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# Creating an Enabling Environment for Youth

## AGYW/DREAMS Panel

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Photo Credit: USAID Communication for Healthy Communities Uganda

mothers2mothers



# Optimizing the Delivery and Outcomes of Family Strengthening Interventions in Mpumalanga, South Africa

**mothers2mothers**

Children and Adolescents are My Priority

# Background



## Children and Adolescents are My Priority (CHAMP)



## Background -1



Parenting interventions have the proven potential to improve intergenerational relationships and reduce risk and vulnerabilities among AGYW



# Background -2



 **PARENTING FOR LIFELONG HEALTH - SINOVUYO**  



Suite of non-commercial parenting programmes developed and tested with Department of Social Development since 2010

 **social development**  
Department of Social Development  
REPUBLIC OF SOUTH AFRICA

 **unicef**  
for every child

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## Overview: Methods -1



- Compared 291 pairs of AGYW (10-17 y.o.) and caregivers who received the PLH program (14 in-person sessions) and 273 pairs who received ParentChat (8 sessions via WhatsApp for caregivers and 4 in-person sessions for pairs).
- Effects on outcomes (child maltreatment, parental involvement, and risk avoidance behaviors) were compared using a difference-in-difference (DiD) method.



Part of CHAMP project funded by USAID PEPFAR

- 564 AGYW (10-17y.o.) and 564 caregivers
- 8 sessions caregivers (WhatsApp) & 4 sessions for pairs (in- person)
- Implementation - June to November 2021
- Part of OVC DREAMS Family Strengthening programming

## Overview: Methods -2



	ePLH Hybrid	PLH original	Total
Caregiver Age (M, SD)	35 (8.8)	41 (11.5)	38 (10.7)
Caregiver Female (N,%)	262 (96.0%)	281 (96.6%)	543 (96.2%)
AGYW Age (M, SD)	13.7 (6.4)	13.3 (2.3)	13.5 (4.8)

