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YouThrive Together

Zoe-Life YouThrive Together Pilot Programme: Outcomes Evaluation

FINAL REPORT

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M&ESURE
RESEARCH AND EVALUATION

Contents

Glossary of Terms

CBO	Community based organisation
CHC	Community health centre
CHW	Community health worker
CLHIV	Children living with HIV
GBV	Gender-based violence
HIV	Human immunodeficiency virus
M4F	Mothers For The Future
PLHIV	People living with HIV

Executive Summary

BACKGROUND

M&ESURE Research and Evaluation was commissioned to undertake an outcomes evaluation of the YouThrive Together pilot. Zoe-Life YouThrive is a youth-focused intervention dedicated to enhancing the resilience, confidence, and well-being of adolescents and youth aged 13 to 24 years. It is an extension of the KidzAlive programme aimed at addressing the complex needs of underserved children, adolescents, young mothers, and children of sex workers living with HIV in KwaMashu and Durban City Central, KwaZulu-Natal. Funded by Aidsfonds, the pilot project ran for a period of 1 year, from June 2024 to May 2025, and aimed to bridge critical service gaps in HIV care by integrating holistic, community-based interventions.

EVALUATION PURPOSE, SCOPE AND METHODOLOGY

This outcomes evaluation seeks to examine whether the programme has accomplished what it has set out to achieve, while examining the design of the programme and its implementation. The objectives of this outcomes evaluation are therefore to:

1. To contribute to learning about the effectiveness, efficiency and impact of the programme;
2. To provide recommendations on how future programme design and management may be improved.

The evaluation is guided by key questions relating to the pilot's design, implementation, achievement of outcomes and key learnings, including:

- How does the programme's logic translate into its activities?
- Do these activities connect / relate to the programme's outcomes?
- How has the intervention been implemented in terms of its delivery?
- Have the implementing partners done what they undertook to do?
- Have they done it well? i.e. an appraisal of the quality of project implementation
- To what degree have the programme's expected results been achieved?
- Have there been any unintended results?
- What were the strengths and successes of the programme? What were the weaknesses or failures?
- What lessons learned from this programme inform the planning and implementation of similar initiatives in future?

A largely qualitative approach was taken. A total of 25 participants were interviewed as part of this evaluation through a series of interviews and field-based focus group sessions. The YouThrive

Together programme team (n3) were interviewed remotely on 3 June 2025. Key programme documents, including the programme Theory of Change, proposal, workplan, and reports were reviewed. Research was carried out by an evaluation team, with the support of the Zoe-Life team and postgraduate student researchers who supported data collection activities in the project implementation areas.

SUMMARY OF EVALUATION FINDINGS

Relevance

The YouThrive Together programme is closely modelled on Zoe-Life's KidzAlive model. YouThrive is an extension of KidzAlive, in that it aims to reach adolescents (aged 10-14 years), and young mothers (up to age 24), as well as their caregivers, and to provide these target populations with differentiated, contextually relevant case-finding, HIV testing, treatment, and disclosure and adherence support.

Recognising that children's HIV- and other healthcare related needs shift during adolescence, a range of content is included in the programme, such as sexual and reproductive health, pregnancy, breastfeeding, child development and maternal health, as well as gender-based violence, and abuse, each of which addresses emerging and intersecting needs of adolescents and young adults.

Feedback from the programme team, Champions, and participants suggests that the content was well-received, and in particular, the design of the YouThrive Job Aid and Talk Tool contributed to participant engagement. The resources were deemed to be easy to use, and accessible to a range of audiences.

Assumptions about the pilot project operating context and underserved populations were challenged during the pilot. This includes assumptions about the prevalence of HIV amongst adolescent children (aged 10-14) of HIV-positive sex workers, and about the identification, ability to reach, and provide services to young mothers (under 24 years).

Through index testing, the YouThrive team identified and subsequently enrolled very few HIV-positive adolescent children of sex workers into the YouThrive programme. This changed the team's understanding of the children of sex workers (in Durban City Central) as an underserved population in terms of HIV case-finding, testing and treatment, however, many of the children presented with other needs, such as for support in obtaining documents (e.g., birth certificates), and psychosocial support in general. Without being HIV-positive, the adolescents were not eligible for the YouThrive programme, challenging assumptions about the kind and types of support needed, and the anchoring of that support to a positive HIV diagnosis.

For young mothers, assumptions about them being a hard-to-reach population, and struggling disproportionately with their pregnancies and child-rearing responsibilities were challenged. Young

mothers in KwaMashu were attending clinic visits regularly, and the team reached over 800 young mothers during the pilot period with little challenge, and while each individual case is different, the team reports that young mothers were communicating with and supporting their peers to a great extent.

Feedback from the programme team, Champions, and caregivers suggests that the programme was well-received, and that it addresses a number of needs of the target populations, particularly around increasing knowledge, adherence, and, particularly for adolescents and their caregivers, disclosure support. The programme team report that attendance at group and individual support sessions, and retention of clients was good. This suggests that the programme was relevant to the needs of participants.

Overall, participant engagement, session attendance, and client retention were strong, confirming the programme's relevance in addressing knowledge, adherence, and disclosure needs across target populations.

Effectiveness

Planned activities were reported to have proceeded largely according to plan, including the content development and materials design process, the recruitment and training of YouThrive Champions, partnerships with selected NGOs, and the rollout of testing and support services at each of the partner organizations, and selected public healthcare facilities. A delay in the process of formally concluding an MOU with the eThekwini District Department of Health was reported, however, this was not reported to have affected implementation.

The time frame for the pilot (11 months) was short, placing some strain on the team's capacity, particularly the Technical Advisor who had to juggle competing priorities around stakeholder socialisation and outreach. That said, the programme team report that they were satisfied with implementation. The 5 implementing Champions were reportedly equipped both in terms of knowledge and resources to carry out their roles, and familiar with and exposed to peer-facilitation through their home organizations; potentially reducing the need for intensive mentorship from the Zoe-Life team.

From a partnership perspective, feedback suggests that Lubanzi Ulwazi Resource Centre and Mothers For The Future worked well with the Zoe-Life team, and that activities (and therefore responsibilities) were carried out as expected.

Regarding programme results, from an activities and outcomes perspective, data supplied by the Zoe-Life YouThrive team indicates that the majority of the targets for the pilot project were either 'Achieved' or 'Exceeded'. Adherence support for teens and for children of commercial sex workers

was ‘Mostly achieved’, indicators related to providing disclosure support to Youth (10-14 years) and to children (<15 years) of commercial sex workers were ‘Partially achieved’, and one target was ‘Not achieved’ where the children in question were too young to receive disclosure support.

The YouThrive pilot project aimed to bridge service gaps and foster a supportive, inclusive healthcare environment for children living with HIV and their caregivers. Evidence from the implementation period indicates progress towards key outcomes through a combination of training, mentorship, outreach, and service delivery. Based on feedback from the programme team, Champions, and participants, there is evidence of early achievement of (short-term) outcomes as follows:

- Champions played a central role in creating a welcoming and non-threatening environment, especially for young mothers in clinic settings. Their positive engagement style contributed to improved trust and interaction with healthcare workers. Community response to outreach and advocacy was strong, with clients initiating contact with Champions, and schools requesting additional sessions. This suggests that the programme successfully established a connection within the target communities.
- 12 participants, including staff from health facilities and partner organisations, received training in HIV Testing Services, disclosure, and adherence strategies. Of these, 4 participants are coordinators / project managers, and 5 are implementing and facilitating. Each of the implementing Champions completed the required mentorship. Feedback from Champions indicates that the training was informative, and that tools like the YouThrive Talk Tool were practical and engaging.
- There are early indications of community interest and participation in the programme. Champions noted positive engagement in support groups, during community testing, and health education sessions. Requests for school outreach further suggest demand for YouThrive services.
- Caregivers and Champions reported that the programme played a valuable role in supporting child-focused disclosure processes. Children enrolled in the programme were initially unaware of their HIV status. By the end of the programme, all participating adolescents had been fully disclosed to, with improved understanding of their condition and health responsibilities. In some instances, this was associated with improved clinical outcomes such as reduced viral load.
- Young mothers described improvements in their treatment adherence, clinic attendance, and overall health management for themselves and their children. Reported changes included healthier lifestyle choices and greater self-efficacy. Some participants also noted positive shifts in their mental health and wellbeing.

- The programme strengthened collaboration between local organisations and public health authorities, including signed agreements with implementation partners and an MOU with the eThekwini Department of Health. Engagement with schools, referrals to the Department of Social Development, and coordination with TB-HIV Care reflect multisector support. Despite the short timeframe, willingness to formally cooperate with the YouThrive pilot by the Department of Health indicates potential for future cooperation.

Efficiency

With regards to efficiency with a specific focus on resource allocation, feedback from the programme team suggests that the duration of the pilot was too short, and that future programmes should look to a minimum period of three years, to determine whether an intervention is effective.

Assumptions about how to reach certain target populations, specifically the children of sex workers, and the capacity of partner organisations to provide testing for infants, babies, and young children reduced efficiencies.

In the first instance, it was found that the children of sex workers do not necessarily live with their mothers, and that they might live a long distance (up to 100km) from the sex worker's place of work. This presented challenges to the Zoe-Life YouThrive team in terms of reaching these children and providing YouThrive services. Different strategies were applied, which were costly and time consuming, in terms of travel and / or provision of transport and food to participants. The challenge of providing ongoing group support to these children outside of the pilot geographic area is also a challenge.

Secondly, with infants, babies, and young children requiring a different approach to HIV testing, the partner organization selected to support YouThrive outreach activities was not equipped or confident to provide that service, reducing effectiveness of planned outreach sessions. As recommended by the YouThrive programme team and Champions, efficiencies could be improved if the facilitators are trained and equipped to carry out this kind of testing themselves.

Other factors that affected implementation include the team's inability to access certain locations for a period of time, owing to gang-related violence. While not reportedly affecting implementation, the evaluators note that sufficient time for concluding MOUs, particularly with government departments, and for developing programme content and materials should be factored into future programme cycles, to reduce pressure on programme teams and to ensure sufficient time for implementation.

RECOMMENDATIONS

Programme Expansion

- Future rollouts should include young mothers and ex-sex workers as peer Champions, leveraging their lived experience to strengthen engagement and trust within their communities.
- To reach young mothers, non-traditional outreach spaces (e.g., baby showers or antenatal classes) for delivering short, relevant knowledge sessions on topics like breastfeeding.
- Build on success by reaching adolescents in 'closed communities' (orphanages, halfway houses, rehabilitation centres, and assisted living settings).
- In terms of YouThrive programme content, expand and refine the child development and early stimulation module, targeting young mothers, caregivers, and grandparents.

Geographic Reach

- Consider allocating resources to subsidise transport for distant populations of sex workers and their children.
- Explore programme expansion beyond eThekwini, to further extend reach to underserved communities.

Training

- Broaden training to provide Champions with a better depth of counselling and psychosocial support skills, alongside HIV testing so that testing activities can be carried out by the YouThrive team without the need for external support

1. INTRODUCTION

Zoe-Life YouThrive is an extension of the KidzAlive programme. It is a youth-focused intervention dedicated to enhancing the resilience, confidence, and well-being of adolescents and youth aged 13 to 24 years. Under this banner, YouThrive Together addresses the complex needs of underserved children, adolescents, young mothers, and children of sex workers living with HIV in KwaMashu and Durban City Central, KwaZulu-Natal. The programme's expected longer-term outcomes include improved access to HIV testing, treatment, and retention in care for adolescents living with HIV; enhanced support for young mothers and children of sex workers, addressing their psychosocial and healthcare needs; and reduced stigma and improved quality of life for vulnerable children and families in KwaMashu and Durban City Central.

Funded by Aidsfonds, the pilot project ran for a period of 1 year, from June 2024 to May 2025, and aimed to bridge critical service gaps in HIV care by integrating holistic, community-based interventions.

M&ESURE Research and Evaluation was commissioned to undertake an outcomes evaluation of the YouThrive Together pilot.

2. EVALUATION PURPOSE, SCOPE AND METHODOLOGY

2.1. Evaluation purpose

This outcomes evaluation seeks to examine whether the programme has accomplished what it has set out to achieve, while examining the design of the programme and its implementation. The objectives of this outcomes evaluation are therefore to:

3. To contribute to learning about the effectiveness, efficiency and impact of the programme;
4. To provide recommendations on how future programme design and management may be improved.

2.2. Key evaluation questions

The key questions informing this evaluation, as proposed in the Inception Report guiding this evaluation, are captured in the table below. Each of the evaluation questions has been aligned to the OECD DAC Criteria, in order to make an assessment the programme's relevance, effectiveness and efficiency (see Findings).

Table 1 Evaluation questions

Domain	Overarching evaluation questions	Sub-questions
Design	• *How does the programme's logic translate into its activities?* • *Do these activities connect / relate to the programme's outcomes?*	• What are the assumptions about partnering organisations, key implementers, beneficiaries and their contexts that affect the programme's design? • How has the peer-teaching model been received and experienced by all role-players?
Implementation	• *How has the intervention been implemented in terms of its delivery?* • *Have the implementing partners done what they undertook to do?* • *Have they done it well? i.e. an appraisal of the quality of project implementation*	• To what extent were implementing partners capacitated to deliver on their key responsibilities? • To what extent did implementing partners communicate and report effectively amongst each other? • To what extent were the programme content and activities accessible and relevant to the beneficiaries?
Achievement of outcomes	• *To what degree have the programme's expected results been achieved?* • *Have there been any unintended results?*	• To what extent does the Programme adequately address the beneficiaries' needs and expectations?
Learnings	• *What were the strengths and successes of the programme? What were the weaknesses or failures?* • *What lessons learned from this programme inform the planning and implementation of similar initiatives in future?*	

2.3. Methodology

Key data collection methods used in this evaluation are described in the table below:

Method	Description
Document Review	Existing project documents, including proposals, the YouThrive Together ToC, and progress reports were analysed. See the **Annexure** for a full list of documents consulted.

Method	Description
Secondary data	Consolidated and (secondary) monitoring data was supplied for inclusion in this report.
Key Informant Interviews (KIIs)	Three members of the YouThrive programme team were interviewed.
Focus Group Discussions (FGDs)	In-person focus group discussions were conducted in the field with a selected group of Champions and programme participants from each partner organization, with the support of research assistants. 22 participants were interviewed.

A total of 25 participants were interviewed as part of this evaluation. The YouThrive Together programme team (n3) were interviewed remotely on 3 June 2025. All participants were informed about the evaluation process and the purpose of each engagement, and were asked to provide verbal consent to participate in interviews / focus group discussions before each session proceeded.

Table 2: Interview and Focus Group Participants (by role)

Interview and Focus Group Participants	
Role	**n**
Coordinator	1
Programme team	2
Champions	7
Young Mothers	5
Caregivers	10
Total	**25**

Qualitative data, which comprised the transcripts from remote and field-based focus group interviews with Champions and programme participants were thematically analysed to draw out evidence relating to the evaluation questions, and to generate analysis on successes, challenges, learnings and recommendations. Coordinator interviews were conducted in English, and all other interviews were conducted in isiZulu, with the support of isiZulu-speaking research assistants affiliated with Zoe-Life. The evaluators prepared interview schedules for each engagement, and the research assistants were taken through each of the tools beforehand, by the YouThrive Coordinator, to ensure they were comfortable with the questions and interview process. IsiZulu interviews were transcribed and translated into English in preparation for analysis by the research assistants. English interview transcripts were cleaned, and minor edits made to ensure clarity and ease of understanding, while preserving the intended meaning.

