

Zimbabwe ASRH VMMC Linkages pilot project

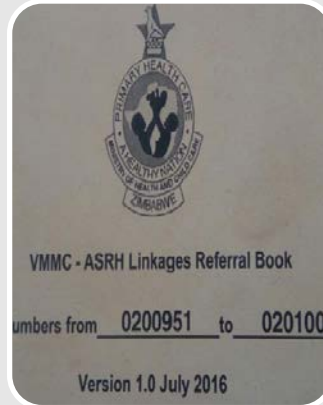
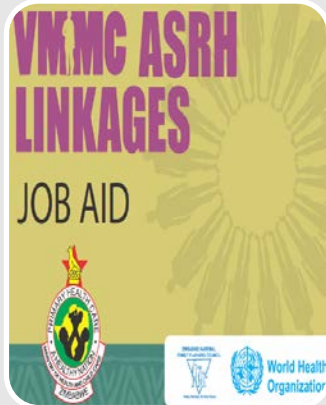
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ASRH-VMC Linkages pilot project

- To assess the feasibility & capacity strengthening needs to enhance & sustain linkages between ASRH & VMMC services
- Will contribute towards guidance on how to link efficiently and effectively the 2 programs & provide sustainable adolescent services
- Started in 2014 and in three phases
 - **First phase:** Preparatory assessment and stakeholder inputs
 - **Second (current) phase:** Implementation to identify linkages, feasible approaches & learning lessons for scale up
 - **Third phase:** Implementation research to optimize the delivery of interventions & strategic actions to assess effectiveness, costs & inform scale up

Current project activities



Advocacy &
Sensitisation
meetings

District review
meetings

Monthly
support visits

Development
of IEC material

Development
of training
manuals

Development
of a Job Aid

Established
referral &
tracking
system

Service
directories

Capacity
building

Joint demand
creation with
service
provision

Service
integration

Community
dialogues &
Boys forums

Use of social
media
(Whatsapp &
Facebook)

U-Report
platform for
opinion polls

Lessons learnt

- User fees are a barrier
- Geographical inaccessibility of youth centres & VMMC clinics in rural areas
- Competing priorities for HCW at all levels
- Low referral initiation and tracking

Inherent system weaknesses are reflected in the linkages

- Use of local models on IEC material had good reception
- Need to regulate social media content especially Whatsapp
- Development of IEC material targeting different groups.

IEC Materials and Social Media

- Dedicated personnel improved coordination
- Strong partnerships key for information & service delivery
- Local community leaders a key partner- Local solutions identified

Partnerships and Coordination

- Platforms for discussions on social and behaviour change
- Need for standardised manuals for facilitators
- Parents & girls participation in dialogues enable open discussion

Community dialogues

Recommendations & Way forward



- Explore referral and tracking system with less clerical work- Potential of mobile phone technology
- Explore service delivery approaches that reduce resource burden on adolescents i.e. distance, travel costs and user fees
- Systematic harnessing of local resources for sustainability- Communities and Corporates
- Explore sustainable capacity building e.g. Blended learning & In the long term integrate ASRH/VMMC into existing HIV and pre-service training
- There is need to address the issue of competing priorities at all levels of the health system – integrating ASRH & VMMC into the horizontal health system

A group of healthcare workers and a young man are gathered around a table, looking at a poster. The poster has a blue background with the text "I have done my part... have you?" in white and yellow. Below the text is a green banner with the text "Be the cooler, smarter and youth friendly service provider." and a yellow banner with the text "Provide comprehensive information, services and referrals to all young people on: Adolescent Sexual & Reproductive Health (ASRH) And Voluntary Medical Male Circumcision (VMMC)". At the bottom of the poster are the logos of the Zimbabwean government, the University of Zimbabwe, and the World Health Organization.

**I have done my part...
have you?**

**Be the cooler, smarter and
youth friendly service provider.**

**Provide comprehensive information, services
and referrals to all young people on:
Adolescent Sexual & Reproductive Health (ASRH)
And
Voluntary Medical Male Circumcision (VMMC)**

Acknowledgements

- MOHCC VMMC & ASRH Teams
- MOHCC Mash Central Province & Mt Darwin District
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- National AIDS Council Zimbabwe
- City of Bulawayo
- WHO Staff & Consultants
- PSI Zimbabwe
- Padare Enkundleni Men's Forum
- SAfAIDS
- Young Men Christian Association
- ZNPP+