



# YOU(TH) CARE STORIES

**Four Years of Commitment to Courage,  
Care & Change**



Since its inception in 2022, the **You(th) Care project**, supported by Aidsfonds and implemented in Kenya, Tanzania, and Zambia, has worked to ensure that vulnerable adolescents and young people experience a more supportive policy and community environment and a strengthened health system that embraces self-care. Through this approach, young people have been empowered to take charge of their sexual and reproductive health and rights (SRHR), access family planning, and raise awareness about HIV, including prevention, treatment and care.

Over the past four years, the project has mobilised youth networks, health workers, community leaders, and policymakers to co-create and implement youth-driven self-care interventions tailored to the needs and realities of young people. As the project approaches its completion phase, this moment offers a vital opportunity to document the transformative experiences of its stakeholders, young people, health providers, partners, and policymakers, through authentic, human-centred storytelling.

***You(th) Care Stories: Four Years of Commitment to Courage, Care & Change*** brings together these narratives, highlighting powerful stories of growth, resilience, and impact from communities touched by the You(th) Care Project. Through these voices, the publication amplifies the lived experiences that shaped the project's success, showcases promising practices, and celebrates the strides made toward integrating self-care into SRHR and HIV programming.

## Letting Go of the Fear: Bhoke's Journey to Living Positively (NYP+ Tanzania)



At 24 years old, Bhoke Mathiko (not her real name) has experienced profound loss, trauma, and moments of deep uncertainty, as well as remarkable resilience. She grew up in Magoto Village, located in Tarime Rural, Mara Region. Bhoke lost both of her parents at a young age and moved in with her aunt. As a teenager, she survived sexual assault, but the injustice was handled quietly by those close to her and was never reported.

Hoping to rebuild her life, Bhoke moved to Kenya in search of work. She entered a relationship and acquired HIV through her current partner at the time. In 2021, her health began to deteriorate, and she was diagnosed with tuberculosis (TB). Although treatment helped her regain strength, she fell ill again a year later. This time, she learned she was living with HIV.

Fear, denial, and stigma weighed heavily on her, and she initially refused antiretroviral therapy (ART). ***“I felt like accepting my status meant accepting defeat,”*** she recalls. In 2022, a You(th) Care peer educator reached out and connected her with a community health worker who offered consistent counselling and follow-up. Through

their patience and compassion, Bhoke slowly found the courage to begin treatment, regain her health, and achieve viral suppression.

But the journey was far from linear. After entering a new relationship, her HIV status was disclosed without her consent, triggering violence and emotional distress. Feeling unsafe and overwhelmed, Bhoke temporarily stopped taking her medication. During a school sensitisation session, a You(th) Care peer educator recognised her and offered a safe space to talk. It was a turning point: **“Accepting my status gave me back my strength,”** she says—words she now carries as a reminder of her resilience.

With renewed confidence, Bhoke restarted treatment, regained adherence, and restored her health. She later joined an economic empowerment group for young people, where she continues to rebuild her life and support others facing similar challenges.

Bhoke’s story demonstrates the transformative power of empathy, peer-led counselling, and community-driven self-care interventions. Her journey, from denial to self-acceptance and from stigma to strength, shows how youth support systems can help young people living with HIV reclaim not only their health, but also their hope, dignity, and future.

**“Now I live positively and help others see that HIV is not the end, but a new beginning.”**

## From Hidden Pain to Peer Power: Marwa's Story of Resilience (CDF Tanzania)



For most of his childhood, 22-year-old Marwa Joseph carried a reality he did not yet understand. Growing up with his grandmother in Nyamwaga Village, he was the fifth child in his family, and the only one born with HIV. Every day, he took medication without knowing why. His grandmother, hoping to protect him from stigma and fear, told him the pills were for treating boils.