Quantitative monitoring data was received from the Zoe-Life team and reproduced (without changes) in this report.

2.4. Limitations

A limitation of this evaluation emerged in relation to the collection of primary data from programme participants. Constraints to the evaluation budget and the necessity of conducting interviews in participant's home language (isiZulu) meant that data collection was supported by isiZulu-speaking Social Work Master's degree students, who also transcribed and translated the interviews. This may have had an effect on the richness of the data collected and possibly, on interpretation.

A general limitation (given that the project completed a pilot phase) was that there were relatively few programme documents to rely on as a source of secondary data, and these were limited primarily to proposals / project initiation documents rather than narrative progress reporting.

3. YOUTHRIVE TOGETHER PROGRAMME DESCRIPTION

Zoë-Life is a non-profit organization specialising in designing and implementing innovative and effective public health and community development interventions that support capacity-development and organizational development. Founded in 2004 as a technical support partner to the South African national Department of Health in the area of HIV management for children and adolescents, Zoë-Life's offerings have expanded from addressing the HIV/AIDS crisis to developing tools and programmes for integrative health and social issues like HIV, TB, trauma, GBV, social cohesion and parenting. Zoë-Life works with departments of health from national to local level, high impact organizations, and community-based organizations (CBOs) in supporting the implementation of public health and community development interventions.

Zoe-Life YouThrive is an extension of the Zoe-Life KidzAlive programme. It is a youth-focused intervention of dedicated to enhancing the resilience, confidence, and well-being of adolescents and youth aged 13 to 24 years. Zoe-Life aims to create a safe space where youth can explore their identities, make confident choices, and actively shape their future as to have a positive impact on themselves and their communities. Drawing on the lessons and successes of the KidzAlive programme, YouThrive introduces innovative programmes with a youth-friendly approach to equip young people with the tools to unlock their potential, ensuring they not only survive but thrive. YouThrive offers a series of programmes tailored to meet the needs of youth, including:

- innovating how young people access health services
- addressing gender-based violence and child abuse
- helping learners discover their potential career path
- preparing high school learners for life after school

3.1. Design

YouThrive Together is a pilot project that addresses the complex needs of underserved children, adolescents, young mothers, and children of sex workers living with HIV in KwaMashu and Durban City Central, eThekwini District, KwaZulu-Natal. The project looks to address key HIV care challenges faced by vulnerable children, particularly those of young mothers and sex workers. The region grapples with high paediatric HIV rates, teenage pregnancies, and a lack of youth-friendly healthcare services, where children confront social stigma and economic barriers, leading to insufficient healthcare access and treatment adherence.

The initiative aims to adapt proven Zoe-Life programmes like YouThrive Safe and KidzAlive to address the needs of the target groups, and to enhance HIV case-finding, facilitate family-centred disclosure, and foster adherence support groups using age-appropriate job aids and language. Using a community-based approach, YouThrive Champions (facilitators based at partner organisations) are recruited, trained and deployed for direct outreach, case management, and healthcare linkages in participating communities. By enhancing access to age-appropriate health education and support, the project aims to improve health outcomes, reduce stigma, and promote care retention among these underserved populations.

The impetus for this project stems from the observable gaps in the current HIV care models, particularly for vulnerable groups like young mothers and children of sex workers, exacerbated by a lack of structured HIV interventions for children and youth from organizations working with sex workers, and the KwaMashu CHC's failure to meet targets.

The objectives of the programme are to[1]:

1. Adapt the existing KidzAlive and YouThrive content in to a comprehensive, tailored intervention that bridges existing HIV service gaps for children of young mothers, adolescents under 14 and children of sex workers living with HIV.
2. Support HIV Case Finding, linkage, retention and VL Suppression for children of young mothers, adolescents under 14 and children of commercial sex workers through capacity building on a consolidated YouThrive Together package for CBOs, Sex Worker Peers and facility staff in KwaMashu and Durban Central KwaZulu Natal

To do this, the programme contributes to the four stages of the Kids to Care model which are:

[1] Workplan Template _ Zoe Life_Reaching and Supporting Children who are Underserved – Final

Table 3 Kids to Care Model

Kids to Care Model	
Find	The project aimed to identify young mothers of CLHIV (including pregnant and lactating mothers), adolescents under 14 years and children of sex workers. This was done through community outreach, dialogues, health education at healthcare facilities and with commercial sex workers by YouThrive Champions, already trusted in their communities.
Test	YouThrive champions referred children, pregnant and lactating mothers to trained and mentored facility healthcare workers for HTS. Utilizing KidzAlive and adapted YouThrive job aids, HIV testing is conducted in a supportive, stigma-free environment, using visually appealing, age-appropriate content to engage beneficiaries.
Treat	Individuals who tested positive were to be initiated on ART immediately, and prepared for the disclosure process. A tailored disclosure and adherence plan would be developed with the primary caregiver or young mother to ensure a smooth transition into care.
Stay	YouThrive champions would conduct household visits to support retention in care for children, pregnant women and lactating mothers. These visits help identify early warning signs of treatment barriers. Age-appropriate support groups are established, offering peer support, fostering a community of care and support. This support extends to sex workers and their children, offering tailored care plans that address their medical and psychosocial needs.

The activities carried out as part of the pilot are aligned to the four phases of the Kids to Care approach, and this table is expanded upon in the annexure.

3.1.1. YouThrive Model

YouThrive Together is built on proven Zoe-Life programmes, including KidzAlive, and YouThrive Safe. KidzAlive is a proven approach to differentiated, child-friendly HIV care to children from birth to about 10 years of age and their caregivers. Zoe-Life has implemented KidzAlive in South and Southern Africa in a variety of contexts since 2006. YouThrive Together is an extension of the KidzAlive programme, with the intention to bridge a service provision gap, by introducing differentiated adolescent-friendly HIV care for adolescents and young adults (aged 10 to 24 years). Given that the needs of adolescents are more complex and intersecting[2], material from YouThrive Safe was included to addresses the issue of gender-based violence and child abuse, providing educational sessions and support systems for adolescents and their caregivers[3].

Modelled on KidzAlive, YouThrive Together is a differentiated care model designed to fill a gap in the provision of HIV care to adolescents and young adults (aged 10-24 years). HIV care shifts once children

[2] In relation to HIV care, disclosure, and adherence, the needs of adolescents expand to include topics related to sexual and reproductive health, and pregnancy, breast feeding, consent, abuse, and gender-based violence.
[3] https://www.zoe-life.org/youthrive-model

transition from paediatric to adult HIV care, and this often looks different to the nurturing and supportive care received under the KidzAlive. The aim of YouThrive is to support that transition and retain linkages and retention to care of children (and their caregivers) throughout their lifecycle.

For the YouThrive Together pilot, Zoe-Life technical advisors provide support and training to community-based healthcare workers and volunteers, based on the YouThrive model, as well as mentorship, access to resources to support case-finding, health-promoting disclosure, adolescent-friendly treatment, and adherence (individual and support groups). To do this, Zoe-Life emphasises that recipients' feedback on YouThrive materials is incorporated to tailor the intervention to suit their specific contexts, and meet their needs.

The components of the YouThrive Together model are largely aligned to KidzAlive, and include the following:

Healthcare Worker Training

Participating HCWs receive 5-days of in-person, classroom-based training on the YouThrive psychosocial support package. The training is provided by Zoe-Life Technical Advisors. The training includes the following topics:

1. **HIV Basics and Management**
    a. Immune System and HIV/AIDS differentiation
    b. HIV transmission, testing, and stages of infection
    c. Antiretrovirals (ARVs), adherence, and viral load management
    d. Tuberculosis (TB) and sexually transmitted infections (STIs) in the context of HIV
    e. HIV stigma, discrimination, and disclosure processes (including adolescent disclosure)
2. **Transition Support**
    a. The concept of transition from paediatric to adult HIV care
    b. The role of caregivers in supporting this transition
3. **Sexual and Reproductive Health and Rights (SRHR)**
    a. Puberty and reproductive health education
    b. Understanding gender and safer sex practices
    c. Intimacy and gender identity discussions
4. **Mental Health**
    a. Self-care and nutrition
    b. Mental health conditions and stages of grief
    c. Wellness and emotional well-being
5. **Gender-Based Violence (GBV)**

a. Understanding GBV and types of abuse
b. GBV prevention strategies for adolescents
c. Parenting styles and relational parenting

6. Child and Adolescent Rights and Responsibilities

a. Child and adolescent rights
b. Parental obligations and creating safe homes
c. Prevention of abuse and body safety for children

7. Maternal and Child Health

a. Disease prevention during pregnancy
b. Nutrition and healthy eating for pregnant mothers
c. Vertical transmission prevention and breastfeeding for HIV-positive mothers
d. Growth monitoring, breastfeeding challenges, and infant care

Resources

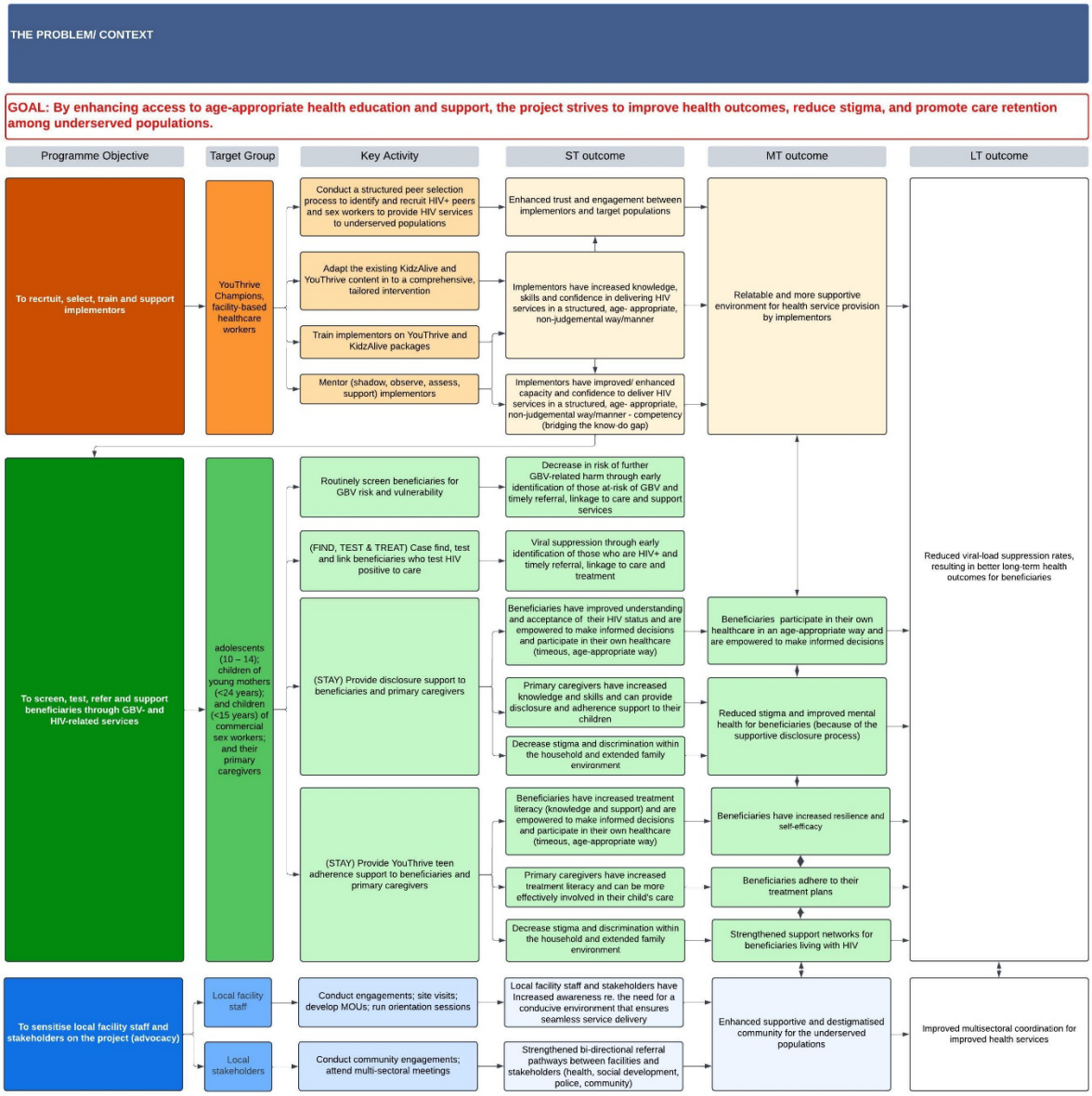
As part of the KidzAlive programme, HCWs are provided with a range of resources, including job aids, and a YouThrive Talk Tool (paper-based Job Aid).

Mentorship

Mentorship is provided by Zoe-Life technical advisors once HCWs have completed their training. HCWs are required to provide adolescent-friendly HIV care to adolescents and their caregivers during the mentorship period, during which time Zoe-Life technical advisors (mentors) assess newly trained HCWs against a mentorship checklist. Mentees are provided with constructive feedback to improve their practice, and this process is repeated until the mentee is rated competent.

3.1.2. YouThrive Together TOC

The YouThrive theory of change presented below was developed by M&ESURE Research and Evaluation during 2024, in prior to the start of this outcomes evaluation. The TOC and accompanying logic model was developed in collaboration with the Zoe-Life team to articulate the pilot programme's objectives, activities, and short-, medium-, and long- term outcomes.



IF WE

Adapt the existing KidzAlive and YouThrive content in to a comprehensive, tailored intervention that bridges existing HIV service gaps for children of young mothers, adolescents under 14 and children of sex workers living with HIV

AND IF WE

Conduct a structured peer selection process to identify and recruit HIV+ peers and sex workers to provide HIV services to underserved populations

AND

Train PLH volunteers, commercial sex worker peers and healthcare facility staff on YouThrive and KidzAlive packages

AND

Mentor (shadow, observe, assess, support) PLH volunteers, commercial sex worker peers and healthcare facility staff

THEN WE

Increase in knowledge, skills and confidence in delivering HIV services in a structured, age-appropriate, non-judgemental way/manner

RESULTING IN

Competent implementors who can retain info and transfer skills (links to sustainability)

AND

Improved or enhanced capacity and confidence to deliver structured, age-appropriate and inclusive HIV services (bridging the know-do gap)

AND

Increased awareness of the need for a conducive environment to ensures seamless service delivery

AND

Strengthened bi-directional referral pathways between facilities and stakeholders (health, social development, police, community)

AND

Improved multisectoral coordination for improved health services (contribution)

AND

Destigmatised and supportive community for the underserved populations

3.1.3. Partnerships

The YouThrive Together pilot project is a community-based initiative that "enhances existing health interventions, providing tailored content and support directly through community-based outreach, case management, and healthcare linkage"[4]. The approach emphasizes sustainability through the integration of community-based resources, capacity building, and strong partnerships. By leveraging existing community structures and enhancing them with targeted training and support, project interventions are rooted within the communities they serve. This local ownership fosters long-term

[4] Workplan Template _ Zoe Life_Reaching and Supporting Children who are Underserved – Final

commitment and sustainability. To achieve this, Zoe-Life partnered with two community-based organizations, who are integral to the Zoe-Life community-based outreach and case management framework. These organizations are:

- **Lubanzi Ulwazi Resource Centre** (LURC), a People Living with HIV (PLHIV)-led organisation, based in KwaMashu, KwaZulu-Natal, focusing on community mobilisation and advocacy to support vulnerable groups[5]. In KwaMashu, significant health challenges stem from societal stigma and economic hardships, whereas in Durban City Central, children of sex workers face heightened risks of violence and HIV exposure, exacerbated by systemic healthcare barriers due to the criminalization of sex work. The beneficiaries are children of young mothers, adolescents under 14, and children of HIV-positive sex workers.
- **Mothers For The Future** (M4F) a support group of sex worker mothers who encounter unique challenges because of their profession. Supported by staff from the Sex Worker Education and Advocacy Taskforce (SWEAT), M4F focuses on engaging, empowering, and connecting sex workers and their children to essential services[6].
- **Government Agencies:** In addition to CBOs, Zoe-Life partnered with the eThekwini Department of Health district healthcare services, as well as other government agencies such as the Department of Social Development to ensure a coordinated and comprehensive approach to HIV care. Additionally, by collaborating with local health systems and leveraging partnerships with NGOs and government entities, Zoe-Life aims to create a robust support network that can sustain and scale their interventions. The organization focuses on building local capacity and establishing strong partnerships ensures that the project's impacts endure beyond the pilot phase, fostering lasting change.

