

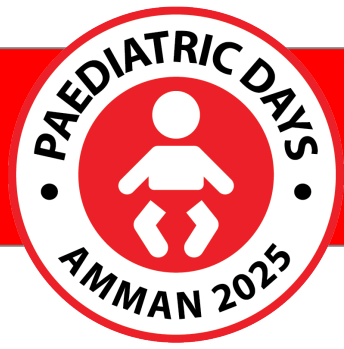
# ENGAGING ADOLESCENTS IN THE DELIVERY AND MEASUREMENT OF PROGRAMS

## EXPERIENCES FROM THE MBARE ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH PROJECT IN ZIMBABWE

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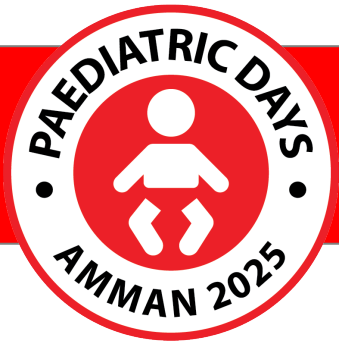


# Adolescents and Mbare

- Adolescents comprise 22% the Zimbabwe population
- 60% of Mbare (oldest high-density suburb of Harare) population aged between 10 - 24 years
- Adolescents and Young People (AYP) have high unmet needs for HIV and Sexual and Reproductive Health (SRH) services



Source: Google Images, extracted 2024



# Project overview

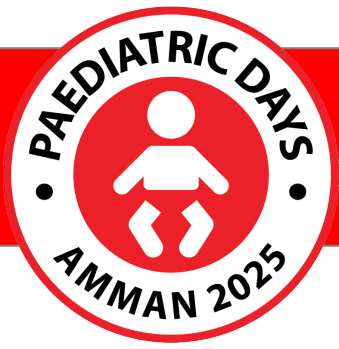
- Started as a pilot to test innovative models of integrating HIV<sup>1</sup> and SRH<sup>2</sup> services for adolescents
- Now provides an adolescent-friendly comprehensive and integrated package of primary health care and SRH services
- Has a community-based demand generation and service provision component **led by peer educators**



Source: Evaluation Team Field work 2022

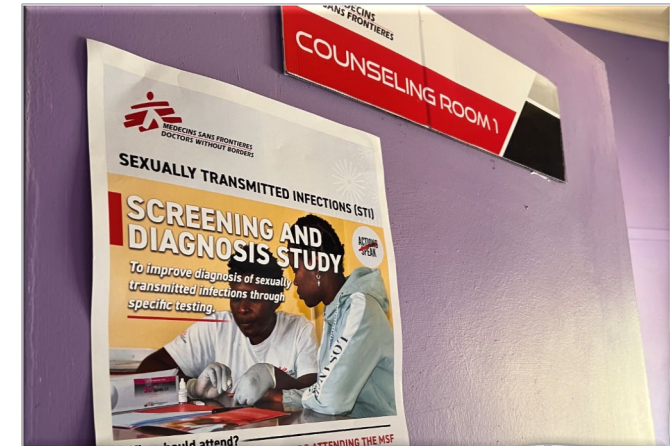


<sup>1</sup>Human Immuno-deficiency Syndrome; <sup>2</sup>Sexual and Reproductive Health; <sup>3</sup>Adolescent Sexual and Reproductive Health

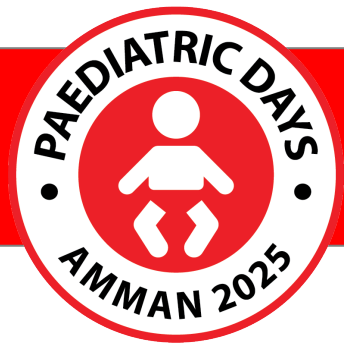


# An adolescent friendly project

- Adolescent friendly spaces
- Providers who are invested in understanding adolescents' lives and needs- often beyond health
- Project dedicated to comprehensive adolescent health and well being
- An adolescent advisory board
- Addressing intersections of drug use, sexual and gender minorities, and SRH
- Free services and commodities
- **Adolescent and youth delivered interface through peer educators in the community; and peers being the first contact at all centres, hubs, clinics**



Source: Evaluation Team Field work 2022



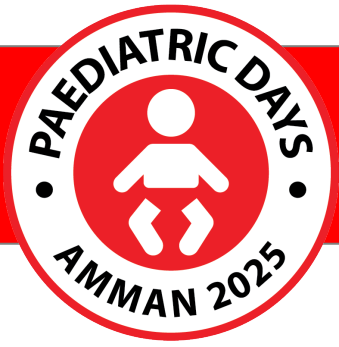
# Objectives

- To understand the implementation, context and effectiveness of the Mbare ASRH<sup>1</sup> project as a mechanism for:
  - Generating evidence to inform reflections and stimulate discussions on the present, future and sustainability of the project
  - Underpinning new or adapted strategic objectives of the project



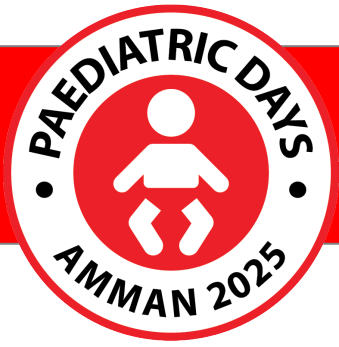
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<sup>1</sup>Adolescent Sexual and Reproductive Health