By the time he reached Form Three at age 15, Marwa began questioning why he alone had to take medicine every day. The explanations no longer felt truthful. Confused and frustrated, he started skipping his medication, an act that soon led to serious health complications. His grandmother, increasingly concerned, took him to the hospital, where counselling sessions eventually revealed the truth about his HIV status.

Learning the truth left Marwa devastated. ***“I once thought my life was over when I learned about my HIV status,”*** he says, recalling how fear and self-stigma overwhelmed him. He lost hope, dropped out of school, withdrew from friends, and stopped treatment altogether. His health declined, and he struggled to imagine a future for himself.

Everything began to change when the You(th) Care project, implemented by the Children's Dignity Forum (CDF) in Tarime District, identified Marwa through the local Care and Treatment Clinic at Nyamwaga Health Facility. Recognising his potential, the CTC in charge recruited him as a peer educator. It marked the beginning of a profound transformation.

***“Through the You(th) Care Project, I met people who showed me that I can live positively, help others, and still achieve my dreams.”*** Those connections began when Marwa received training in peer education, treatment literacy, and life skills. For the first time, he met other adolescents and young people living with HIV who understood what he was going through. Their shared experiences helped him feel truly seen, and the support he found in these peer spaces began to rebuild what stigma had taken away: his confidence, his hope, and his belief in a future worth pursuing.

As he grew in his role, Marwa transformed from a withdrawn young man into a confident and responsible peer educator. He regained treatment adherence, began taking his medication consistently, and rediscovered a sense of purpose. Even when faced with personal challenges, such as rejection from his uncle when he sought support for marriage, Marwa found strength through continuous counselling and mentorship from CDF and his peer group. Their encouragement helped him stay grounded, resilient, and committed to his well-being.

Today, Marwa is a respected peer educator in his community. He supports other young people living with HIV to stay adherent, practice self-care, and navigate the emotional challenges of living with HIV. His health has improved significantly, and his leadership continues to uplift others. When empathy and self-stigma are replaced with self-worth, hidden pain can evolve into leadership, purpose, and hope.



## From Awareness to Agency: How Young People Are Transforming Health Through You(th) Care (Copper Rose Zambia)



Copper Rose Zambia (CRZ) is redefining what it means for young people to take charge of their health. Working closely with the Ministry of Health, CRZ has helped spark a new movement, one where adolescents and young people are not just learning about their wellbeing, but actively shaping how SRHR and HIV services are delivered in their communities.

Implemented across Lusaka and Copperbelt Provinces in ten communities and ten health facilities, the You(th) Care Project strengthened CRZ's health and well-being portfolio in meaningful ways. Through youth-friendly trainings on self-care and adolescent-responsive services, young people and healthcare providers gained practical skills that sparked a quiet revolution. Youth began stepping forward not just as participants, but as leaders, educators, and champions of healthier, more informed communities.

***“We’ve seen a real shift. Young people are no longer waiting for someone to talk to them about their health; they are initiating those conversations,”*** says Lessy Haziyu, the Kitwe District Adolescent Focal Point Person.

That shift is visible everywhere across the implementation sites. Young people who once hesitated to access SRHR and HIV services are now leading discussions on self-care, mental health, gender equality, and stigma reduction. Instead of viewing health facilities as intimidating spaces, adolescents are engaging more confidently with providers, asking questions, and supporting one another. This transformation has helped bridge gaps in trust that have existed for years, creating a culture where young people feel heard, valued, and respected.

Through digital campaigns, lively school activities, and interactive community outreach, CRZ reached more than 100,000 young people with information on self-care, HIV prevention, menstrual hygiene, and mental health. These engagements didn’t just raise awareness; they helped young people feel connected to reliable information, supported by caring adults, and empowered to make safe and healthy decisions. Caregivers and healthcare providers also reported feeling more connected to adolescents, better understanding their needs and concerns.

You(th) Care has introduced onsite peer education training, a cost-effective and impactful method that lowers training expenses while enhancing peer educator retention and performance. This innovative, locally rooted model has strengthened the foundation for sustainable youth-led self-care systems.