3.1.4. Implementation

The YouThrive Together programme was implemented in two geographic locations in the eThekwini Metro; KwaMashu and Durban City central area, where two groups of PLHIV volunteers from the Lubanzi Ulwazi Resource Centre, and commercial sex workers' peers from Mothers for the Future (via SWEAT), who are referred to as YouThrive Champions. These individuals were already delivering services and are trusted within their respective communities.

People Living with HIV (PLHIV) volunteers from both organizations function as YouThrive Champions. These champions, trusted within their communities, received training on the adapted YouThrive

[5] https://www.zoe-life.org/projects-youthrive-together
[6] https://www.zoe-life.org/projects-youthrive-together

package by a Zoë-Life technical advisor, to effectively identify, support, and refer vulnerable groups to necessary health services. In addition to this, YouThrive Champions index pregnant mothers, lactating women living with HIV, adolescents under 14 years (using innovative cards to assess risk and vulnerability to HIV and GBV), children lost to follow-up (LTFU), individuals with high viral loads, and track positive PCR. These individuals will be identified through home visits, dialogues, and health education. The YouThrive champions will refer them to trained and mentored healthcare workers for testing and if necessary, initiation on antiretroviral therapy.

The plan for the pilot is provided in the table below[7]:

Table 4 Pilot programme objectives and activities

Objective	Activity	Description
1: Adapt the existing KidzAlive and YouThrive content in to a comprehensive, tailored intervention that bridges existing HIV service gaps for children of young mothers, adolescents under 14 and children of sex workers living with HIV.	1.1 Content Assessment, Gap Analysis and Content Adaptation	Conduct a thorough review of the existing KidzAlive and YouThrive programmes to identify current content elements that can be reused and gaps that require further development. Modify and tailor the existing content to better suit the identified needs of the target groups.
	1.2 Design Layout and Formatting	Layout and design of project training package, implementation job aids and IEC material.
	1.3 Internal training planning workshop	The ZL technical advisor will participate in a workshop with the ZL technical team and Content developer to receive comprehensive training on the completed YouThrive package ensuring they are well-prepared to cascade the training to YouThrive champions and facility staff.
2: Support HIV Case Finding, linkage, retention and VL Suppression for children of young mothers, adolescents under 14 and children of commercial sex workers through capacity building on a consolidated YouThrive Together package for CBOs, Sex Worker Peers and facility staff in KwaMashu and	2.1 Training on YouThrive package	Provide training to PLHIV volunteers (LURC YouThrive Champions) and from the Lubanzi Ulwazi Resource Centre, commercial sex worker peers (M4F YouThrive Champions) from SWEAT and healthcare facility staff on the adapted YouThrive package in KwaZulu-Natal Province
	2.2 Mentorship on YouThrive package	Provide structured mentorship and ongoing coaching to PLHIV volunteers (LURC YouThrive Champions) from the Lubanzi Ulwazi Resource Centre, commercial sex worker peers (SWEAT YouThrive Champions) from SWEAT and healthcare facility staff on the adapted YouThrive package for children, adolescents and their primary caregivers in Kwazulu-Natal Province
	2.3 Sensitize local facility staff and local stakeholders on project	The ZL technical advisor will sensitize local stakeholders on the project and its projected outcomes.

[7] Workplan Template _ Zoe Life_Reaching and Supporting Children who are Underserved - Final

Objective	Activity	Description
Durban Central KwaZulu Natal	2.4.1 Screen youth (10 – 14) for risk and vulnerability	YouThrive Champions use the My people my places cards to identify risks and vulnerability to HIV and GBV in youth (10 - 14 years) and refer to relevant stakeholders as needed.
	2.4.2 Casefinding and linkage to care of untested youth (10 – 14 years)	YouThrive Champions to screen for untested youth (10 – 14 years) and refer for HTS and link those who test HIV positive to treatment.
	2.4.3 Provide disclosure support to Youth (10-14 years)	YouThrive Champions to Conduct file reviews to assess disclosure status of all Youth in KwaMashu Community Health Centre (CHC) and SWEAT and provide targeted disclosure support to all Youth (10-14 years) and their primary caregivers who are not yet fully disclosed to.
	2.4.4 YouThrive teen adherence support	YouThrive Champions to Provide age-appropriate adherence support via one and one sessions and YouThrive teen support groups for HIV positive youth (10 – 14 years) and their primary caregivers in KwaMashu CHC and those linked to Lubanzi Ulwazi Resource Centre and SWEAT.
	2.5.1 Screen young mothers (<24 years) for risk and vulnerability	YouThrive Champions use the My people my places cards to identify risks and vulnerability to HIV and GBV in young mothers (<24 years) and refer to relevant stakeholders as needed.
	2.5.2 Casefinding and linkage to care of children untested children of young mothers (<24 years)	YouThrive Champions to screen for untested children of young mothers (Age <24) and refer for HTS and link those who test HIV positive to treatment.
	2.5.3 Provide disclosure support to children of young mothers (<24 years)	Conduct file reviews to assess disclosure status of all children of young mothers in supported healthcare facilities and provide targeted disclosure support to ensure all children >5 of young mothers is at least partially disclosed to.
	2.5.4 YouThrive young mom adherence support	Provide youth friendly adherence support via one and one sessions and YouThrive young mom support groups for all young mothers (<24 years) of CLHIVs in KwaMashu CHC and linked to Lubanzi Ulwazi Resource Centre and SWEAT.
	2.6.1 Screen children (<15 years) of commercial sex workers for risk and vulnerability	YouThrive Champions use the My people my places cards to identify risks and vulnerability to HIV and GBV in for commercial sex workers and their children (<15 years).
	2.6.2 Casefinding and linkage to care of children untested children (<15 years) of commercial sex workers	YouThrive Champions to screen for untested children (<15 years) of commercial sex workers and refer for HTS and link those who test HIV positive to treatment.
	2.6.3 Provide disclosure support to children (<15 years) of commercial sex workers	Assess disclosure status of all children of commercial sex workers and provide targeted disclosure support to ensure all children are on the

Objective	Activity	Description
		correct level of disclosure (5 – 10 years: partially disclosed to; >10: Fully disclosed to).
	2.6.4 Adherence support for children of commercial sex workers	Provide age-appropriate adherence support via one and one sessions and adherence support groups for all children (<15) of commercial sex workers.

4. DATA AND DISCUSSION

4.1. Programme rationale and design

4.1.1. Rationale

The rationale for programme stemmed from the Zoe-Life and KidzAlive teams recognising a gap in care for young adolescents:

> *"We dreamt of YouThrive because we could see that KidzAlive was an incredible programme, and the kids were doing so well. But then it got to a point where [we asked ourselves] what next? [The kids] outgrew the programme…" (Programme team 1)*

Children who had enrolled in the KidzAlive programme, were reaching adolescence and were required to transition from a nurturing, child-friendly approach to HIV care facilitated through the KidzAlive programme, to adult-focussed care where far fewer support mechanisms would be in place, and where children would be expected to assume greater responsibility for their own health in public healthcare facilities. The KidzAlive team recognised this gap:

> *"There was this period of transition, where [children enrolled in the KidzAlive programme] …were reaching 10 [years of age], but not quite yet adolescents yet, and no one was guiding these kids, or no programme or intervention was designed with this transition period in mind. So… speaking specifically to HIV, kids were kind of going from this very nurturing, supportive environment of the paediatric clinic to… [being treated like adults] and… need[ing] to stand in [their] own queues. [They] don't spend as much time with the nurse. [Their] parents are not expected to be with [them], but there was no preparation" (Programme team 1)*

With a view to bridging this gap, the Zoe-Life team look to develop a dedicated programme that could support the differentiated care needs of adolescents, while empowering them to transition from paediatric to adult HIV care:

> *"[No] specific focus [was being] given to empowering these kids to be comfortable; to take over their health journey independently and with the right skills, the right tools, [and] the right language… But it was very limited, because firstly, the look, feel, language [used in KidzAlive content], is the wrong language. And, secondly, [adolescents have] got very different needs. So we're not going to be talking about sexual and reproductive health and rights to 10-year-olds. But as they grow older, we need to be having those conversations*

and that dialogue, so that we prepare them well in advance for healthy decision-making, as they enter… adolescence… to date, we haven't really found any specific targeted interventions at looking at this very critical point" (Programme team 1)

In terms of the intended beneficiaries, the Zoe-Life programme team reflected on the assumptions made when designing the pilot. Based on literature from the World Health Organization (WHO) and UNAIDS, five categories of 'underserved' populations exist. These are:

- children of members of 'key populations 'in particular children of sex workers
- children of young mothers
- children living in a particular setting or circumstance which could include children who do not live with their biological parents, children on the move
- children who live far from the health facilities or have limited access to healthcare facilities, such as children in rural areas and living in households with limited resources
- adolescents up to age 14

Of these categories, the Zoe-Life team identified three target populations that relate to the needs of communities in areas in relation to the organization's existing programmatic set up[8]:

- **Children (aged 10-14 years) of HIV-positive sex workers:** The assumption was that because many sex workers are active in the Durban Central area, there would be an equivalent number of children of sex workers who could potentially benefit from service access
- **Any child (aged 10-14 years) who is HIV-positive** who could benefit from having specialised, adolescent-friendly, differentiated HIV care
- **Children of young and expectant mothers (aged 10-24 years)**. Expectant young mothers could access counselling and support services through YouThrive, while their children (if HIV-negative) could be graduated from the programme, or (if HIV-positive) enrolled into the child-focussed KidzAlive programme to receive specialised HIV care.

4.1.2. Design of the YouThrive pilot programme

A key objective of the pilot was to adapt the tried-and-tested KidzAlive model[9] and content to address the unmet needs of adolescent clients. As with KidzAlive, the programme was designed to support healthcare workers, caregivers, as well as adolescents. To do this, YouThrive made use of the 'Kids to

[8] Zoe-Life YouThrive Programme Team interview (June 2025)
[9] KidzAlive was developed in 2006, after Zoe-Life was appointed as the national partner to provide technical assistance to the paediatric care and support unit of South Africa's National Department of Health (NDoH). KidzAlive is a differentiated support model that has been mainstreamed into public healthcare and community-based settings to deliver age- and context-appropriate HIV services to children. KA has been piloted in multiple contexts, in South and Southern Africa.

Care' model which focuses on four stages: identifying clients, providing testing, supporting clients in accessing treatment, and ensuring client retention in care.

> *"[The programme design] was aimed at the healthcare worker and at the primary caregiver, as well as the adolescent, because they all play different roles, but they should all work together" (Programme team 1)*

A critical element underpinning the approach is that delivery of the KidzAlive and YouThrive Together services is standardised. This means that while minor variations in the service may occur between implementers (e.g., healthcare workers at community-based organisations, or public healthcare facilities), the standard of care and the approach should remain consistent, guided by the programme Job Aid (for healthcare workers), and the Talk Tool used to interact with clients:

> *"So we went along with the same style of KidzAlive that we wanted to standardize service delivery by giving healthcare workers a job aid or tool to work with…once they receive training, they've got the job aid, and it directs the way the service is delivered, so that the service becomes standardized… and… obviously everyone will deliver it differently, but there's a structure and a methodology of delivering it in the same way" (Programme team 1)*

Another component of the approach is to provide accessible, child- and adolescent-friendly care. For the programme team, this meant that healthcare workers need to create a welcoming space for their clients to facilitate dialogue and conversation:

> *"As soon as you… place something that's warm and encouraging, and full of directing dialogue and conversations between [the adolescent and the healthcare worker]… you take away the threat of 'I'm sitting in front of somebody who's older than me', 'this is embarrassing', 'I don't really want to be here'. [The environment and approach] is warm and welcoming… [using the Talk Tool, the healthcare worker] can point to the picture, [and] can have a non-threatening conversation around difficult topics" (Programme team 1)*

As with community-based implementations of KidzAlive, Zoe-Life chose to deliver YouThrive with the support of two community-based organizations, both with a record of service provision to the YouThrive pilot target groups, which include underserved populations of adolescents aged 10-14 years, the adolescent children of sex workers, and young mothers (aged 10-24 years). In both cases, Zoe-Life partnered with organizations who were able to put the YouThrive team into direct contact with the target participants in each of the chosen geographic areas.

To reach the children of HIV-positive sex workers, Zoe-Life partnered with Mothers For The Future (M4F), a support group for sex workers who are mothers[10], that was founded through the Sex Worker

[10] According to the SWEAT website (https://sweat.org.za/programmes): "This program provides parenting resources and a safe space where mothers can discuss their challenges and learn about vital topics such as sexual and reproductive health and parenting skills".

Education and Advocacy Taskforce (SWEAT), located in Durban City Central. In partnering with M4F and SWEAT, Zoe-Life recruited people living with HIV (PLHIV) volunteers who also have a background in sex work to act as YouThrive Champions, making it easier to reach the intended target groups, particularly within the timeframe of the pilot:

> *"We knew that if [Zoe-Life was] going to work with sex workers…you have to bring someone [in] who understand the industry, who understands the ins and outs, and who also understands how to work with sex workers because it's a very specialized field… We don't want to… [partner with] an organization that's going to [have to] learn how to work with sex workers, especially if you're looking at the pilot, you're looking at the time frame, but you're also looking at how you can [reach] this population" (Programme team 2)*

> *"As much as we're not working with sex workers directly… we needed them to [reach] their children…" (Programme team 3)*

In addition to this, with Mothers For The Future already established and representing a link to sex workers who are mothers, the M4F team also facilitate peer education to sex workers as part of their service offering[11]. This is broadly similar to the role they would be expected to fulfil as YouThrive Champions:

> *"We chose Mothers for the Future to be the ones to specialize on children of the sex workers, because they're already there, and… they are peer educators. They were previously sex workers, some of them. They are still trading part-time, and some of them they've retired, but all in all, they understand the industry" (Programme team 2)*

In order to reach young mothers, Zoe-Life partnered with the Lubanzi Ulwazi Resource Centre, based out of KwaMashu. The rationale for the partnership was described as such:

> *"We chose Lubanzi Resource Centre, because it's an organization that was established, and the founder is the person living with HIV. So [the founder] very open about her status, and her vision was to also recruit volunteers that are living with HIV or affected by HIV. So she's got also those peer educators that are living with HIV… [or] born with HIV. Some of them… were youngsters, and some of them… are adults. [LURC is located] in a dense population in the hub, where there's a high there's a high [rate of] teenage pregnancy… There's also [a very high] prevalence of HIV… in that area" (Programme team 2)*

In terms of the selection of the sites, KwaMashu is a densely populated township, but is more rural in character than Durban City Central, which is a central business district. The CBD is where many sex workers are located, while in KwaMashu, data suggests that there are high instances of teenage pregnancy, HIV, and gender-based violence. The Zoe-Life team felt that by selecting these two sites, and partnering with local organizations, different strategies could be applied during the pilot:

[11] https://sweat.org.za/programmes/

So we thought… we will be able to try different strategies in that area. [KwaMashu is] more like of a township, but then you can also you find a little bit… rural… Mothers for the Future under SWEAT; they are in a central business district area… That's where you find all the sex workers… trading… And then Lubanzi is in KwaMashu… it's in a township, and it's [a] dense population. It's where… the hotspots of everything, the hotspot of today's pregnancy… of HIV… of gender-based violence, so all the social ills, you will find them in that area" (Programme team 2)

4.1.3. Assumptions

In developing the pilot, the team made a number of assumptions about the target populations, their needs, and preferences, based on their understanding of their operating contexts, and on the literature. However, a series of these assumptions around each of the target populations were challenged during implementation and are noted here.