## Overview: Methods -3

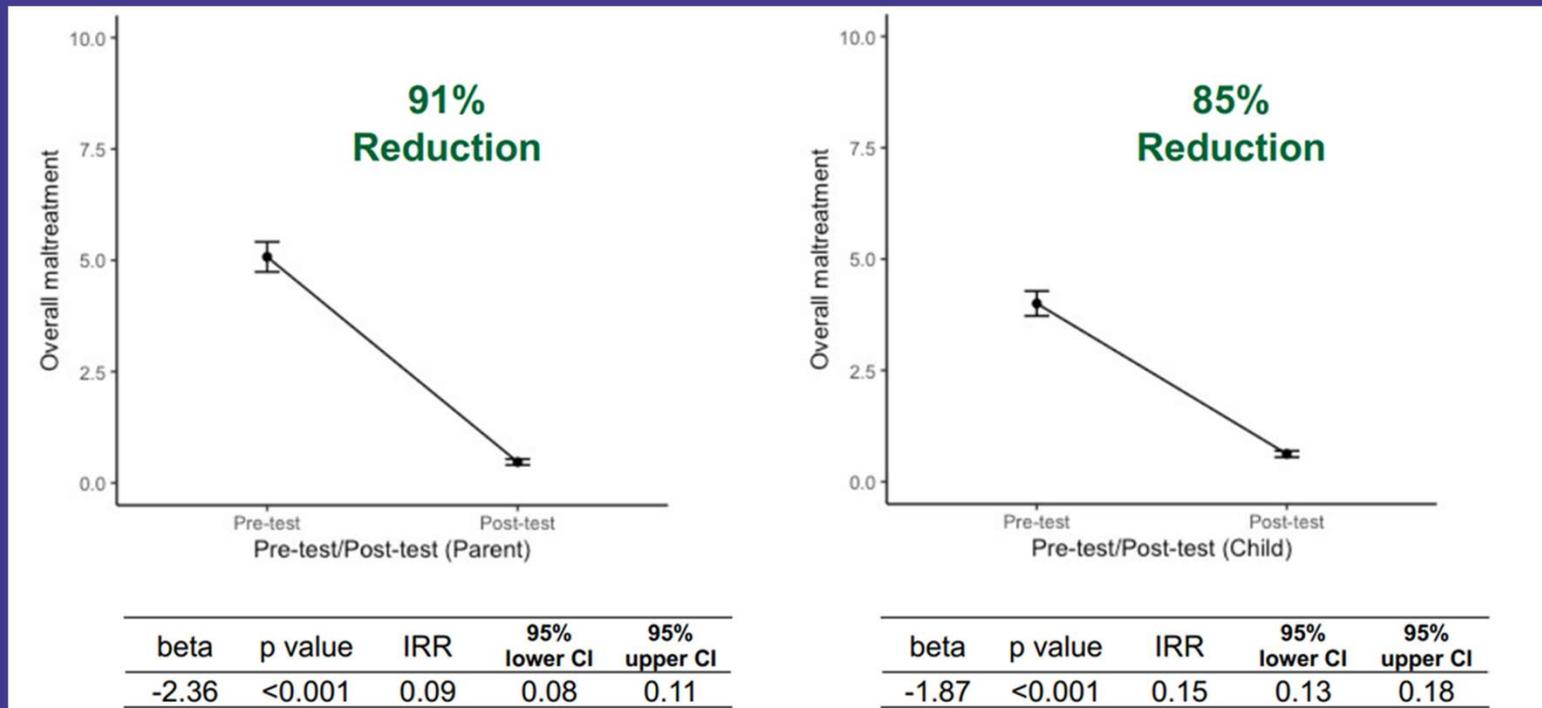


Data Collection Method	Description	Delivery Method	Frequency
<b>Parent / Teen Baseline Survey</b>	Demographics, parenting, child behaviour, mental health, school engagement, sexual risk	Web-based (online, parents & teens)	Once
<b>Post-Test Survey</b>	Parenting, child behaviour, mental health, school engagement, sexual risk	Web-based (online, parents & teens)	Once
<b>Weekly Facilitator Survey</b>	Facilitator surveys measuring fidelity and time / resource costs and post-test surveys	Web-based (online)	Every week

## Overview: Snapshot of the Results



ParentChat and hybrid delivery was effective on key outcomes



Graph 1: ParentChat pre-post results – overall maltreatment

## Overview: Snapshot of the Results -2



Outcome	Hybrid	Face-to-Face
Overall maltreatment	✓	✓
Physical abuse	✓	✓
Psychological abuse	✓	✓
Parent inefficacy	✓	✓
Parenting stress	✓	✓
Positive involvement	✓	✓
Poor supervision	✓	✓
Parental depression	✓	✓
Child conduct problems	✓	✓
Child prosocial	✓	✓
Child emotional problems	✓	✓
Planning for risk avoidance	✓	✓
Financial insecurity	✓	✓
Parent support of education	✓	✓
Attitude toward punishment	✓	✓

## Overview: Snapshot of the Results -3



- ParentChat showed more significant decrease in child maltreatment for caregivers (IRR = 0.40, 95% CI [0.28 – 0.57],  $p < 0.001$ ) and AGYW (IRR = 0.61, 95% CI [0.44 – 0.83],  $p = 0.002$ ) than in-person
- ParentChat effects on child maltreatment ( $\beta = -0.12$ ,  $p < 0.001$ ), positive parental involvement ( $\beta = 0.14$ ,  $p < 0.001$ ), and AGYW risk avoidance ( $\beta = 0.13$ ,  $p < 0.001$ ) improved when caregiver attendance was higher
- Caregivers with more financial insecurity had higher attendance, and those with higher support of education at baseline had lower attendance.
- Caregiver attendance was lower if their daughter was also a parent ( $\beta = -0.63$ ,  $p < 0.01$ ).

## Lessons Learned: Conclusions



- ParentChat enhances access for caregivers unable to attend in-person delivery and addresses constraints presented through COVID-19 restrictions
- Addressing barriers for caregivers – and exploring strategies for engaging households with teenage mothers - may enhance outcomes
- Opportunities remain to test other hybrid options including ParentText



Thank you!



 [m2m.org](https://m2m.org)

 [@mothers2mothersintl](https://www.facebook.com/mothers2mothersintl)

 [@mothers2mothers](https://www.instagram.com/mothers2mothers)

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# n'weti

## Lessons learned and best practices on reducing vulnerability of AGYW through socio-economic strengthening activities

Creating an Enabling Environment for Youth - LPM4 AGYW/DREAMS Panel

Presenter: Edite Cumbe, Senior Officer DREAMS, N'weti



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## Background

- N'weti is a Mocambican organization implementing DREAMS since 2015 and currently in two provinces, in a total of 17 districts.
- In COP20, increased focus has been given to this socio-economic strengthening (SES) component of the DREAMS services to reduce the vulnerabilities of AGYW.
- USAID Mozambique engaged MUVA (local organization) and World Education Bantwana (with their Syiakha model) to provide technical support to all DREAMS IPs on this new component.

## Overview

- After completing the social asset building curriculum, AGYW pass to the Social Economic Strengthening (SES) activities which (based on their specific needs) include: financial literacy sessions; educational subsidies; saving groups; vocational courses; entrepreneurial and life skills training; provision of start-up grants and kits; creating associations; and facilitating the access to internships.
- For provision of vocational courses, collaboration was sought with 8 professional vocational institutes (both private and public) through a public tender.
- After concluding the vocational courses, the AGYW were further supported to: start their own individual or collective business, enter into an internship or formal employment.