***“Our focus is on decentralising care and empowering every individual with the knowledge and tools necessary to effectively manage their well-being,”*** says Naomi Lubala, a Public Health Specialist and self-care advocate in Zambia.

Beyond individual skills-building, the project strengthened relationships between young people and policymakers. Through structured dialogues and participatory sessions, youth voices helped shape priorities and highlight barriers directly affecting their health and well-being. This engagement also enabled CRZ to provide technical support to government facilities, reinforcing the sustainability and future scalability of youth-centred self-care interventions across Zambia.

Today, Copper Rose Zambia stands out as a vibrant and trusted leader in adolescent health programming. It represents the heart of the You(th) Care vision: young people who are not waiting for change, but reimagining what it means to care for themselves, support their peers, and uplift their communities.

## Building Confidence, Strengthening Care: Supporting Health Providers to Improve Adolescent HIV Services (PATA – Zambia)



In Zambia, HIV service delivery has faced significant strain following US Government funding cuts, resulting in staff shortages, weakened integration of services, and reduced support for adolescents and young people living with HIV. These pressures were especially acute in Kitwe District in the Copperbelt Province, an area with one of the highest HIV burdens in the country, with more than 59,000 clients on ART and an HIV prevalence of 10% as of July 2025.

As health facilities struggled with high staff turnover and limited orientation for newly deployed providers, adolescent clients felt the impact most. Long waiting hours, inconsistent service delivery, and limited access to adolescent-friendly care became common experiences. These disruptions highlighted a critical truth: health systems must be equipped not only to treat HIV, but also to provide adolescents with continuity, dignity, and trust in their care.

Before Paediatric-Adolescent Treatment Africa's (PATA) involvement, many healthcare providers across Kitwe, Kalulushi, Chilanga, and Lusaka lacked the training needed to integrate HIV services effectively, especially for adolescents. Kitwe District ART Coordinator, Grace Banda, recalls the challenge clearly: ***“Before the on-site trainings and mentorship sessions, we saw pre-test scores averaging as low as 42%. Most new staff had never been oriented on adolescent-friendly HIV care or the updated HIV guidelines. It made it difficult to provide quality care or build trust with young clients.”***

Compounding this, the February–March 2025 funding cuts coincided with PATA's adolescent client satisfaction feedback sessions, meetings designed to open dialogue between adolescents and healthcare providers about service quality. During these sessions, adolescents expressed mixed feelings about their clinic experiences, citing frustration with long queues, unclear communication, and inconsistent treatment. Their voices underscored the need for a more consistent, supportive, and adolescent-responsive system.

To strengthen service delivery, PATA partnered with District Health Offices, introducing a model designed to build lasting capacity from within the health system rather than supplementing it temporarily from the outside. From June to September 2025, PATA delivered facility-based HIV integration orientations across three health facilities, reaching 30 healthcare providers. Equally important was the bi-weekly, hands-on mentorship that followed each session. Conducted alongside District Health Office teams, these mentorship visits allowed providers to practice new skills in real time while strengthening case management, documentation, and communication.



In just a few months, the change was visible. ***“After the training, I noticed healthcare providers engaging adolescents more confidently,”*** Grace shares. ***“Staff began applying screening tools correctly and offering integrated services in one visit. It reduced waiting times and improved the client experience.”***

Adolescents quickly began to feel the difference. ***“Now the nurses explain things better, and I don’t feel judged,”*** said an 18-year-old client at Luangwa Clinic.

Knowledge gaps diminished significantly, and healthcare providers demonstrated a stronger understanding of HIV testing algorithms, client-centred care, and linkage to treatment. Beyond clinical improvements, there was a deeper, more human impact: providers felt more empowered and connected to their role, and adolescents felt safer and better understood when seeking care.