Young mothers

Young mothers under the age of 24 years were a target population for the YouThrive pilot. The programme team reflected on their assumption that young mothers would be challenging to find, however this was not the case. The team collaborated on another project in the KwaMashu area, and counselled 800 young mothers during a two-month period, indicating that young mothers can be reached through public healthcare facilities and clinics:

"So we worked on another little project [not linked to the pilot] for a period of 2 months… and… we assume that we're not finding… young mothers at facility[ies], that we've got to look out in [the] community for them, that they're not accessing healthcare services, [or] prenatal services. And we worked with one facility in the KwaMashu area… where… they wanted us to… counsel mothers under 24 [years of age, with] one-on-one counselling, and we accessed over nearly 800 mothers in a period of 2 months. So, firstly, it, it just brings home the reality that if we're going by this assumption of under 24 as a young mother, there are lots of them. And that they actually are coming into facilities, so if we want to find them, it's a very good place to start. I'm not saying all moms come in, but my assumption was that they really it was hard to find them, but actually they were… at the facility" (Programme team 1)

Another learning related to young mothers, was that the scheduling of sessions was important. Weekend sessions were not preferred because of other responsibilities, so the team engaged young mothers through one-on-one sessions:

"We [were] mostly doing one-on-ones. The reason for that was that the young moms especially… didn't want to come [to the clinic] over the weekend because they had lots of things to do so, the ones-on-one we tried, but also we were doing one-on-one when we were in the [KwaMashu] facility. It's [their] clinic day" (Programme team 3)

In addition to this, the team's experience of young mothers suggested that they are attending clinic sessions, and that they have their own peer support networks:

"The other assumption is that… young mothers… are underserved because you don't know where to find them. …They all come in a group into a clinic. There's so much peer support that they [receive from] each other. They're supporting each other as young people. We're pregnant: let's go together, let's chat together, let's do this together" (Programme team 2)

"I came with the assumption that the young mothers.. don't know what they're doing; [that] they're struggling, they're confused… they're angry, and all of those things. Yes, we found some of those things, but we also found… that actually, young mothers support each other. They know who's where, who's doing what, they're using technology to support each other… [they have] groups where they look after each other's babies when one is going out… There is so much strength that is within the young mothers that we are not pulling out and [transforming] into something that can be used" (Programme team 2)

Another assumption was that young mothers would struggle with their pregnancies. The YouThrive team suggest that the current category of young mothers, ranging from age 10 to age 24 is too broad, and that this does not reflect the reality of many young and younger mothers who appear to be comfortable in their roles as mothers, particularly those aged from 18 to 24. Part of this rests with social norms around the 'correct' age for women to have children, and the team note that young (and younger) mothers encounter unwelcoming attitudes from staff at healthcare facilities:

"We [had] the assumptions that teenage pregnancy is 'bad', and teenage pregnancy is even more harmful from our angle, because… we don't want to promote that [a young girl] must fall pregnant, but we don't also don't want to [reprimand and stigmatise] young people, because look at the [age] brackets; It's 10 to 24 [years]. So then, if you look at that age gap, at what point [is a woman] 'allowed' to have a child? When you're 18, when you're 20 when you're 21, when you're 24, when you're 30…?" (Programme team 2)

"I think amongst young moms on their own, there is support. The problem starts when you come to the facilities…. because of the [10-24 age] brackets… So they look at you as a young mom, but most of them - it was a mixture… ones who are still at school, but some were working… but they were very comfortable with being pregnant, didn't have any problem. But then… most of the time, they will say they prefer talking to our staff [YouThrive Champions] compared to the facility staff, because… of the attitude… from the facility [nurses]" (Programme team 3)

"I think those are some of the things that I have observed, and then young mothers definitely the content they are codeveloping with them, having characters that speaks to them, having the content that is not boring, that is interesting, …colourful. It's a dialogue. It has yield[ed] good results for us because they were engaging. They were talking and also bringing all the topics that we [would normally] discuss with a 30-year-old that is pregnant… things like breastfeeding… There's quite a status [issue] around breastfeeding that if you are breastfeeding you're 'poor'… But actually, we learned, through literacy, people are getting educated, and then they're making informed decisions" (Programme team 2)

Linked to this, the team proposed that young mothers also be included in the development of YouThrive content, and that they be selected, trained, and employed as Champions in their own communities, to further the YouThrive programme:

> *"[Drawing on] the strength… of the young mothers; let them… be part of the initiative; select them, train them, let them be champions in their own communities because they know where the young mothers are and then incorporate [them into the programme]" (Programme team 2)*

Children of sex workers

The children of sex workers are another of the target populations for the pilot. Based on the literature, initial assumptions were that being an underserved population, the children of sex workers are disproportionately at risk of HIV and experiences of stigma and related issues. The pilot was initiated with the assumption that they team would identify a large number of children who would require HIV treatment and adherence support. However, this was not the case:

> *"Sex workers… they're actually responsible…. citizens. So the work that they do, it has made them look like [they] are not responsible. When it comes to [their] children, like we find we've tested hundreds, hundreds and hundreds. They're… HIV negative. So… the learning is that we need to actually look into their psychosocial needs. That's where the problems are… we don't find HIV" (Programme team 2)*

> *"[The Champions] did index testing [with the children of sex workers], [but] they didn't find any positives. So, I think it was a lesson learned… for everyone that… as much as we [might assume] that sex workers are not responsible… they actually are responsible because the children of sex workers that we tested [are HIV negative, while] the mothers or the caregivers, they're actually living with HIV - all of them" (Programme team 3)*

A core assumption made at the start of the programme (influencing its design) was that the children of sex workers would comprise a vulnerable group. This also suggests that HIV positive sex workers were sufficiently informed to prevent or reduce vertical (mother-to-child) transmission. However, this finding meant that the YouThrive team were only able to enrol a few HIV-positive adolescents into the YouThrive programme, and were unable to support HIV-negative adolescents.

Target population considerations

With the finding that the majority of adolescent children of sex workers were HIV-negative, fewer children of sex workers were enrolled into YouThrive than anticipated. However, the team reported that many HIV-negative adolescents still required support, particularly in terms of psychosocial support, and social services (e.g., obtaining birth certificates). The team reflected that they were unable to provide those children with support, because they were not eligible for the YouThrive programme:

> *"Coming out of this pilot is [the learning] that we are actually putting a lot of money on HIV, which is good. But we are also causing damage… because if I'm looking at the number of children that [were] tested and were HIV negative, those children - we left them [because they don't have HIV and aren't eligible for the programme… But those children [have] got a lot of psychosocial issues; they've got issues around being bullied; they've got issues of stigma. Some of those children… don't have documents, some of the kids... can't go to school because they don't have all the documents are required… but because… the only kids that are able to benefit [is] if they have HIV. If they have HIV, we enrol them into our programme, and then we are able to support them with all these other issues" (Programme team 2)*

The team suggested that broadening the programme scope to include HIV-negative participants, in order to increase the programme's impact:

> *"So I think also what I've learned… is that maybe if you can have a project that does not only target those who are living with HIV, I think you drive would have done a great impact if we're not only focusing on the ones only who are living with HIV, but also taking in everyone who comes in that age, maybe 10 to 14, or the young moms or the children. It would have done a lot of impact" (Programme team 3)*

4.2. Programme implementation

The YouThrive Together pilot was implemented for a 12-month period from 1 June 2024 to 31 May 2025. The pilot included a 'development' phase, which included content development and training, and an 'implementation' phase where YouThrive services were provided to clients. During the development phase, the following activities took place:

4.2.1. Content development, recruitment, selection and training

As a first step in the implementation process, the Zoe-Life team began the process of adapting and developing content for the YouThrive programme. This involved identifying appropriate content from within the KidzAlive, YouThrive Safe, and other Zoe-Life programmes, and identifying topics for further development to meet the needs of the target groups. Including the design, layout, and formatting of the materials, this process took around three months to complete:

> *"[We have] been developing [the material] for a long time… in the background… waiting for the right moment to put it all together. But… I think it took 3 months to just put it together. It had been something that we've worked on for some time… Yeah, it was just putting it together and making sure that you know, we worked because we did it in 3 months, including working with the graphic designer to put the relevant graphics together with messaging." (Programme team 1)*

The programme curriculum was also designed with the input of adolescents, to ensure that the content was relevant to their needs, while recognising that the programme had a potentially broader

reach (beyond HIV positive clients), and that it could be adapted to accommodate changing needs over time:

> *"When we first designed [the YouThrive Together programme], we designed it with the HIV-positive child or a young adolescent in mind… [and] as part of the process… we work with adolescents all the time, and we hear from adolescents all the time… and we have had focus groups along the years with adolescents asking what do they want? Who do they want it from? What do they need from us? And so along with [a] desktop review on what was out there what was needed… we came up with the YouThrive curriculum where we took into account that this is what is most pressing and most needed now, [and] that the curriculum can always be grown… But then realized actually that everyone needs this program from [age] 10 upwards, because you don't need to be HIV positive to receive messaging to keep you [HIV] negative…" (Programme team 1)*

From this point, the team began to think about target audiences for YouThrive Together, and looked to other Zoe-Life programmes for relevant content:

> *"So we use the original look feel characters from when we first did the focus group for YouThrive with adolescents… they co-designed them with us… And then we just looked at content…[the team also looked] at what we were doing in our [broader, Zoe-Life] programmes... We came up with the [six] modules…. from there we punched out the key messages… that comes from this conversation and this dialogue that will empower adolescents to take ownership of their own health and make decisions that are in their health and well-being's best interest" (Programme team 1)*

The programme includes six modules including components on mental health, sexual and reproductive health and rights, disclosure, adherence, pregnancy and infant health, and child development:

> *"Then there was a strong component of… adherence that goes into the disclosure process. It looks at disclosure differently, because with adolescents, it's not always the mother to child transmission - vertical transmission -, it's [also] horizontal transmission. So you may need to disclose to an intimate partner… You may need to disclose to your family and friends. You may just have tested positive, and now you need to tell your caregivers. So we looked at different scenarios that are more relevant to adolescents than they are to children" (Programme team 1)*

> *"Then there was a very strong component of sexual reproductive health and rights. That was… a glaring gap… In order for YouThrive to be comprehensive, it did have to have a module on that. A lot of the stuff that we used was open source… so we didn't redevelop [content] that was already existing" (Programme team 1)*

> *"One of the very key things that came out in the mental health module, both from adolescents and their primary caregivers, was that we should incorporate the stages of grief, and what grieving looks like… A lot of our adolescents were grieving, but no one was talking to them about it… (Programme team 1)*

> *"Then there's a gender-based violence, [and] abuse section that's pretty comprehensive, and it looks it looks into styles of parenting, relational versus fear-based for the caregiver.*

There is a big component on child rights and responsibilities, and what the custodians responsibility is, and what the adolescents responsibility is" (Programme team 1)

And then it goes into the maternal and child health. So yeah, there's a there's so many young mothers in South Africa, and no one's really talking to them about what what's important when you're a young mother, pregnant or delivering, or breastfeeding. So there's disease prevention, and pregnancy, guidelines for healthy eating, danger signs, prevention of mother-to-child transmission, elimination of vertical transmission, breastfeeding support, and then child development" (Programme team 1)

Differentiating factors between KidzAlive and YouThrive content was recognising that the needs of adolescents vary and intersect considerably, with additional topics such as sexual and reproductive health, pregnancy, breastfeeding, and early childhood development also relevant to certain clients. The Zoe-Life team found that there is very little acknowledgement of these factors in similar programmes and in healthcare structures. These topics are included in the YouThrive curriculum, without making explicit reference to categories like age, making the content accessible to a wider range of clients:

"One of the unique additions into YouThrive was also to start recognizing that… we are starting to see young mothers…. we've got a section on sexual and reproductive health, not only targeting young children that… have been actually engaged in sexual intercourse, but we are also acknowledging those… that are saying, 'I am sexually active, how can you help me?' Or 'I have been sexually active, now I've got a child'… We actually include them… we acknowledge… that they're still young, but they [have] more responsibilities because… in [the way that] our healthcare is structured, there's really not much where you acknowledge a young mother… Officially, we are talking about someone who's between 10 and 24 [years old]. So we are seeing a 10-year-old… [an] 11-year-old that is pregnant; but if you go into our healthcare [system]… you're not going to find a section in a clinic… for [very] young mothers. If you're pregnant, you are all being shoved into one area, whether you are 10… 11… 18…50…. 60. We know… grouping people like that, on its own it does cause stigma. So this is why, when you look at YouThrive, the way it's been designed… you don't feel like 'I don't belong here'… [For example], we talk about breastfeeding as… something that needs to be done, but we don't really talk about breastfeeding in relation into a particular individual or a particular age category" (Programme team 2)

Lastly, in line with the KidzAlive model, YouThrive Together focuses on developing content and tools that are accessible to clients and to healthcare workers, irrespective of their background. The programme team stressed that by creating accessible materials that are engaging and informative without being clinical, discussions could be led by (non-clinical) community health workers, instead of clinicians, and that information could be shared more widely within communities:

"Often this information can become very complicated, very clinical. So… we wanted to make sure [clients and healthcare workers] don't feel intimidated… [and that they don't] receive the information and leave the clinic very confused, and [are] then [unable] to apply these concepts when they go home… Or if someone who's coming to the clinic… does not have any clinical background; when they get taught this information, they are able to… take the

same information and teach more people in the community, because that's what we want to achieve at the end of the day. We want to be able to give information, and that information. It needs to be shared with other people in the community" (Programme team 2)

"The [aim was to ensure that the] curriculum or the dialogues could be led by non-clinical people, so it didn't have to be a nurse or a doctor …but… by community health care workers, because the reality is, those are the people that have time with our adolescents" (Programme team 1)

While the content was being developed, the Zoe-Life team began the process of engaging with the chosen partner organizations, Lubanzi Ulwazi Resource Centre, and Mothers For The Future. The process of establishing working agreements with the community-based organizations was reportedly straight-forward and achieved within a short period of time. Both organizations have a peer-teaching component, and were supporting activities at the participating public healthcare facilities. For both organizations, YouThrive provided a structured approach to engaging with adolescents that the organizations could adopt and implement alongside their existing offerings:

