



STEERING adolescents and young people on the path to good health in Lesotho



Navigating the health care system and other social services can be challenging for anyone, but particularly for adolescents and young people (AYP) concerned about HIV, sexual and reproductive health and rights (SRHR) and personal safety. It can be even more overwhelming when you're an AYP lacking information about where or how to access services.

Nearly one-third of Lesotho's population is between the age of 10 and 24. Every week, 28 adolescent girls (aged 10-19) and 7 adolescent boys are newly infected with HIV. Nineteen per cent of women have had a live birth by the age of 18.¹ Sexual and gender-based violence (SGBV) presents another concern; 24 per cent of women aged 15-59 have experienced sexual violence.²

The Government of Lesotho, UNICEF, PACT and the Global Fund Against AIDS, Tuberculosis and Malaria recognize that the HIV epidemic will continue unless AYP are prioritized, especially adolescent girls and young women, and policies and programmes guarantee access to services. As a result, the Global Fund and UNICEF supported the Government of Lesotho to develop a referrals system framework that guides AYP to appropriate care. Working across sectors within UNICEF, including HIV, health, education, child and social

protection, the UNICEF team and its partner, the Clinton Health Access Initiative, mapped how, when and where adolescents access multiple services.

Referral pathway: Policies and procedures to ensure adolescents and young people are assessed and linked to appropriate services and resources

Understanding adolescents needs

What do adolescents need when accessing HIV, SRHR and SGBV services? Where should services start? Is there collaboration and communication between sectors? Are there standardized procedures for referrals and linkages? Are service providers aware of referral options? Who is responsible and accountable for continuity of care? What needs to change for adolescents to receive timely and comprehensive services?

These were just some of the questions the team asked when reviewing the guidelines and standard operating procedures of eight government ministries and interviewing policymakers at national and district level, health facility staff, community

¹ Lesotho Demographic and Health Survey, 2015

² GenderLinks (2014) The Gender-based Violence Indicators Study, Lesotho

leaders, school officials and adolescents and young people.

The consensus was clear; AYP should have services tailored to their needs and the current system has to change. Currently, referrals between sectors tend to be informal, with few standard protocols, shared data or tracking of patients. Adolescents and young people are woefully unaware of their rights and available services, even when those services are in their communities. Fear of stigma is an underlying barrier that becomes even greater when AYP need to have numerous points of contact with different service providers.

Survivors of SGBV face particular challenges as their care involves interaction with multiple entities, sometimes more than once. While each entity has an important role to play,

unclear roles and responsibilities and accountability adds to delays in AYP receiving timely services and contributes to the likelihood that they will not seek comprehensive support.

Building effective partnerships

After validating the mapping findings, UNICEF and partners gathered recommendations across sectors and, importantly, from AYP. The result is a national framework for referral pathways that prioritizes AYPs, builds on existing systems and emphasizes collaborative decision-making. The framework institutionalizes and simplifies referrals between the HIV, health, child protection, social protection and education sectors and strengthens linkages with non-governmental and community-based organizations for maximum impact.

SGBV Referrals: Chiefs, health facilities, police, social welfare, schools, youth and community groups, shelters

HIV/SRHR Referrals: Chiefs, health facilities, schools, youth and community groups, resource centers



- The referrals framework includes adolescent-friendly, adolescent-centered elements:
- AYP have information and support to make decisions about their care.
 - Services organized around adolescents' unique needs and social environment, including families, youth groups, schools and communities.
 - Comprehensive services that address AYP's physical, mental and social well-being.
 - Service providers working as a multi-disciplinary team, providing and coordinating a continuum of services.
 - Standardized procedures for bi-directional referrals with user-friendly tools.
 - Community groups have a key role in linking AYP to services.



- Management information systems that track and support referrals.

Implementation of the referrals framework is monitored through multi-sector coordination, led by the Ministry of Health. Improved efficiencies in service delivery for AYP and strengthened community-facility linkages and accountability is expected. The framework is catalyzing increased access to SRH services, contributing to maximizing Global Fund investments in the realization of SRH rights for AYP, especially adolescent girls and young women.

Adolescents and young people have the right to know where, when and how to access a range of social services and to have those services delivered in ways that meet their needs. With a new referrals framework, Lesotho is on the right track to improving how AYP access appropriate services and ensuring those services contribute to healthier lives.