Reflecting on the progress, Grace expresses pride in her team’s transformation: ***“Now we are confident. Our teams can manage HIV services, document accurately, and support clients better. The skills we gained will remain with us and continue to benefit our facilities and our community.”***

This story shows that when health systems invest in their providers through mentorship, collaboration, and adolescent-responsive approaches, they create environments where young people receive consistent, compassionate, and high-quality care. And when providers feel supported, adolescents feel seen.

## Holding the Line: Rebuilding Trust and Continuity for Adolescents After the PEPFAR Funding Shock (PATA, NAYA – Kenya)



Homa Bay County, one of Kenya's regions most affected by HIV, has long depended on external donor funding to sustain essential HIV services. For years, adolescents and young people benefited from youth-focused prevention, treatment, and support programs made possible through PEPFAR investments. And then came the You(th) Care Project, jointly implemented by Paediatric-Adolescent Treatment Africa (PATA) and the Network for Adolescents and Youth of Africa (NAYA), and supported by Aidsfonds. Working with seven public health facilities, the project strengthened adolescent-responsive services through peer support, community engagement, and health provider capacity building.

When the US Government abruptly issued Stop Work Orders, everything changed overnight. Implementing partners withdrew, leaving a vacuum that hit the health system, and **adolescents and young people felt it hard**. More than 80% of HIV service providers in the county had been supported through partner funding. Their sudden

absence created a cascade of disruptions. Staff shortages led to chaotic rotations. Providers unfamiliar with HIV care were thrust into demanding clinical roles with little guidance. Confusion deepened as health workers struggled to navigate multiple electronic medical record systems, paper registers, and reporting platforms. Fear of ART stockouts spread quickly, fueled by supply chains once anchored to partner-driven support.

For adolescents and young people, the uncertainty was devastating. Services such as PrEP, PEP, and HIV case finding became inconsistent. Treatment interruptions increased. Many feared stigma if they sought care in unfamiliar departments. **What had once felt like a stable system suddenly felt fragile, and for some, unsafe.**

Recognising the urgent risk of service collapse, PATA and NAYA rapidly activated an Aidsfonds-supported emergency fund to stabilise HIV care. Working closely with county leadership and facility teams, they organised healthcare provider scorecard feedback sessions across all seven affected facilities. These sessions created a space for providers, many of whom were exhausted and demoralised, to openly share challenges, identify service gaps, and co-design immediate solutions.

Responding to identified needs, the project trained 159 healthcare workers on HIV care and treatment basics, adolescent-friendly service delivery, updated national guidelines, NASCOP reporting tools, and practical models for integrating HIV services into general outpatient care. Training was delivered on-site, ensuring that already stretched teams did not have to leave their duty stations.



At the same time, outreach efforts began across the county. Twenty-one community activities were launched, reaching 1,767 adolescents and young people with PrEP and PEP services, psychosocial support for survivors of sexual and gender-based violence, mental health counselling, contraceptives, and adherence education. These sessions sent an important message: **services remained available, and young people had not been abandoned.**

Within weeks, facilities began to stabilise. Healthcare providers who had initially reported confusion and low morale started regaining confidence. With clearer roles and refreshed skills, they were better equipped to resume integrated service delivery, often without waiting for external support. Facilities redesigned triage and client flow so that adolescents could access HIV services through general outpatient departments, reducing stigma and ensuring continuity. Providers also demonstrated improved use of NASCOP tools, strengthening data quality at a time when accurate reporting was critical.

In communities, a quiet shift began to unfold. Adolescents and young people who had stopped visiting facilities gradually returned, reassured by familiar peer supporters and by renewed communication that services had resumed. The fear and uncertainty brought on by the Stop Work Orders slowly gave way to trust.

The experience in Homa Bay offers important insights into what meaningful HIV integration requires, especially during a crisis. Service co-location is not enough. Integration must preserve continuity, quality, and responsiveness, particularly for adolescents and young people who are disproportionately affected by disruptions.