# Methodology

- Data was collected and analyzed from six sources providing insights to help understand the past, present and plausible future of the project
  1. Desk review
  2. Literature review
  3. Internal interviews (10) with key informants and MSF staff
  4. External interviews (17) with stakeholders
  5. Interviews with AYA (133)
  6. Quantitative analysis and consultations
- A working group consisting of project staff, referents/advisors, Stockholm Evaluation Unit and the evaluators met to validate the methodology and then also validate, discuss, interpret and integrate the findings



# Findings

- Primarily from the qualitative methodology
- Project has evolved (including adopting recommendations) since the assessment; and the evolution may not be fully represented here
- Focus on the AYA<sup>1</sup> as researchers, and implementors of the project
- AYA as beneficiaries are mapped onto the architecture of the project



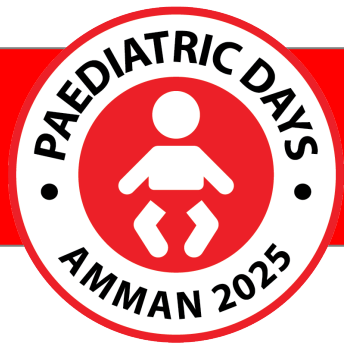
Source: Google Stock Images, extracted 2024



# Adolescents and young people AS RESEARCHERS

**To conduct this assessment, adolescents and young adults were:**

- Identified (1 male, 1 female) from the community.
  - They had participated in the 2021-2022 evaluation; and knew the project.
  - The evaluators had invested in their trainings and had worked with them on other AYP projects in and outside Mbare
- Trained in research methodology, consent and ethical guidelines
- Responsible for:
  - Working with peer educators to recruit participants in the community
  - Conducting peer dialogues to verify findings and inform interpretation
  - Participating in focus group discussions and interviews



# Adolescents and young adults AS IMPLEMENTORS

## Peer educators:

- Aged 18-24 years
- Provided with compensation for their role
- Reside in and come from the same communities
- Can access professional and academic development activities, paid for and supported by MSF
- Representing various groups including disability, living with HIV, key and vulnerable populations (LGBTQI), general population
- **Deliver the community-based interventions and are typically the first point of contact with the project.**



Source: Evaluation Team Field work 2022

# AYA as implementors: Peer educator experiences

**Peer educators find their role fulfilling & the model is effective**

They enjoy mobilizing, educating and assisting their peers, as well as contributing to **shifting community myths or hesitations** around adolescent SRH

**Peer educators' role can leave the vulnerable to violence due to the prevalence of drug use in their communities**

The community has violent space and **peer educators are at risk of verbal and violent abuse for AYA<sup>1</sup> using drugs and those living on the streets. They mitigate for this by moving around in pairs**, but it could mean AYA using drugs may fail to be reached and supported

**Data collection by peer educators needs an organizational shift in approach**

Peer educators find the data collection overwhelming (long mental health screening tool). They go into the field with a lot of paperwork to complete; but limited availability of the mobile-phone based data capturing system

**Peer educators' role supports the adolescent-friendly architecture of the project**

Peer educator engagement coupled with the provision of edutainment (at Matapi is seen as an effective way of drawing adolescents to engage with or access services.

**Peer educators' efforts can be compromised when not supported in the project**

Peer educators spend time building trust and relationships with adolescents. This has been fractured when transport they promise is not available; or they mobilise ado to go to the AC where they are asked to wait

**Peer educators are dissatisfied with some project elements**

Salary expectations; and compromised relationships with other MSF colleagues

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Some will even shout at you, and also like what the previous speaker said, we may even get beaten. Some may even use vulgar words on us, telling us they don't like our services.

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You will be having so many papers in the community; referral, DSD and then community register. You need to complete these forms that day and you need to enter all the people you assisted.

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So on the issue of transport, there is day that I ended up using money from my pocket because I had seen that the adolescent needed urgent assistance...We are also using our personal money to transport clients to and from the clinic.

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Another thing which we don't like is that as peer educators we get mistreated by our superiors at work. They make us feel that we are just volunteers, and we don't have any rights

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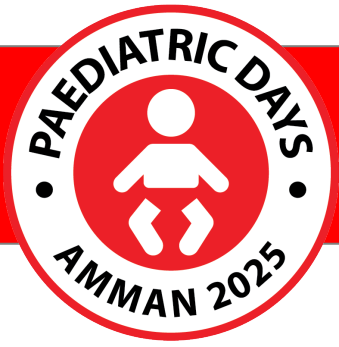
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# Reflections and conclusions

- Mbare-ASRH project is providing integrated SRH services that are comprehensive and AYA-friendly
- AYA can demonstrate agency, capability and decision-making in the measurement and delivery of services targeting them
- Provider positive attitudes towards improving AYA-friendly services are critical for success
- Engaging AYA in the design and delivery of interventions can be effective in enhancing acceptability of interventions
- Working with, and for AYA is a constant navigation of socio-cultural practises, expectations; and power dynamics, which must continue to be addressed through out implementation
- Projects must be willing to invest the time, commitment and effort to meet AYA where they are coupled with a willingness to learn and iterate



# Thank you