"The expectation, especially for M4F, they had children coming into their offices because the sex workers were coming in with their children, but they didn't really have a structured curriculum or anything that they have to do with the children. So when we came in, we came with a structured intervention. It was easy for them to engage with the children, because some of them didn't even know how to talk to the children. They were only used to the older people… With Lubanzi… mostly they were focusing on adults, doing talks with the adults, but… they didn't have a structured curriculum [for] children. So when we came it was easy for them. Even the support groups they were already supporting the support groups in the facilities. But they're not directly involved when it comes to children, because they didn't have an intervention to deliver to children" (Programme team 2)

While the partnerships appear to have worked well, the agreement with the eThekwini District Department of Health took some time to materialise:

"So the implementing organizations… this was easy – boom! - the agreement between us and them [was] done… within a day. But the agreement between Zoe-Life and the Department of Health to extend [activities] into… clinics; it went on and on" (Programme team 2)

Once the community-based partner organizations were recruited, the Zoe-Life team began training YouThrive Champions on the YouThrive model and newly developed content. In total, 12 individuals (including the 5 YouThrive Champions) received training on the Foundations of working with children,

disclosure, HIV testing and adherence over a period of five days[12], and on YouThrive Health, before moving on to mentorship and implementation:

> *"I spent 5 days with them, and I haven't seen them again post the training, because… [they moved to] mentorship and implementation. But… it really went well; they seem to have left with knowledge… It was one of the most amazing trainings I've ever done, and I don't say that lightly. [The participants] were just so hungry for knowledge. So interactive… There wasn't a single person that didn't engage full-time in that training…. (Programme team 1)*

However, the YouThrive coordinator indicated that towards the end of the pilot implementation period, some of the Champions were still in the process of completing their mentorship activities. These were reported to be complete by the July 2025:

> *"When we trained, we trained more because there was also M&E. So we trained about 12. But the ones who are actually directly involved in the implementation… started with mentorship, but not completed, because we have to do various cases… [for the technical advisor to deem] them competent. So all of them… have started… mentorship, but only three have completed mentorship. Maybe [we've] done two cases, one case each" (Programme team 3)*

Incomplete mentorship during the implementation period has been attributed to a lack of time and capacity constraints within the programme team, particularly on the part of the Technical Advisor, who was required to complete practical mentorship while managing other responsibilities, such as introducing stakeholders to the project:

> *"But I think it went very well in even in terms of them receiving the training. After that I've also started doing mentorship to make sure that what they are being trained on, they're actually delivering that. And also with that it went well, even though I did not finish all of the mentorship because of time, but with the ones that I've started mentorship with, they did very well…. Yes, because, you know, it was just me, the technical advisor… [and] I had about 7 people under me… I don't know how to explain, but it was time. So that's why I was not able to finish mentorship, because there are also other things - other meetings - that I had to go to and introduce the project" (Programme team 3)*

The mentorship component is a key aspect of Zoe-Life's approach to ensuring quality of delivery, and the confidence and competence of facilitators of Zoe-Life programmes. This approach has been applied with success to the KidzAlive programme and the programme team indicated that while they were constrained, they would continue the mentorship process for any future rollout.

[12] Zoe-Life Training Summary Report and dataset (August/September 2024); Zoe-Life Training Summary Report and dataset (October 2024). Final number of participants confirmed by ZL M&E Officer (12 participants including 4 coordinators and 5 implementing Champions). Participants were drawn from Mothers For The Future, Lubanzi Ulwazi Resource Centre, Sisonke Movement, and Health Systems Trust, Poly Clinic, KwaMashu CHC, and Zoe-Life, and included administrators, peer educators, social workers, trainers, supervisors and coordinators.

4.2.2. Screening, testing, referrals and support

Despite the team's capacity constraints, feedback suggests that implementation went well, and that the 5 implementing Champions spent their time doing site visits, facility visits, support group sessions, one-on-ones, and if necessary, home-based follow-ups to engage with clients:

> *"It went well. We just maybe needed more time. But with what with the time given and the people. We saw the clients we serve. It went well" (Programme team 3)*

> *"They were implementing as intended, all of them….Because they were doing site visits, especially for the ones at M4F. Because the sex workers… move all the time… [the Champions] were doing site visits once a week. They were going to different sites to find out if there's any new sex worker in that area, [and if] that sex worker has a child, is the child tested. Also… [the Champions] were going to facility visits once a week because we had four facilities that we were supporting, so they were going in once a week to find any new clients. If there's a need for one-on-one or a household visit… they were doing all of that" (Programme team 2)*

> *"So we were doing facility visits… We were at the facility most of the time… But also we were doing household visits. So we are not only focusing on facility, because… some parents or some children… are not comfortable talking to us at the facility, so we will arrange and then go to the household. Some…. prefer the facility. So we worked with what the client is comfortable with… and also we were doing outreaches where we were testing. If there was a need for us to give [a client] more support, we also do household visits [again]. [With] one-on-ones and support groups… we're doing them on a monthly basis" (Programme team 3)*

As part of implementation, the trained YouThrive Champions provided HIV counselling and testing support to clients. These included the children of sex workers (primarily in the Durban City Central area), and young mothers from the KwaMashu area. In Durban Central, YouThrive were supported by TB-HIV Care who provided index testing:

> *"Initially we thought then we're going to go onto the streets and then we're going to find where the sex workers are, and we're going to sensitize them about the projects, number one. And then the second thing that we're going to do, we're going to do the case finding - we have a family screening tool that we use. So basically, through indexing a sex worker, firstly we were targeting HIV positive sex workers and then we'll find out if you have children and then we'll find out if they've been tested at 18 months and then if no, and then we'll then enrol them to say, OK, we need to bring them for testing of which that was phase one" (Programme team 2)*

> *"In terms of us testing and enrolling… we also worked with another organization with work specific to sex workers, TB-HIV Care… they did index testing" (Programme team 3)*

Once HIV positive sex workers had been identified, the next step in the strategy was to reach their children. Mothers were invited to bring their children to an outreach day and to receive testing and counselling support. However, the team noted that once they had invited TB-HIV Care to a testing day,

they found that the organisation primarily worked with adult clients (sex workers) and that their team were not comfortable testing children, and particularly young children, babies and infants below 18 months of age. Moreover, special kits were required as rapid tests can only be performed on babies older than 18 months:

> *"When they come for an outreach… we partnered with a local organisation TB-HIV Care. They have been working with sex workers for a while, but they've been mainly focusing on adults. So when we asked them to assist us with the testing on our first outreach, we had a lot of kids that came through, but we had healthcare workers that were not confident on actually testing children above two years and below" (Programme team 2)*

The next strategy applied by the YouThrive team was to identify and make contact with HIV-positive sex workers, and to provide them with a referral letter for testing at a local clinic. However, this did not work because the sex workers were reluctant to go to the facilities.

Shifting track, the YouThrive team focussed on advocating for the project, and informing potential clients about the programme, its intentions and its purpose. These sex workers would then be invited to a central location for an outreach session, and the YouThrive team would be supported by healthcare workers who were trained to do HIV testing for children and infants. This approach was not very successful in reaching the target population:

> *"But then we had to 'borrow' healthcare workers that were already capacitated on how to [test] … to assist us for [testing]. And then we also realized that because the project was based in Durban Central… which is the hub where you'll find most of the of the sex workers… we also discovered that …some of the sex workers [live in] gated communities… so it was difficult to get those sex workers to bring their children to a centralized point" (Programme team 2)*

The team ultimately decided on a combination of outreach and home-based testing. Once the team had begun home-based testing, another challenge emerged in that a number of the sex workers either did not live in the Durban Central area and commuted to their place of work, or if they did reside in the area, their children resided outside of the city in townships and more rural areas with grandparents or other family members, up to 100kms away, and some in neighbouring Eastern Cape province:

> *"We also did home testing for those sex workers that were actually working at Durban Central, but they are not residing there…. so it became a challenge for us to ask them to go and fetch the child, bring the child all the way for an outreach, then take the child all the way back home…. because that means we are asking them to get off work for the whole day... they won't be able to have an income" (Programme team 2)*

The challenge of reaching the children of sex workers was partially addressed when the YouThrive team arranged weekend outreach and home testing. However, for sex workers with children living far from Durban Central, the exercise is very costly and could not be sustained:

> *"Those sex workers that… had children that were actually living further from the city… were happy for us to arrange over the weekend [that our team including] our trainer, our technical advisor plus the Champion and a tester [would] drive all the way to that household and then they will do the pre-test counselling… [and] conduct the testing at the house. So… they liked that, but from a cost perspective… it was very expensive… because we didn't have enough funds to drive [up to] 100 kilometres every weekend to go and test different households" (Programme team 2)*

The team also tried an approach where they covered the cost of attending an outreach sessions by supplying transport and refreshments for sex workers and their children attending the outreach. This was done in partnership with Mothers For The Future (M4F) who partially funded the activity. A programme team member reported a reach of 5 caregivers and 5 children through this approach, however, it was also very costly:

> *"So then what we did… was to partner with Mothers For The Future [and] to say, OK, we will pay your transport to come through, and we'll also pay transport for your child and we'll give you both lunch… if you're going to do that in a big volume, that's like already a little bit costly because we were paying about R200 for transport, and then we're paying another R250 for lunch. So you're looking at about plus or minus R500 to pay for the caregiver and the child to come for one session" (Programme team 2)*

A programme team member also reported that the team reached 3 HIV-positive children through the process. Those children were already on treatment, but were enrolled in the YouThrive programme. The key issue emerging from this was that with the children located far from the programme's implementation area, the YouThrive team struggled to place those children in support groups:

> *"Through the project we found… about 3 children that were already HIV-positive - they're already on treatment - and we enrolled them into the programme, but we were having challenges in putting them into a group, into running a support group, because they are coming from different areas. So really with the sex workers, the main problem is just the catchment area when someone… [doesn't] live in the place where they work" (Programme team 2)*

In both cases, the teams assumed that the number of HIV-positive adolescents and young mothers requiring YouThrive services would be considerably higher than it was. With regards to the children of sex workers, the team found that relatively few sex workers (estimated 1 in 20) actually lived with their children, and relatively few young mothers tested HIV-positive:

> *"We… assumed that we have so many sex workers [in the target area]… But when we were actually implementing, we found out that the sex workers… don't actually live with their children. So you'll find that… [out of] maybe 20 sex workers [consulted] in a week…maybe*

only one is actually living with their children. There are so many issues… around them not living with their children. Some… are not allowed by their parents, because now [that their] parents know what they do for a living, they don't want [their work to affect] the children. I think when we were looking at it, we were [assuming that we would] find those children… but it wasn't actually the case. [We did find some]… but when we were actually implementing, we found that there are not so many children of sex workers who are living with HIV, with the young moms… we have so many young moms at KwaMashu… We saw close to a thousand young moms in a very short period of space of time. But again, with those young moms, not so many are living with HIV" (Programme team 3)

For children aged 10-14 years, the team's approach was to provide services at facilities, and to reach adolescents who were already attending clinic appointments at facilities, and to enrol them in the YouThrive programme and provide them with group-based support. This went according to plan, with the only adjustment being that sessions and activities had to be run on weekends to accommodate the adolescent's weekday school schedule. In addition to this, the team reported that there was some challenges noted in getting adolescents to attend sessions, because of the cost of transport (bus fare) to the facilities. For future rollout, alternative options may be to find a venue closer to their homes, or to pay for transport.

"The plan was to provide services at the at the facility level. We were not planning to provide services in in a different setting. So with that we were able to extract the data. So for those ones that were already HIV positive the plan was to find them at the clinic and provide them with services of which we did and the only thing that we changed was that instead of running these activities during the week, we had to pivot and run those during the weekend because during the week they're at school" (Programme team 2)

The YouThrive team also conducted outreach at schools. The team focussed on introducing the programme, and providing consent forms for testing and counselling for the learners to take part in testing at a separate planned outreach day, outside of school hours:

"So the strategy there [was that] we went into the schools. We sensitized [the learners] at the school during their assembly, and also during Life Orientation sessions… [where we gave the learners] consent forms… to take home. [Then] we set up a day for an outreach… then… with the signed consent form, then we will provide HIV testing and we're testing out of school, out of school lessons because we're not allowed to do any testing in the schools" (Programme team 2)

The team indicated that the overall positivity rate of the adolescents tested during outreach and home-based visits was not particularly high. Of those children aged 10-14 who were HIV positive, the team reflected that the focus of their work centred on disclosure, and adherence after discovering that many of the children enrolled in the programme had not been fully disclosed to.

For the young mothers population group, the YouThrive team were able to find and reach young mothers at healthcare facilities who were attending regular clinic sessions for themselves and their

children. The team were able to provide one-on-one testing and counselling to a large number of young mothers in KwaMashu, and were not required to make changes to their implementation strategy. Through the programme, young mothers received support in terms of managing their own health and adherence, and also received exposure to topics around breastfeeding, nutrition, and childhood development. Overall, a large number of young mothers was reached. Eligible children were enrolled in the KidzAlive programme. For future rollout, the team recommends engaging young mother Champions as part of the team, given their shared lived experience and understanding of the target population.

From an implementation perspective, a challenge emerged in that the YouThrive team reported being unable to offer services in one area during March 2025, owing to gang-related violence and concerns for public safety. The team report that engagements restarted in an effort to complete implementation:

> *"It's an area that has a high level of crime. So in… March we were not able to go in at all, because even the people who are living there they were not able to go around the area. So it's still ongoing even now, but because we wanted to finish the implementation, we are going there, not as often, but last week we did [go]…. It's not as bad now" (Programme team 3)*

> *"Yeah, they have gangs, and then it started getting very [heated] up between them and the police… So, then, if you are in the middle of that, then you might find yourself [in a situation]" (Programme team 2)*

4.2.3. Partner delivery, local stakeholders, and facilities staff

Another component of the programme was to sensitise relevant stakeholders, and staff at local facilities to the YouThrive programme and the needs of the YouThrive target populations (adolescents, young mothers, and the children of sex workers). This was to be achieved through a combination of community and other engagements, site visits, and establishing MOUs.

Feedback from the programme team suggests that YouThrive and Zoe-Life team relationships with participating healthcare facilities was positive. Facilities supported the YouThrive team by making calls to clients and inviting them to attend follow-up appointments and YouThrive sessions:

> *"Yeah, when it comes to support, as soon as we got our MOU with the facilities, the [operations managers] and the staff, they were very supportive… we had other NGOs that we were working with… [but when] we came, it was exactly how we requested, so there [was] support" (Programme team 2)*

The YouThrive team experienced some challenges with this in that one of the facilities tended to prioritise older clients in the 0–24-year age category, rather than the 10-14 years age category, and young mothers (10-24 years) being targeted through the pilot. This resulted in the YouThrive team

taking on the task of calling clients to attend support groups and clinic sessions, to ensure that their targets were met. For example, facilities would call participants over the age of 15 who were not young mothers:

> *"With the facilities… when they call the people to come to the support groups, they usually call from [ages] 0 to 24. So sometimes you'll find that when they call the 0 to 24 [age group], our age group [10-14 years and young mothers] is not really prioritized, because they focus on the older people. I think they're used to focusing on the older people" (Programme team 3)*

> *"But we also did talk to them. And we're also doing the calls ourselves, because usually it was supposed to be the facility doing the calls for us. But when we saw that gap, when we have a support group, [we] also call or send an SMS from our side to make sure that our age group [is present]" (Programme team 3)*

4.2.4. Sustainability

From a sustainability perspective, the intention at the start of the pilot was for staff at participating public healthcare facilities to be able to continue to implement the YouThrive programme after the pilot, and without the direct intervention of the Zoe-Life team. This contributes to the overall sustainability of the intervention:

> *"The plan is [before the pilot concludes] to actually make sure that… our government healthcare workers… are trained so that they can continue with the programme, and then they've got the tools. And with our community organization… the nice thing about them [is that] they were already volunteering in those clinics. So now… going forward, they can continue with the programme as it is, because they've been trained, and they've got all the tools… Yeah. And then they can run the programme. And then from [Zoe-Life, it] will be for us to lobby for more funds so we can provide some technical support while they're implementing. But we definitely need to give the implementation to them to run with it" (Programme team 2)*

4.2.5. Strategic approach and adaptions during implementation

As indicated in the section about 'Assumptions', a number of assumptions were extracted from the literature and used by the Zoe-Life team to make sense of the environments they would be working in for the pilot project. These assumptions largely centred on where the team would be able to locate their target client populations, and how best to go about reaching them. As a result, the Zoe-Life and YouThrive team implemented strategies to reach their target populations, but encountered a number of situations that required them to make adjust their implementation approach. These are detailed in the sections below, and grouped by target population.

