

# “Empower Young People through SRH Behavior Change and HIV prevention initiatives in Zimbabwe”

*DCI-NSAPVD/2013/333-508*

## **Chegutu District July 2016 Report**



**cesvi**



**PAKARE PAYE  
ARTS CENTRE**



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**This Project is funded by the European Union**



**Project Title**

Empower Young People through SRH behavior change and HIV prevention initiatives in Zimbabwe

**Overall objective**

Contribute to the reduction of HIV incidence and improvement of Sexual and Reproductive Health (SRH) amongst Young People in Zimbabwe (MDGs 6 and 5)”

**Specific objective**

Empower Young People and create an enabling environment for improved SRH behaviour and HIV prevention, especially among young women and vulnerable YP

**Project Duration:** September 2014- July 2016

**Target groups**

- a) 1,300 Young People
- b) 600 Adults (teachers, parents, community members)
- c) 40 Health workers (nurses, environmental health technicians and primary Counsellors)

**Project Implementation Areas**

Wards 6,7,8,9, 12 and 13

## 1. Introduction

This report provides a summary of the project activities undertaken by Cesvi and its co applicants Tuku Music/Pakare Paye Arts Center and Mission Bambini in Norton Town Council, Chegutu district during the month of July 2016.

### March 2016 Activities

Activity	Dates
Establishment of Youth Information Corners	10,14,15 & 16 June 2016
Individual Health Centre Visits for follow up	19 July 2016

### 1. Establishment of Youth Information Corners

Cesvi established 2 Youth Information Corners (YICs) at Utano Clinic and Tsungirirayi Centre on the 7<sup>th</sup> of July 2016. The purpose of the YICs is to increase access to ASRH information for young people aged 10-24. Each YIC received one 32" Samsung LED TV, 1 DVD Player, 3 benches, 1 table, 1 bookshelf each, one multi pin adaptor and a set of DVDs. Each YIC has also received IEC materials for the target group which includes materials they can take for reading at home. Condoms are also provided at the Utano Clinic and this is very much in line with the ASRH National Strategy and key for HIV prevention as set out in the Zimbabwe National AIDS Strategic Plan (ZNASP).

The centres are manned by Peer Educators trained by the ZNFPC with support from Cesvi as well as 2 new female Volunteers who are also manning the YICs. Cesvi oriented the 11 young people (5female & 6 males) on data capturing to ensure the project and other stakeholders can assess the uptake of the YICs services.

### 2. Health center monitoring visits

The District Nursing Officer (DNO), Cesvi Health Field Officer and Project Manager made one monitoring visit each to Norton Hospital and Katanga Utano Clinic on the 19<sup>th</sup> of July 2016.

The purpose was to follow up and assess progress made on the Individual Health Centre improvement plans and make recommendations to address outstanding issues. The visits are important particularly as they enable the DNO to coach and mentor health staff as well as address other related issues.

The team met with 2 female nurses from Katanga Utano Clinic and 5females and 1 male from Norton Hospital.



DNO Mufutumari leads the monitoring session with

Utano Clinic representatives.

**Key findings:**

NORTON HOSPITAL	UTANO CLINIC
<ul style="list-style-type: none"> <li>• 90/95 staff have been sensitised on Youth Friendly Service provision</li> <li>• Though Peer Educators are interested in providing services at the cabin at the hospital, distance is a prohibiting factor</li> <li>• There is no space for a YIC and the identified cabin is not user friendly and is a temporal shelter</li> <li>• Even though Health Promoters were sensitised there has been no referrals neither is there a clear system on how this should be done</li> <li>• Service provider attitude and practices towards young people seeking services have changed and there is need to triangulate this with young people using services</li> <li>• Challenges to being youth friendly were cited as workload which can compromise the amount of time spent in attending to young people</li> </ul> <p><b>Key recommendations from DNO:</b></p> <ul style="list-style-type: none"> <li>• Ensure easy access to Post Exposure prophylaxis (PEP) and Family Planning for Young People who need them</li> <li>• Every department to have PEP availed at departmental level to ensure easy access</li> <li>• Health staff to address adults when they come for services to help them understand adolescent ASRH issues</li> <li>• All departments to document mainstreaming ASRH in their health education as done by the MNCH department and using that department's format</li> <li>• Urgently develop plan for ASRH activities with or without the Peer Educators because the mandate is with the facility rather than Peer Educators</li> </ul>	<ul style="list-style-type: none"> <li>• All 21/21 health workers sensitised on Youth Friendly Service provision</li> <li>• The clinic has held three ASRH activities that include the quiz funded by Cesvi and meetings with adolescents with special needs</li> <li>• The clinic has been very supportive and provided space for a YIC which has already been running prior to Cesvi equipping it</li> <li>• Sister in Charge and Sister Bibiana work closely with and supervise Peer Educators in the YIC</li> <li>• The Clinic has an ASRH Activity Calendar</li> </ul> <p><b>Key recommendations from DNO:</b></p> <ul style="list-style-type: none"> <li>• In calendar, include sharing updates and refreshers for staff on Youth Friendly Services</li> <li>• Include activities at the YIC at Tsungirirayi</li> <li>• The clinic attended to one case of child abuse reported through Peer Educators but was advised to also work with other stakeholders such as the Social Services Department and Police</li> <li>• Advised to market YICs to parents when they come for services</li> <li>• Need to improve on documentation to include all topics covered, attendance and response, gender distribution</li> </ul>

<ul style="list-style-type: none"> <li>• Strengthen linkages with schools through community sister so as to provide two way referrals between the school and health centers</li> <li>• Design referral forms similar to the Results Based Financing (RBF) ones for use by health promoters. It will be very important to measure the effectiveness of this referral especially for the sake of young people</li> <li>• Hospital should to seek to understand how Young People perceive service provision by health workers</li> </ul>	
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### **August 2016 Plans**

- Exit meetings with beneficiaries & stakeholders
- Final Event