The emergency response led by PATA and NAYA demonstrated that even in the face of dramatic funding cuts, health systems can adapt when supported with timely technical assistance, provider training, and community engagement. By building provider confidence, strengthening coordination among stakeholders, and maintaining outreach to young people, the project ensured that no adolescent was left behind.

## Finding My Voice, Finding My Purpose: Wankumbu's Journey with the You(th) Care Programme (PATA - Zambia)



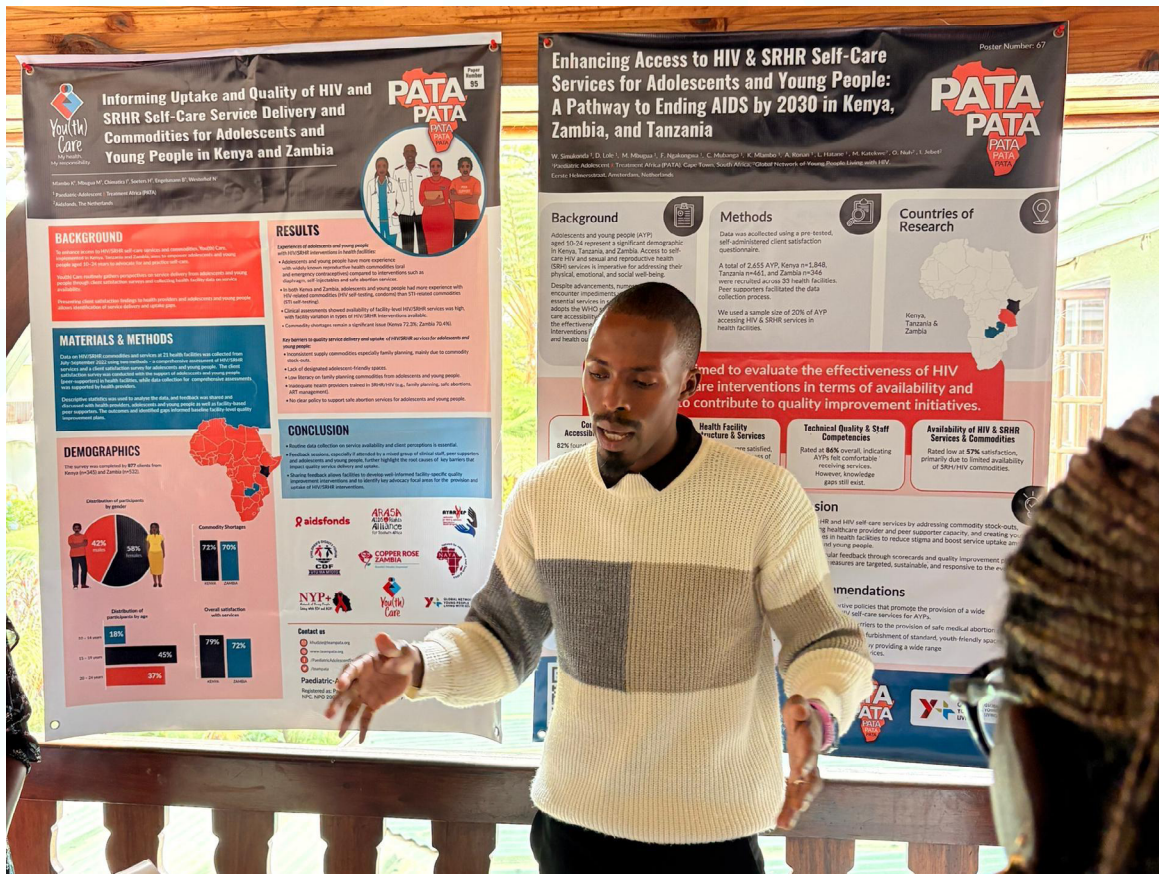
My name is Wankumbu Simukonda, and my journey into SRHR and HIV advocacy is deeply personal. I grew up in Kitwe, surrounded by stories that were often painful to witness—teenagers losing their lives to HIV-related illnesses, children growing up without parents, and young girls dying from unsafe abortions. These were not distant headlines; they were young people from my community. Even as a boy, I remember feeling that something was deeply unfair and that young people like me deserved better information, better services, and better chances.