4.2.5.1. Adolescents (10-14 years)

To reach children in the adolescent (10-14 years) age category, the YouThrive team applied two strategies. One was to find adolescents through participating public healthcare facilities. This was successful, and the YouThrive team were able to identify adolescents who had already been diagnosed with HIV and who were receiving treatment, and who were eligible for the YouThrive programme where they could receive additional support. A second approach was for the YouThrive team to sensitise aged 10-14 school learners to the YouThrive project during school assembly and Life Orientation sessions. During these sessions, learners were provided with consent forms and invited to attend a planned outreach day where they could receive HIV counselling, testing and further support. The strategies were successful in reaching adolescents, however the overall incidence of HIV amongst those reached was low, and a key issue amongst this group was that adolescents had not been fully disclosed to.

4.2.5.2. Children of sex workers

A number of strategies were used to reach the children of sex workers. The first approach entailed making contact with and indexing HIV-positive sex workers. This was achieved with the support of Mothers For the Future. Once identified, HIV-positive mothers were invited to bring their children to an outreach day. This was not very successful because the partner organisation chosen to provide testing at the outreach was not equipped and their team was not comfortable testing young children, babies and infants.

As a next step, the team provided HIV-positive mothers with referral letters to attend testing at participating public healthcare facilities. However, sex workers were reluctant to attend clinic sessions. The team responded with additional advocacy and programme sensitisation activities in an attempt to reach their target population.

Next, the team considered home-based testing. They found that a number of sex workers lived in gated communities, however, they were difficult to reach. In other instances, it was found that sex workers do not necessarily live with their children, or that those sex workers commute long distances (up to 100kms) to Durban Central as their place of work. This made it unfeasible for sex workers to travel that distance with their child(ren). Some strategies were applied, including conducing home visits and paying for transport and refreshments to encourage sex workers to attend outreach days. However, both these approaches were unstainable from a time and cost perspective. Overall, while many children of sex workers were tested, very few were found to be HIV positive. Moreover, with distance and travelling costs being a factor, the team has struggled to place those children into YouThrive support groups that they are able to attend regularly.

Feedback from the YouThrive team indicated that for more effective future rollout, ex-sex worker Champions should be engaged and capacitated to provide support on the programme, given their understanding and shared lived experience of the target population. Other suggestions were to expand the geographic reach of the programme beyond eThekwini, and possibly into certain areas of the Eastern Cape.

4.2.5.3. Young mothers

As with adolescents, the YouThrive team chose to reach young mothers through clinics and public healthcare facilities in KwaMashu. This was more successful than the team had anticipated. Feedback indicates that young mothers are attending regular clinic sessions for themselves and their children and babies.

4.3. Challenges and Learnings

The programme team reflected on several learnings and challenges that emerged during implementation.

Challenges noted by the implementing team include the following:

- Relatively short timeframe for the pilot, which ran for a period of 11 months, including for content and materials development;
- The slow pace of concluding the programme MOU with the eThekwini Department of Health (in light of the pilot timeframe).
- Time and capacity constraints resulted in Champions not fully completing their mentorship until the end of the pilot period.
- That staff at one healthcare facility were prioritising the incorrect clients when making calls to invite clients to attend clinic and YouThrive sessions. This saw the YouThrive team assume responsibility for contacting clients to ensure that target populations (adolescents aged 10-14; and young mothers between 15-24) were present, adding to their administrative activities/load.

The first learning confirmed for the programme team that there is indeed a need for tailored HIV care for adolescents aged from 10-14 years, however, the team felt that the key to this was to ensure that their information and content is regularly updated, given the speed with which adolescents contexts change:

> *"I think the learning - just like looking at this pilot - is that from the young mom side and from the 10 to 14s, is that they do need tailored care. They do need… messaging that speaks to them, and also I think… we need to keep updating our information" (Programme team 2)*

> *"It's so dynamic. Like, with adolescents, it's really difficult to ever get what they need, because what they need today and what they need in two years is so different… we need to keep speaking, we need to keep updating… co-developing with them… So I mean, it's just such a fast-paced world. And it's changing all the time that if we keep implementing what we've done now, and might have worked now without adapting and speaking and drawing in those voices. We will get left behind. The stuff will become stale." (Programme team 1)*

Feedback form the team indicates that the allotted period for the pilot was too short, and timelines too condensed. The team would have preferred a longer pilot, of around three years:

> *"I think time, like… I have mentioned this to the funders… to say… we're working with people's lives… So at least, if you're going to do a pilot of this kind, at least… like 3 years [to implement]… But I just felt like we were given how many months… 10… months… from start to finish - that's including developing the material." (Programme team 2)*

Another learning for the team was around ensuring that clients are not overstimulated with information and activities during the programme. This means understanding and working around client schedules and preferences (e.g., not offering sessions on weekends), and tapping into different channels (e.g., social media or mobile technology) to reach clients:

> *"People do need information out there… but we also need to make sure that we don't overstimulate... So what we're also learning is that people… don't want to actually come into a support group every month. People have got stuff to do… we're saying 'you can live your life with HIV', but on the other hand, we're saying 'you need to come every month'… So we need to also look at different ways to reach young people… [and] rethink how we deliver the messaging… in the long run we also need to look at… how can we take the messaging into a different platform and make sure that for someone doesn't want to come over a weekend and sit for 2 hours, but I still want information" (Programme team 2)*

In terms of additional content, a focus on child development was noted as an unaddressed need, and one that future rollouts of the YouThrive programme could address:

> *"Child development… really plays a crucial role, because… we are seeing a lot of deaths… we see a lot of injuries at home, because… these days when you are babysitting, you are… babysitting your Instagram, your WhatsApp, while the child [is unattended]. So we are seeing a lot of kids presenting with burns…. they've gone and drank a poison….But there is more problems that we are dealing with and raising children [in addition to managing HIV]…. So what we're learning as well in this pilot, [is that] we need to actually fully stimulate… children so that they are able to listen to the information, process it and make informed decisions. If you are not fully developed, how are you expected to make these decisions to say 'yes, I can say no to sex. I can say no to dating. I can identify this GBV'… let's work on the foundation so that they are able to take this complex information and process it" (Programme team 2)*

Reflecting on the potential for developing content for YouThrive related to child development and early stimulation, current module content could be further developed, and this could support positive longer-term outcomes for children:

> *"We've got a small module on [child development], but I think there's a great need, because we're seeing that kids are coming out of into schooling situations, and there hasn't been enough focus put on making sure that they stimulated enough for the neuron development to happen and for them to be in the best place that they can in terms of learning. When they're older we find that we are seeing a lot of problems with children and school challenges. So I would love to like extend our child development section and make it more comprehensive" (Programme team 1)*

In terms of future rollout, the team also tested different strategies around differentiated care that they would like to test on a larger scale, going forward. These strategies include one-on-one counselling at home and in facilities, and home-based testing:

> *"We were able to try different strategies to reach our beneficiaries… We've seen strategies that worked well… that we would like to take forward, like, providing testing at the household level. It's something that works really well. But… it's not cost effective, but it does work, and also bringing everyone together in an outreach form, and then conduct[ing] your testing. It also works… We've seen a lot of people coming in for testing and also doing household visits. I think I guess it's the manner of providing differentiate care, really like understanding the client's needs… We are providing counselling sessions on one-on-one at the household level, providing one-on-one sessions at the facility level… But an outreach and support group, it's still something that is accessible… it's still acceptable… So those are the things that we [would like] to take forward and test them at a bigger scale" (Programme team 2)*

With regards to reaching similar populations of sex workers and their children in future, it was recommended that as with the young mothers, ex-sex workers are engaged in the YouThrive programme as peer Champions (or a similar role), because of their shared lived experience with the target population:

> *"If [we] want to target that particular population, again, I would still recommend [engaging] ex-sex workers because they understand the hotspots, they know where they are" (Programme team 2)*

Linked to this, a further recommendation linked to home-based testing was that the programme would have to have sufficient budget to cover additional costs associated with home visits, including food or other packages, and travel and refreshment costs:

> *"We'll have to really budget appropriately because the other thing we discovered [is] when you go and do household testing, there's an expectation that you need to bring something…. don't come empty handed…. So then they will do… a package… like a bag of nappies, a packet of apples, packets of chips… So even before you even start the testing, you have to bring something. You can't just come in empty handed. So we had to partner with Mothers For the Future to be able to add on the budget because we didn't have budgets for those things" (Programme team 2)*

4.4. Programme achievements

4.4.1. Achievement towards targets

The YouThrive programme established the following set of indicators and targets for the duration of the pilot:

Reporting period: June 2024 – May 2025			
Indicator	**Target**	**Actual**	**Performance**
Internal training planning workshop	1	1	Achieved
Training on YouThrive package	10	12	Exceeded
Mentorship on YouThrive package	10	5*	Partially achieved
Sensitize local facility staff and local stakeholders on project	20	77	Exceeded
Screen youth (10 – 14) for risk and vulnerability	35	129	Exceeded
Casefinding and linkage to care of untested youth (10 – 14 years)	25 (tested for HIV)	60	Exceeded
Provide disclosure support to Youth (10-14 years)	20	2	Partially achieved
YouThrive teen adherence support	20	14	Mostly achieved
Screen young mothers (<24 years) for risk and vulnerability	15	51	Exceeded
Casefinding and linkage to care of children untested children of young mothers (<24 years)	10 (tested for HIV)	21	Exceeded
Provide disclosure support to children of young mothers (<24 years)	5	0**	N/A
YouThrive young mom adherence support	15	24	Exceeded
Screen children (<15 years) of commercial sex workers for risk and vulnerability	15	48	Exceeded
Casefinding and linkage to care of children untested children (<15 years) of commercial sex workers	10 (tested for HIV)	48	Exceeded
Provide disclosure support to children (<15 years) of commercial sex workers	5	3	Partially achieved
Adherence support for children of commercial sex workers	10	9	Mostly achieved
*5 completed mentorship of the 9 champions trained (3 People trained were ZL employees) ** Children were too young for disclosure support			

Data supplied by the Zoe-Life M&E Officer indicates that the majority of the targets for the pilot project were either 'Achieved' or 'Exceeded'.

Training targets were exceeded, with 12 participants (including 4 coordinators and 5 Champions) receiving training on the YouThrive package. Of those, the 5 implementing Champions completed their

mentorship activities by the end of the pilot, however, this was 'partially achieved' and below the planned target.

Reach in terms of sensitizing stakeholders and facilities staff was exceeded.

Screening, case finding and linkage to care targets for all target populations were exceeded, including for youth aged 10-14 years, young mothers (aged 10-24 years), their children, and the children (<15 years) of sex workers.

Adherence support for teens and for children of commercial sex workers was 'Mostly achieved', while it was 'exceeded for young mothers.

In terms of disclosure support, three of the planned targets were 'Partially achieved'. Two of those indicators related to providing disclosure support to Youth (10-14 years) and to children (<15 years) of commercial sex workers. One target was 'Not achieved' in relation to the children of young mothers (<24 years), however the children in question were too young to receive disclosure support.

4.4.2. Achievement towards outcomes

This section presents a synthesis of primary data collected through the evaluation, with regards to achievement of outcomes. The key outcomes for the programme are addressed through a combination of training, knowledge transfer, mentorship, testing, and support. In launching the pilot project, Zoe-Life sought to bridge critical service gaps and foster a supportive environment for children living with HIV and their caregivers, ensuring better health outcomes and inclusivity in healthcare access[13].

For the pilot, a series of short-, medium-, and long-term outcomes were developed alongside the YouThrive Together pilot theory of change. These outcomes, and early evidence towards achievement are unpacked below.

4.4.2.1. Relatable and supportive environment for healthcare service provision

Improving treatment and testing access, and retention in care includes the creation of a relatable and supportive care environment for health services provision. This is achieved (in part) through improving healthcare workers capacity to deliver structured, age-appropriate, and inclusive HIV testing, treatment, and support services, and increasing healthcare workers knowledge, skills and confidence to deliver HIV care in a non-judgemental way. This contributes to fostering and sustaining trust between healthcare workers and their clients.

[13] Annex 1. Application Form - YouThrive Together - Final - Partners

Drawing on tried and tested approaches developed by Zoe-Life, including the KidzAlive model, YouThrive Safe (GBV-focus) and Feeding Buddy[14], YouThrive Together sought to adapt and develop appropriate content, and a structured training and mentorship package for volunteers and healthcare facility staff to deliver comprehensive, age-appropriate HIV testing, treatment and support services to youth, adolescents and the children (aged 10-14 years) of HIV+ sex workers, young mothers (<24) and their children, and primary caregivers.

Enhanced trust and engagement between implementers and target populations

Regarding the creation of a supportive environment, and in fostering a sense of trust between Champions and YouThrive clients, Champions noted that they received positive feedback, and that they worked well with facility-based healthcare workers. In particular, the positive manner in which the Champions engage with their clients (in this case, young mothers), was noted, reflecting the commitment to creating a welcoming and non-threatening environment for clients:

> *"What I can say, young moms prefer us more than the nurses, the last time I had a client who told me that she wished that I was the one who was working at the clinic, the way I was treating them. Another thing, there was a lot that we did we assist the facility" (KMC1)*

> *"The difference between the facility and us is that we were more patient compared to the nurses, more open, more direct to the problem with the young moms. Even the nurses would ask for us to talk to them and check their books" (KMC2)*

Reflecting on outreach and advocacy activities undertaken by the Champions in KwaMashu, the team indicated that their clients reach out to them on the street, and that local schools have requested the team return for further engagements. This suggest that the YouThrive team have formed a connection in the communities they were operating in:

> *"Working with adolescent it was nice… because they would see you on the streets and ask you 'when are we seeing you'" (KMC1)*

> *"The campaigns that we conducted in schools; the schools are still asking us when are we coming back" (KMC2)*

Increased knowledge, skills and confidence delivering HIV services

Regarding increased knowledge, skills and confidence in delivering structured HIV services, YouThrive Champions were provided with training and mentorship as part of the pilot:

> *"From the healthcare worker perspective, [the purpose of the training] was increasing their knowledge and identifying that there has been gaps in terms of the information that they've been delivering, and also seeing the confidence post- training and then being able to independently run these sessions" (Programme team 2)*

[14] Annex 1. Application Form - YouThrive Together - Final - Partners

A total of 12 individuals, including Zoe-Life team members, and participants from partner organizations and healthcare facilities, received training on Foundations of HTS, Disclosure and Adherence with Children during August 2024, and on YouThrive Health during 2024[15]. Feedback from the YouThrive M&E Officer indicates that the intention was to give relevant individuals exposure to the Zoe-Life and YouThrive programme content. Of those, four individuals were programme coordinators, while a further 5 were trained as Champions/facilitators. The five facilitators completed mentorship activities by the end of the pilot project.

