

Zimbabwe ASRH VMMC Linkages pilot project

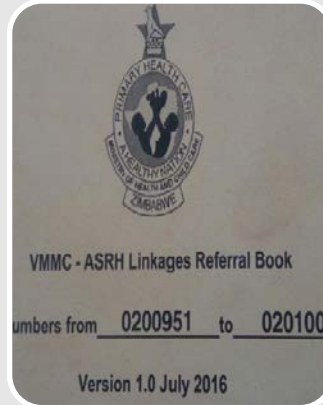
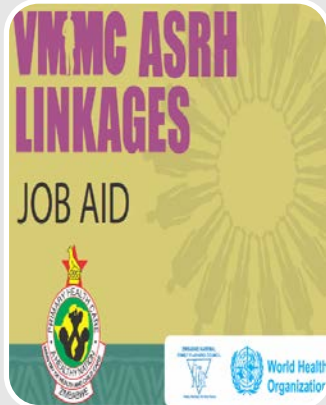
Presented by Simbarashe Mabaya
for Ministry of Health and Child Care, Zimbabwe



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



**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
- Zimbabwe National Family Planning Council
- National AIDS Council Zimbabwe
- City of Bulawayo
- WHO Staff & Consultants
- PSI Zimbabwe
- Padare Enkundleni Men's Forum
- SAfAIDS
- Young Men Christian Association
- ZNPP+