When I reached the University of Zambia in 2017, I decided to do something about it. I became a volunteer peer educator, offering sexual health information to students who, just like me, were trying to make sense of their bodies and choices. I was passionate, but I didn't yet have the confidence or the skills to influence change beyond small conversations with friends and classmates. I wanted to do more, but I didn't quite know how.

Everything began to shift in 2019 when I joined Copper Rose Zambia (CRZ) as part of the ZUPPI radio team. It was there that I experienced the true power of storytelling. Week after week, I watched how a single conversation on the radio could change how young people thought about condoms, relationships, consent, and their futures. Working closely with young women opened my eyes even more. I heard stories of fear, shame, courage, and hope; stories that pushed me to take my role seriously and to become a stronger, more empathetic advocate.

When the You(th) Care Project launched, I stepped into the role of Project and Communications Coordinator for Copperbelt Province. It felt like everything I had experienced up to that point suddenly came together. The role stretched me. I had to learn how to lead teams, negotiate with local authorities, and sit across from policymakers while representing young people's realities with honesty and respect. Some of my most meaningful moments came from facilitating dialogues between policymakers and adolescents, watching **young people speak boldly about what they needed, and seeing adults in positions of power pause, listen, and rethink.**

In March 2024, I joined PATA as the Youth Care Technical Advisor for Zambia. It was both exciting and humbling. I learned how to work with data, not just as numbers, but as a way of understanding people's stories. I learned how to build quality improvement plans, support facilities, and use scorecards to highlight gaps in care. One lesson that stayed with me is this: **data can build the foundation for a story, but it's the human story that changes hearts and systems.** With the support of mentors who believed in me, I developed abstracts and stories that were presented at regional and global





conferences, something I never imagined when I first began as a volunteer.

Looking back now, the You(th) Care Programme changed not just my career, but my sense of purpose. It helped me grow from a passionate young volunteer into a confident youth advocate who understands both the technical and human sides of health systems. It taught me that **young people don't need to wait for permission to lead; they simply need opportunities, trust, and the right support.**

Today, every time I walk into a health facility, meet a young person, or sit with a policymaker, I am reminded of where I started and why I continue this work. My story is just one among many, but it carries a message I believe intensely: when young people are empowered, mentored, and trusted, they don't just participate, they transform their communities.

The stories shared in this booklet illuminate a powerful truth: **young people are already leading, and when we create space for their leadership, entire systems transform.** Through You(th) Care, adolescents and youth have shown us what self-care looks like when rooted in dignity, agency, and community support. They have demonstrated courage in the face of stigma, resilience in the face of disruption, and vision in the face of uncertainty.

We also acknowledge the healthcare providers, mentors, community champions, and policymakers who stood alongside young people, listening, learning, and adjusting their approaches to ensure that services remained inclusive, accessible, and compassionate. Their commitment reminds us that equitable health systems are built not only through funding or policies, but through relationships, empathy, and shared purpose.

As the You(th) Care Project nears its completion phase, its impact continues to grow through every young person who has found their voice, every provider who has strengthened their practice, and every facility and community that has embraced the shift toward youth-centred care. These stories invite us all, governments, partners, donors, and communities, to keep investing in youth leadership, to keep **reimagining what self-care can look like**, and to keep building systems that honour the rights and realities of every adolescent.

The journey does not end here. The **courage, care, and change** reflected in these pages live on in every young person who chooses hope, every provider who chooses empathy, and every partner who chooses to believe in the transformative power of youth.

Thank you for walking this journey with us. Thank you for your **commitment to You(th) Care.**