Reflecting on the training, the Champions indicated that they found the training informative and enjoyable. The design of the YouThrive Talk Tool was considered accessible and easy to understand:

> *"Training was nice, was fun. We went through the booklet, did activities, got all the information even more. I had no questions, the training was really good, it was fun and informative" (KMC1)*
>
> *"We received training on how to use the booklets and Talk Tool" (M4FC1)*
>
> *"The training was fun, informative, the facilitator was good… The design of the book… was eas[y] to use as it had pictures" (KMC2)*

A key component of the YouThrive Together pilot was the development and adaption of the YouThrive Talk Tool and creation of a YouThrive Job Aid, which provides an accessible, relatable, and high-quality resource for facilitators (HCWs and Champions) and their clients to engage with during sessions. Champions reflected on the tools, emphasising that they found the Talk Tool useful in engaging children, in providing entertaining and visually-appealing content, and in helping to retain client's concentration:

> *"The Talk Tool is a colourful storybook – mostly about a grandfather and a boy named Sbusiso. For younger kids, we used the KidzAlive tool; for older ones (10+), we used the main Talk Tool. The illustrations helped children stay focused and understand better" (M4FC1)*
>
> *"The tool helped kids identify their emotions, taught them about private vs public information, and helped caregivers understand boundaries. It also made it easier to engage children who were initially angry or withdrawn" (M4FC4)*
>
> *"YouThrive is more of an educational tool, visual understanding, it is easy for someone who doesn't have information to understand, it is for young mothers, it is easy for adolescents. It is also not time consuming, as you know teenagers do not have time… so with the YouThrive tool it is easy to understand and not time consuming, they are able to concentrate. The sessions are not designed to be long and boring, they are entertaining; [participants] also get an opportunity to ask questions and participate, whether it is a group session or conducting one-on-one" (KMC2)*

To cover the different life stages of YouThrive clients and as part of providing differentiated care, topics covered during training ranged from early childhood to family planning, and included content

[15] Zoe-Life YouThrive training reports and attendance data (August and October 2024).

on sexual and reproductive health, communicable diseases such as HIV and TB, and gender and sexual identity. Champions reported gaining knowledge across a range of topics:

> *"The training was good – we learned a lot, from early childhood to teen pregnancy, family planning, and body awareness" (M4FC3)*
>
> *"We also learned about HIV and AIDS, how it's transmitted beyond just sex, the importance of breastfeeding, TB, how to behave if you have TB, and how to avoid spreading it (like opening windows)" (M4FC2)*
>
> *"We also learned about LGBTQI+ issues – which helped us educate parents on acceptance and support, especially in cases where children were being bullied or misunderstood for their identity" (M4FC4)*

With regards to improving facilitators' skills and confidence to deliver HIV-related services, feedback suggests that Champions would like to continue to improve their skills, particularly around HIV testing, and that they would be interested in participating in additional training on counselling. For one respondent, training related to managing clients' emotional and psychosocial support was noted, suggesting that they felt underprepared for that aspect of their role:

> *"We'd like to add future training on counselling and self-testing for HIV. It would help if we could test people ourselves rather than relying on others" (M4FC1)*
>
> *"The book is easy to understand, the training was easy, but the emotional support is where there could be improvement. Sometimes there are situations which are touching your soul, you need to be emotionally prepared for that, you need to make sure that you don't cry with the client, you need to be emotionally strong to handle the cases that we see. We need improvement with emotional support. We need to be emotionally prepared for the situations we might encounter during probing with clients; we need to be empowered in providing support" (KMC2)*

With regards to mentorship component, the YouThrive team reports that all 5 implementing Champions completed their mentorship before the end of the pilot project (see 'Programme implementation'). Mentorship is a key component of the YouThrive / KidzAlive model, and is intended to support facilitators in working through practical cases in order to improve their approach, and confidence in HIV service provision. Delays in completion of mentorship has been attributed to a lack of time and capacity constraints within the programme team, particularly on the part of the Technical Advisor, who was responsible for mentees, and was required to complete practical mentorship while balancing other responsibilities, such as introducing stakeholders to the project. This suggests that the team lacked sufficient time and capacity to deliver all activities within the timeframe.

Feedback from the YouThrive programme team suggests that Champions were implementing the programme satisfactorily, despite not having all completed their mentorship. The evaluators note that in both of the partner organizations, facilitators (Champions) have experience in peer facilitation through their home organizations. This may be a factor contributing to successful implementation

despite not fully implementing planned activities, and could be looked at in greater detail by the YouThrive team[16].

4.4.2.2. Improved decision-making, disclosure, and adherence support

The purpose of creating a supportive environment for HIV-related healthcare service provision is to improve client's decision-making and participation in their own healthcare, improving their mental health through disclosure support, increasing their resilience and self-efficacy in terms of treatment adherence. In achieving the above, YouThrive targets children, adolescents, and their caregivers. Various support components are therefore provided through the programme, with emphasis on disclosure and adherence support. This support is provided to clients and caregivers one-on-one, and in a group-based setting.

General uptake of YouThrive services

From a testing, identification, and attendance perspective, the team reflected that attendance and willingness of community members to participate and general uptake of the YouThrive services suggests that the programme has potential:

> *"When we're running our testing campaigns, when the word goes out, the number of people that actually show up for those testing outreaches and actually consent and to be tested... it also showed that people are believing in the programme…I think some of the feedback that we've been getting… from our beneficiaries as well, just to say they are enjoying the sessions, the information is easy to digest…. I'll say it stood out for us because it takes time to actually recruit and have a cohort, and where you can actually deliver these sessions… even if it's one-on-one… the numbers tell us that the programme [has] potential" (Programme team 2)*

Another team member reflected on attendance at support groups, and requests from schools for outreach activities, indicating a demand for the programme:

> *"With the support groups that we had… we did not lose even one participant from our groups, so that shows that they were enjoying the curriculum, and it was easy for them to engage with us, and also with the relationship that we've built with the schools, because sometimes we also approach the schools to do school talks sometimes, and also invite them to our outreach. The schools keep on calling us to come back… So I think that shows that maybe there is some impact that we've done… to the beneficiaries and also with the NGOs that we've been working with" (Programme team 3)*

[16] The number of facilitators/Champions attached to YouThrive is small, however, with a background in peer facilitation, this suggests that in future, individuals with similar backgrounds may only require reduced mentorship support or intervention by the Zoe-Life team / technical advisors in order to implement successfully.

Disclosure support

The aim of providing disclosure support is to improve clients' understanding and acceptance of their HIV status, and empowering them to participate in and make informed healthcare decisions. For caregivers, the programme aims to empower them with an appropriate set of knowledge and skills to provide disclosure and adherence support to their children, and to reduce instances of stigma in the home. Caregivers reflected that the programme and Champions supported them in approaching and managing disclosure processes with their children:

> *"[YouThrive] supported me by helping me to disclose to my child that he has HIV/AIDS" (CG1)*
>
> *"[My grandchild] now knows that since she's taking medication it's not because she is sick, a mistake happened, and she got infected from her mom when she was giving birth to her" (CG2)*
>
> *"My boy child takes [ARV] medication, he knows what this medication is for. As his mother, I was failing to tell him what's it for, I didn't know how to tell him… and now he knows that he has to take this ARV tablet for the rest of his life" (M4FCG1)*
>
> *"I was not taking my ARVs consistently and my child also, but now my child is taking them consistently. She is the one who reminds me every day at 20:00 that she needs to take her medication. If it happens that I am not there… she tells her grandmother that she needs to take her medication… I am also at ease that she understands the importance of taking her medication. It is not easy to tell a child that they are taking ARVs, because I initially told her that she is taking asthma medication because I am asthmatic… it was easy for me because she also saw me taking this medication. Now she knows that she is HIV positive and she is taking ARVs" (M4FCG4)*
>
> *"During Easter, they came to me and encouraged disclosure. I eventually formally disclosed to my child that they have HIV. I told them if they don't take pills, their immune system will weaken. Their support helped me through it" (LCG3)*
>
> *"There was improvement, there is this caregiver who was scared to disclose to the child, it was a 14-year-old who was taking medication but did not understand why she was taking medication. The caregiver was not ready to disclose this to her child, but we went on this journey with her until she was ready to disclose. The support group really helped a lot in disclosing" (KMC2)*
>
> *"When we started [the sessions] most of [the adolescents] had gotten partial disclosure, so when we finished, most of them were fully disclosed [to]. They continued to come to support groups even after they knew that they were HIV positive" (KMC1)*

Adherence support

Alongside disclosure, YouThrive provides adolescents, including young moms, and caregivers, with adherence support. The intention is for clients to adhere to their treatments, leading to reduced viral loads / increased viral load suppression, and ultimately, improved long-term health outcomes.

Champions and caregivers reflected on this, particularly on the changes they experienced in their clients' behaviours, and in themselves since attending YouThrive sessions. Champions noted that when they started sessions with adolescents, many of them had not been fully disclosed to. The Champions worked with their clients through the disclosure process, and reported that by the end of the programme, all clients were fully disclosed to and empowered to understand their HIV status, and to take an active role in their own health. In some cases this led to reductions in viral load / increased viral load suppression:

> *"When we started [the sessions] most of [the adolescents] had gotten partial disclosure, so when we finished, most of them were fully disclosed [to]. They continued to come to support groups even after they knew that they were HIV positive" (KMC1)*

> *"I think it is more informational giving, it gives a sense of empowerment, some of the teenagers actually most of them did not know what medication they were taking, but through support and education they ended up knowing what medication they were taking. By the time the project was finished, they got full disclosure that they were taking medication for HIV, by that time of full disclosure they were empowered about HIV, and they knew the repercussions of not taking medication and those who were struggling with taking medication, there was improvement" (KMC 1)*

> *"The children we worked with attended well and had good relationships with facilities…. [attendance improved] and remained stable" (M4FC2)*

> *"There was improvement - there was a client who had a huge viral load. After attending the support groups she understood that she had to adhere to her medication. Her mother came to me and thanked me for the support groups because her viral load went down, and she was adhering to… her medication" (KMC 1)*

> *"I am lazy to go to the clinic, I don't like going to the clinic, I don't even take the child for immunization but since I started the support group I go to the clinic to take my medication and even take my children for immunization" (M4FCG2)*

> *"When it comes to medication, I completely defaulted. I even had TB before I started this program but since I started, I am fine, I fetch my medication so as my child's, we both take it" (M4FCG4)*

> *"Before joining the group, my child was often unwell. She would pretend to take pills, and I'd believe her—until I saw physical symptoms. She'd develop sores, lose weight, etc. But since joining the group, she's healthier, and the sores are gone" (LCG1)*

> *"I enrolled my child because I realized I was failing to give her complete information. I thought, okay, at least in the support group she'll be taught how to take treatment, how to behave, how to take care of herself, who to associate with, what to eat while on treatment, and not to skip medication. I was happy to bring her there" (LCG1)*

> *"I think with those… young moms who were [HIV] positive, the stigma did fall [away] after our services; they were confident to make sure that they do not transmit the disease to their young ones. They learned to live with HIV" (KMC2)*

Young mothers report changes in their adherence and management of their health since attending the YouThrive programme. Changes include improved adherence, attending regular clinic visits (for themselves and their children). This suggests an improvement in knowledge about their HIV status, and self-efficacy:

> *"I now take my pills properly. I have a child to live for and keep healthy. I want her to grow up healthy like other kids, even though taking pills daily isn't easy… I now ensure I take my pills and protect myself and my baby. I used to skip them sometimes" (YM4)*

> *"I used to not like clinics. I'd only go when pushed by my mom. But now I'm alert—even to small signs in my baby—and I'll go to the clinic even if I'm lazy" (YM3)*

> *"I used to not take [my pills] properly. Now I do, for my baby's health" (YM5)*

Alongside improved adherence, young mothers report other changes to their health-related behaviours, including making healthier lifestyle choices:

> *"I take better care of myself now and pay attention to things [the programme] taught me… I eat healthier, check for diseases every 3 months that could affect my baby, and I take care of myself in genera… I changed my diet—my baby is still in my womb, so I eat healthy, take walks, and drink more water so the baby can grow well." (YM1)*

> *"I've changed. I cut down on junk food after we were taught that fats contribute to TB and if you're living with HIV, you can easily get TB" (YM3)*

> *"I've realized that being a mom is different. I've grown up. I used to not care about my health, but now I must look after my health and my baby" (YM5)*

Some participants alluded to positive changes to their mental health and wellbeing:

> *"I've noticed big changes. I used to panic a lot about being a mom—I wasn't ready. But the program taught me what steps to take moving forward. I'm more aware of little things, and it boosted my confidence" (YM2)*

> *"The program really helped us learn about diseases, pregnancy, and how the mind works. It helped us stay grounded" (YM1)*

Achieving full disclosure and ensuring adherence is also closely bound up with caregiver (and family) support. Champions recognise this as a challenge, and their feedback suggests that there have been greater and lesser successes in engaging caregivers during the pilot:

> *"Some caregivers would come, some would not come, some would debate. Some would send an older sibling instead of them coming to the sessions" (KMC1)*

> *"I had a case [with] a child; the parent was ignorant. We did a home visit with a social worker, but still there was no change… The mother does go and collect the medication, but when we look and the viral load, it doesn't seem as if the child is taking her medication. I asked one of the family members to assist" (KMC2)*

However, it was recognised that disclosure and adherence are the result of a process (of counselling and support), and that depends on the caregiver's willingness to disclose:

> *"There is this caregiver who was scared to disclose to the child, it was a 14-year-old who was taking medication but did not understand why she was taking medication. The caregiver was not ready to disclose this to her child, but we went on this journey with her until she was ready to disclose. The support group really helped a lot in disclosing" (KMC2)*

> *"It's a process, you cannot force the process, you need to make sure that the caregiver is ready, you need to provide counselling to the caregiver before the disclosure" (KMC1)*

Other changes reported:

On diet and health at home:

> *"[My child] is being taught in how to eat healthy, even our diet has changed at home. We eat beetroot and we boil our food" (CG1)*

On improved sexual and reproductive health knowledge:

> *"[My grandchild] can ask me questions that she has never asked before joining the support group, questions like, 'Gogo, when I start menstruating, what should I do'?" (CG2)*

> *"We had to educate grandmothers (often caregivers) who didn't know what was going on. Mothers would be working, so we would share information with the grannies. We also helped children understand their bodies and terminology. For example, correcting the use of slang like 'cake' or 'cookie' for genitalia to ensure clarity in abuse cases" (M4FC2)*

> *"YouThrive helped kids understand their growth and body stages. Normally, Black children aren't taught about developmental stages. They just get told 'don't play with boys'. YouThrive helped them understand where they are developmentally, and what to expect" (M4FC1)*

On gender and sexual identity:

> *"There was a case where a mother's child was being bullied at school for being gay. We were able to link the mother to someone from the LGBTQI+ community who helped her understand and support her child better" (M4FC1)*

> *"I have a boy child and a small baby. I came with my boy child, and it was complicated regarding his gender, so I brought him here. I see change, because he now understands the type of gender he identifies with, since he was bullied at school regarding the gender he identifies with. Also, as a parent, I was not supportive in terms of the way he dresses etc. Since we started attending the YouThrive programme, he is fine now and even at school he concentrates" (M4FCG6)*

On caregiver support and relationships/ connections with their child(ren):

> *"[With regards to changes observed in participants and their families], especially among caregivers who didn't know how to connect with their children - the support groups helped build that connection" (M4FC3)*

> *"We supported the caregivers in disclosing the child's status – not just leaving it to someone random who doesn't understand" (M4FC3)*

"This programme helped us to pay more attention to our children, and that even if you are a sex worker, you need to be proud of child and love them regardless. I am one of them; I became close with my older child and also the young one" (M4FCG6)

"I can see change, because when I speak to [my son], I can see that he is respectful, he was disrespectful. He even asks me if I have taken my medication" (M4FCG5)

4.4.2.3. Enhanced supportive and destigmatised community for the underserved populations

From an outcomes perspective, the YouThrive Together pilot sought to contribute to improved multisector coordination for health services, and to a supportive and destigmatised community for underserved populations. This would be done through engaging in advocacy activities, concluding MOUs with local facilities, and through community and stakeholder engagements.

