in limited access and exposure to SRH&R knowledge and services. The rights discourse is also one not often encountered. While the 3-day SRH&R workshop definitely whets the appetite, it does not satisfy the resultant hunger unleashed. Participants have asked that the workshop be extended to five days.

Parents' concerns. Parents and caregivers have expressed two main concerns: a) data collection, such as contact details, ages and parent details, during workshops; and b) their daughters engaging in sex-related discussions. Some parents have gone as far as accusing facilitators of witch craft, satanism and cult recruitments.

To alleviate these concerns, regional coordinators and facilitators have contacted concerned parents, caregivers and community members, explaining the READY process. Constituency and village leaders have also been invited to sit in on introductory sessions, to provide them with an overview, should they have to address community concerns as well.

Young mothers. Almost half of the AGYW who participated in the workshops during October to December 2018, had at least one child. More concerning was the prevalence of adolescent girls, aged 16 and below, pregnant or with child. Most girls claimed that they were in sexual relationships with older men. The legal age of sexual consent in Namibia is 16 years; Namibia statutory rape law is therefore violated when an individual has any sexual contact with a girl under the age of 16. These instances of statutory rape often goes unreported, and has become a societal norm.

Dealing with sexual diversity. LGBT visibility and discourse is virtually non-existent in these rural parts of Namibia; facilitator exposure to sexual and gender diversity is therefore equally limited. Facilitators have noted that they felt ill-equipped to 1) successfully integrate lesbian and gender queer participants into all sessions, and 2) address questions, myths, or misinformation that arose, on the few occasions AGYW with different sexual orientations were present in the workshops.

Recommendations

Community sensitisation is key. Pre-intervention community engagement is a crucial step in the mobilisation process. This step not only ensures that discourse and understanding on SRH&R is advanced, but also creates space to address community fears, misgivings and queries.

Human rights and country specific legal literacy as compulsory topics. The READY compendium of SRH&R tools has dedicated sessions on HIV and human rights, and reference is made to the various legal contexts within which these rights are exercised. However, none of these sessions are compulsory, and selection of topics, if not predetermined, is based on context and the facilitators interpretation of that context. **Suggesting mandatory sessions** that explicitly address and contribute to human rights and legal literacy development will facilitate the development of literate communities, able to engage in rights discourse, recognise violations against AGYW, and address these violations.

Supplementary aids. While the curriculum expressly mentions that topic selection should meet the interest of and needs of groups and has aligned sessions to group demographics (age and sex), tools to further assist in session selection will a) enable consistent approaches across implementing partners, b) prevent facilitators from avoiding topics they might not be comfortable with, such as sexual diversity, or sleeping with older men. Possible supplementary aids include:

1) An introductory session that explicitly aligns/groups sessions under core programmatic outcomes or developmental themes e.g. grouping sessions pertaining to rape, sexual abuse and other forms of gender-based violence, under thematic areas: *Human Rights Violations* or *Sexual and Gender based violations*;

2) A pre-intervention needs assessment tool, aligned to the thematic areas (see previous recommendation), could assist facilitators in determining appropriate sessions. Where sessions have been pre-identified, and a 'minimum package' established, this measurement tool could inform planning of additional complementary sessions.

READY meets REACT. Addressing SRH&R gives rise to opportunities for participants to recognise and voice past and current experiences of violations. At present, READY does not address the systematic documentation of human rights violations. This gap creates strategic opportunities for the integration of **REAct (Rights–Evidence–ACTION)**, the Frontline AIDS system for monitoring and responding to human rights-related barriers in accessing HIV and other public services. This integration makes sense for two reasons: 1) the Global Fund, having recently funded **KPREACH**, a multi-country/stakeholder programme focused on advancing SRH&R services for Key Populations, has made significant investments in ensuring the regional roll-out of REAct; 2) Various LOs, currently involved in READY, have through the KP REACH programme, already integrated REAct in their programmes, including PV.



READY is about building a STRONG, inclusive Movement of Change; a movement that calls for the collective efforts from all stakeholders.

As this case study and stories from other regional READY implementing sites show, the integration of READY within various country contexts is possible.

Successful integration and strengthened youth movements is largely dependent on strategic planning, community ownership and endorsement and multi-stakeholder coordination. Through these concerted efforts, more and more regions are ensuring the prioritisation of person-centred, human-rights based SRH&R approaches for A & YP through READY.

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