Zimbabwe ASRH VMMC Linkages pilot project

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

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

- 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.

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