During the period under review, the pilot programme ran for 11 months, including content development. During this period, the YouThrive team successfully concluded implementation agreements with their chosen partner organizations (LURC, and M4F), and an MOU with the eThekwini District Department of Health to allow the team to operate at selected public healthcare facilities. Feedback from Champions suggests that they also engaged in advocacy activities, such as presenting at local schools. Collaboration with other entities such as TB-HIV Care for index testing, and case referrals to the Department of Social Development suggest a positive interaction.

Given the relatively short timeframe for the pilot, and that public sector cooperation occurs at a much slower pace than in the private and NPO sector, acknowledgement of the YouThrive programme and Zoe-Life team by the DoH is positive, and could, in the longer term, potentially contribute to improved multisector coordination.

5. FINDINGS

Drawing on Section 5, this section presents the evaluation findings, aligned to the evaluation questions.

5.1. Relevance

Evaluation questions
Programme design
• How does the programme's logic translate into its activities?
• Do these activities connect/relate to the programme's outcomes?

Evaluation questions
• What are the assumptions about partnering organisations, key implementers, beneficiaries and their contexts that affect the programme's design? • How has YouThrive model been received and experienced by role-players? • To what extent were the programme content and activities accessible and relevant to the beneficiaries? • To what extent does the Programme adequately address the beneficiaries' needs and expectations?

The YouThrive Together programme is closely modelled on Zoe-Life's KidzAlive model. YouThrive is an extension of KidzAlive, in that it aims to reach adolescents (aged 10-14 years), and young mothers (up to age 24), as well as their caregivers, and to provide these target populations with differentiated, contextually relevant case-finding, HIV testing, treatment, and disclosure and adherence support. In extending services to adolescents, YouThrive recognises and seeks to bridge the gap in HIV service provision, where adolescents are shifted from paediatric HIV care where they receive additional support, to adult care where they are largely responsible for their own healthcare decisions.

Recognising that children's HIV- and other healthcare related needs shift during adolescence, a range of content is included in the programme, such as sexual and reproductive health, pregnancy, breastfeeding, GBV, and abuse. Other topics include grief, child development, and maternal health, each of which addresses emerging and intersecting needs of adolescents and young adults.

Feedback from the programme team, Champions, and participants suggests that the content was well-received, and in particular, the design of the YouThrive Job Aid and Talk Tool contributed to participant engagement. The resources were deemed to be easy to use, and accessible to a range of audiences. From an activities perspective, YouThrive teams community conducted outreach activities, including testing, and offered a mixture of individual and group-based sessions to YouThrive participants, both within facilities and at partner organizations.

Assumptions about the pilot project operating context and underserved populations were challenged during the pilot. This includes assumptions about the prevalence of HIV amongst adolescent children (aged 10-14) of HIV positive sex workers, and about the identification, ability to reach, and provide services to young mothers (under 24 years).

Through index testing, the YouThrive team identified and subsequently enrolled very few HIV positive adolescent children of sex workers into the YouThrive programme. This changed the team's understanding of the children of sex workers (in Durban City Central) as an underserved population in

terms of HIV case-finding, testing and treatment, however, many of the children presented with other needs, such as for support in obtaining documents (e.g., birth certificates), and psychosocial support in general. Without being HIV positive, the adolescents were not eligible for the YouThrive programme, challenging assumptions about the kind and types of support needed, and the anchoring of that support to a positive HIV diagnosis.

Assumptions about young mothers about them being a hard-to-reach population, and struggling disproportionately with their pregnancies and child-rearing responsibilities were challenged. Young mothers in KwaMashu were attending clinic visits regularly, and the team reached over 800 young mothers during the pilot period with little challenge, and while each individual case is different, the team reports that young mothers were communicating with and supporting their peers to a great extent.

Feedback from the programme team, Champions, and caregivers suggests that the programme was well-received, and that it addresses a number of needs of the target populations, particularly around increasing knowledge, adherence, and disclosure support. The programme team report that attendance at group and individual support sessions, and retention of clients was good. This suggests that the programme was relevant to the needs of participants.

5.2. Effectiveness

Evaluation questions
Programme delivery and achievement towards results • How has the intervention been implemented in terms of its delivery? • To what degree have the programme's expected results been achieved? • Have there been any unintended results?
Partnerships • Have the implementing partners done what they undertook to do? • Have they done it well? i.e. an appraisal of the quality of project implementation • To what extent were implementing partners capacitated to deliver on their key responsibilities? • To what extent did implementing partners communicate and report effectively amongst each other?

With regards to effectiveness of the pilot, implementation took place over an 11-month period between April 2024 and May 2025.

Planned activities were reported to have proceeded largely according to plan, including the content development and materials design process, the recruitment and training of YouThrive Champions,

partnerships with selected NGOs, and the rollout of testing and support services at each of the partner organizations, and selected public healthcare facilities. A delay in the process of formally concluding an MOU with the eThekwini District Department of Health was reported, however, this was not reported to have affected implementation.

The time frame for the pilot was short, placing some strain on the team's capacity, particularly the Technical Advisor who had to juggle competing priorities. This resulted in a delay in fully completing mentorship activities with Champions before the end of the pilot timeframe, owing to competing responsibilities around programme socialisation and outreach. That said, the programme team report that they were satisfied with implementation. Champions were reportedly equipped both in terms of knowledge and resources to carry out their roles, and familiar with and exposed to peer-facilitation through their home organizations; potentially reducing the need for intensive mentorship.

From a partnership perspective, feedback suggests that Lubanzi Ulwazi Resource Centre and Mothers For The Future worked well with the Zoe-Life team, and that activities (and therefore responsibilities) were carried out as expected.

Regarding programme results, from an activities and outcomes perspective, data supplied by the Zoe-Life YouThrive team indicates that the majority of the targets for the pilot project were either 'Achieved' or 'Exceeded'. Case finding, testing and linkage to care targets were exceeded for all target groups. Adherence support for teens and for children of commercial sex workers was 'Mostly achieved', indicators related to providing disclosure support to Youth (10-14 years) and to children (<15 years) of commercial sex workers were 'Partially achieved', and one target was 'Not achieved' where the children in question were too young to receive disclosure support.

The YouThrive pilot project aimed to bridge service gaps and foster a supportive, inclusive healthcare environment for children living with HIV and their caregivers. Evidence from the implementation period indicates progress towards key outcomes through a combination of training, mentorship, outreach, and service delivery. Based on feedback from the programme team, Champions, and participants, there is evidence of early achievement of (short-term) outcomes as follows:

- Feedback indicates that Champions played a central role in creating a welcoming and non-threatening environment, especially for young mothers in clinic settings. Their positive engagement style contributed to improved trust and interaction with healthcare workers. Community response to outreach and advocacy was strong, with clients initiating contact with Champions, and schools requesting additional sessions. This suggests that the programme successfully established a connection within the target communities.

- 12 participants, including staff from health facilities and partner organisations, received training in HIV Testing Services, disclosure, and adherence strategies. Feedback from Champions indicates that the training was informative, and that tools like the YouThrive Talk Tool were practical and engaging. However, mentorship completion was delayed (but completed before the end of the pilot) due to time and capacity constraints within the team, particularly for the Technical Advisor in manging competing responsibilities.
- There are early indications of community interest and participation in the programme. Champions noted positive engagement in support groups, during community testing, and health education sessions. Requests for school outreach further suggest demand for YouThrive services.
- Caregivers and Champions reported that the programme played a valuable role in supporting child-focused disclosure processes. Many children enrolled in the programme were initially unaware of their HIV status. By the end of the programme, all participating adolescents had been fully disclosed to, with improved understanding of their condition and health responsibilities. In some instances, this was associated with improved clinical outcomes such as reduced viral load.
- Young mothers described improvements in their treatment adherence, clinic attendance, and overall health management for themselves and their children. Reported changes included healthier lifestyle choices and greater self-efficacy. Some participants also noted positive shifts in their mental health and wellbeing.
- The programme strengthened collaboration between local organisations and public health authorities, including signed agreements with implementation partners and an MOU with the eThekwini Department of Health. Engagement with schools, referrals to the Department of Social Development, and coordination with TB-HIV Care reflect multisector support. Despite the short timeframe, willingness to formally cooperate with the YouThrive pilot by the Department of Health indicates potential for future cooperation.

5.3. Efficiency

Evaluation questions
Resource allocation • Are resources allocated to the programme adequate? • What factors facilitated or hampered delivery?

With regards to efficiency with a specific focus on resource allocation, feedback from the programme team suggests that the duration of the pilot was too short, and that future programmes should look to a minimum period of three years, to determine whether an intervention is effective. Limited human

resources (in the form of a single Technical Advisor) with competing responsibilities and a team of 7 Champions resulted in mentorship activities not being fully completed. The effect of this on the quality of programme implementation is not clear.

Assumptions about how to reach certain target populations, specifically the children of sex workers, and the capacity of partner organisations to provide testing for infants, babies, and young children reduced efficiencies.

In the first instance, it was found that the children of sex workers do not necessarily live with their mothers, and that they might live a long distance (up to 100km) from the sex worker's place of work. This presented challenges to the Zoe-Life YouThrive team in terms of reaching these children and providing YouThrive services. Different strategies were applied, which were costly and time consuming, in terms of travel and / or provision of transport and food to participants. The challenge of providing ongoing group support to these children outside of the pilot geographic area is also a challenge.

Secondly, with infants, babies, and young children requiring a different approach to HIV testing, the partner organization selected to support YouThrive outreach activities was not equipped or confident to provide that service, reducing effectiveness of planned outreach sessions. As recommended by the YouThrive programme team and Champions, efficiencies could be improved if the facilitators are trained and equipped to carry out this kind of testing themselves.

Other factors that affected implementation include the team's inability to access certain locations for a period of time, owing to gang-related violence. While not reportedly affecting implementation, the evaluators note that sufficient time for concluding MOUs, particularly with government departments, and for developing programme content and materials should be factored into future programme cycles, to reduce pressure on programme teams and to ensure sufficient time for implementation.

6. RECOMMENDATIONS

The recommendations in this section are divided into two components. Recommendations made by programme team members and participants are noted first, followed by the evaluation team's recommendation.

Theme	Recommendation	Source
Programme expansion	Young mothers and ex-sex workers should be included in the development of future programme content, and selected, trained, and employed as peer Champions in their own communities, in future rollouts in order to better reach and engage with the target populations.	Programme team
	In terms of reach, the team could consider less traditional spaces in which to reach target populations, such as young mothers. This could include presenting short knowledge sessions on relevant topics such as breastfeeding, at baby showers for example. For adolescents, current spaces that the YouThrive team currently do reach include 'closed communities' such as orphanages, halfway houses, rehabilitation spaces, and people living with disabilities.	Programme team
	Expand on and further develop the module on child development and early stimulation. This could be offered to a range of participants, including young mothers, caregivers, and grandparents.	Programme team
Expanded geographic reach	In order to reach distant populations of sex workers and their children, budget could be allocated to provide for (or subsidise) transport to outreach events, or the programme could consider expanding beyond the eThekwini pilot area.	Programme team
Training and mentorship	Expand available training to include content related to counselling and supporting clients' psychosocial needs, and incorporate training on HIV testing so that facilitators are equipped to perform this role.	Champions

7. Annexure

7.1. Documents reviewed

The following documents and sources were consulted as part of this review:

Document Name		Type
1	Annex 1. Application Form - YouThrive Together - Final - Partners	Proposal
2	Workplan Template _ Zoe Life_Reaching and Supporting Children who are Underserved - Final	Workplan
3	KidzAlive@home Underserved Pilot - YOUThrive Together	TOC
4	YouThrive Together TOC	TOC (revised)
5	Zoe-Life YouThrive M&E framework	M&E Framework
6	YouThrive training attendance data (August 2024)	Monitoring data
7	YouThrive training attendance data (October 2024)	Monitoring data
8	YouThrive Training Summary Report (August 2024)	Report
9	YouThrive Training Summary Report (October 2024)	Report

7.2. Kids to Care Model – alignment and strategic approach

Objectives		Adolescents (10-14 years)	Children of Sex Workers	Young Mothers
Find	The project aimed to identify young mothers of CLHIV (including pregnant and lactating mothers), adolescents under 14 years and children of sex workers. This was done through community outreach, dialogues, health education at healthcare facilities and with commercial sex workers by YouThrive Champions, already trusted in their communities.	Identified using available data from public healthcare facilities (in target areas). Adolescents were identified who were tested positive for HIV and were receiving treatment at participating facilities. Other adolescents were reached through sensitisation sessions at schools and invited planned outreach sessions.	Identified through reaching and indexing female sex workers and requesting that those sex workers consent to their children (all ages) being tested.	Identified at public healthcare facilities.
Test	YouThrive champions referred children, pregnant and lactating mothers to trained and mentored facility healthcare workers for HTS. Utilizing KidzAlive and adapted YouThrive job aids, HIV testing is conducted in a supportive, stigma-free environment, using visually appealing, age-appropriate content to engage beneficiaries.	Depending on where they were reached, adolescents were tested at outreach sessions and at clinics with the consent of their parents or caregivers.	Children were tested at outreach sessions, during home visits, and at healthcare facilities, depending on how they were reached.	Young mother were tested at public healthcare facilities and clinics.
Treat	Individuals who tested positive were to be initiated on ART immediately, and prepared for the disclosure process. A tailored disclosure and adherence plan would be developed with the primary caregiver or young mother to ensure a smooth transition into care.	Relatively few HIV-positive adolescents were identified through testing. Those who were positive were enrolled in the YouThrive programme.	Few children of sex workers were found to be HIV positive. Positive children were enrolled in the YouThrive or KidzAlive programme (depending on age and requirements).	Young mothers aged between 10-24 received HIV treatment support through the YouThrive programme, while their children (if HIV positive) were enrolled in the KidzAlive programme.

Objectives		Adolescents (10-14 years)	Children of Sex Workers	Young Mothers
Stay	YouThrive champions would conduct household visits to support retention in care for children, pregnant women and lactating mothers. These visits help identify early warning signs of treatment barriers. Age-appropriate support groups are established, offering peer support, fostering a community of care and support. This support extends to sex workers and their children, offering tailored care plans that address their medical and psychosocial needs.		Adolescents and children found to be HIV positive were enrolled in the KidzAlive and YouThrive programmes, depending on age and need. Through the programmes were provided with counselling, treatment, and adherence support. They were enrolled into regular support sessions where this was feasible (taking into account travel distance and access to transport for adolescents, and for caregivers and their children).	