## Main Results in COP 21

- Formal collaboration established with 8 vocational training institutes;
- 1,282 participants graduated from vocational courses;
- 286 received start-up grants; 135 participants in internships;
- MoU signed with 27 businesses, and;
- 80 business associations of AGYW created.

## Lessons Learned

- The partnership with the public vocational training institute IFPELAC opened doors for new relevant partnerships for the SES component in DREAMS;
- The technical assistance of MUVA and Siyakha was relevant and important, however, the approach needed to be adapted to the DREAMS context in Mozambique – which resulted in having to learn together while going;
- Partnerships with artisans and small enterprises is key to assuring internships for the AGYW and to introduce them to relevant future opportunities;
- Signing of Memoranda of Understanding with engaged private sector partners is key to make them aware of their responsibility to protect the AGYW in the work environment (including prevention of sexual harassment);

## Lessons Learned

- Specific staff should be hired to manage partnerships with relevant government partners, training institutes and private sector/potential employers;
- Results of market studies should be presented in an understandable way, to enable the AGYW to make well-informed choices on which vocational course to enroll or how to invest a start-up grant;
- Success stories of AGYW who participated in the SES activities show a significant impact in terms of reducing their economic vulnerabilities and future perspectives;
- Due to high cost of the SES activity, not all demand can be met and effort should be made to reach the most vulnerable AGYW – as well as effort should be made to find innovative ways to lower the costs of the intervention;

Thank You!



Creating an Enabling Environment for Youth - LPM4 AGYW/DREAMS Panel



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U.S. President's Emergency Plan for AIDS Relief



# “Community Engagement for improved accountability and access to HIV, SRHR and GBV Services”

**PAMODZI PROJECT  
MALAWI**

Presented by: Victoria Munthali, MANASO, Malawi

4TH ANNUAL USAID GLOBAL HEALTH LOCAL PARTNER MEETING

JOHANNESBURG- SOUTH AFRICA





# Project Overview

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Pamodzi project is a USAID funded project that uses local structures (co-creation) to implement innovative interventions as solutions to existing Malawian health challenges.

## Project Objectives

1. To increase uptake of HIV/SRHR/GBV services and retention
2. To strengthen community engagement and accountability mechanisms for ensuring quality HIV/SRHR/GBV services
3. To strengthen coordination and networking among partners and community social actors in promoting positive social behavior change and accountability

# Target Areas and Key Project Interventions

- **Target Population:**

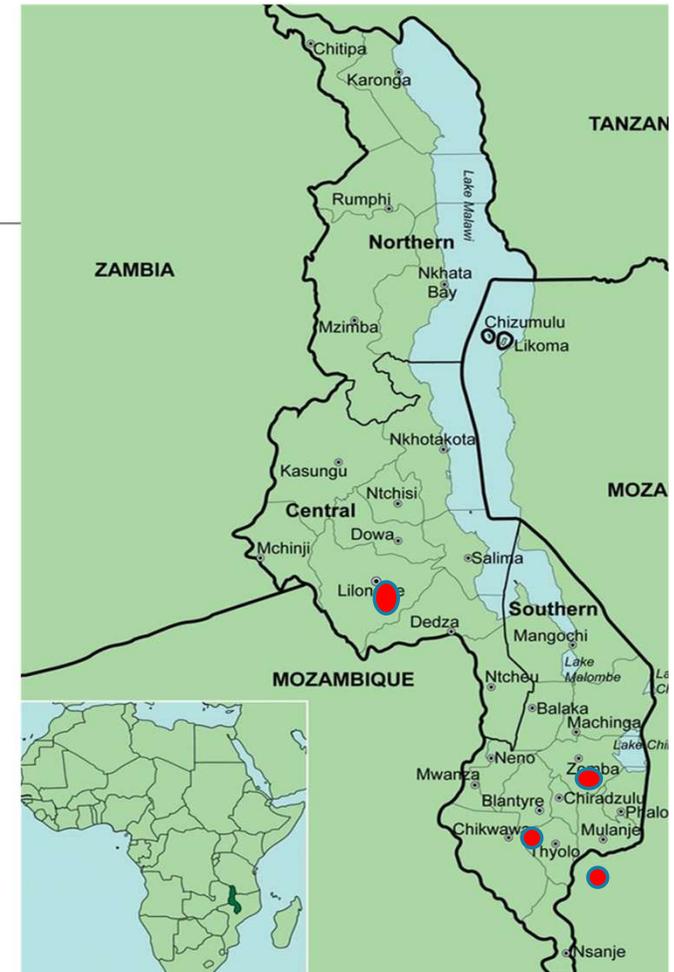
AGYW/ABYM (15-24) & Women of child bearing age (WCBA)  
(In institutions of higher learning and surrounding communities)

- **Key project Interventions:**

1. HIV Treatment Literacy

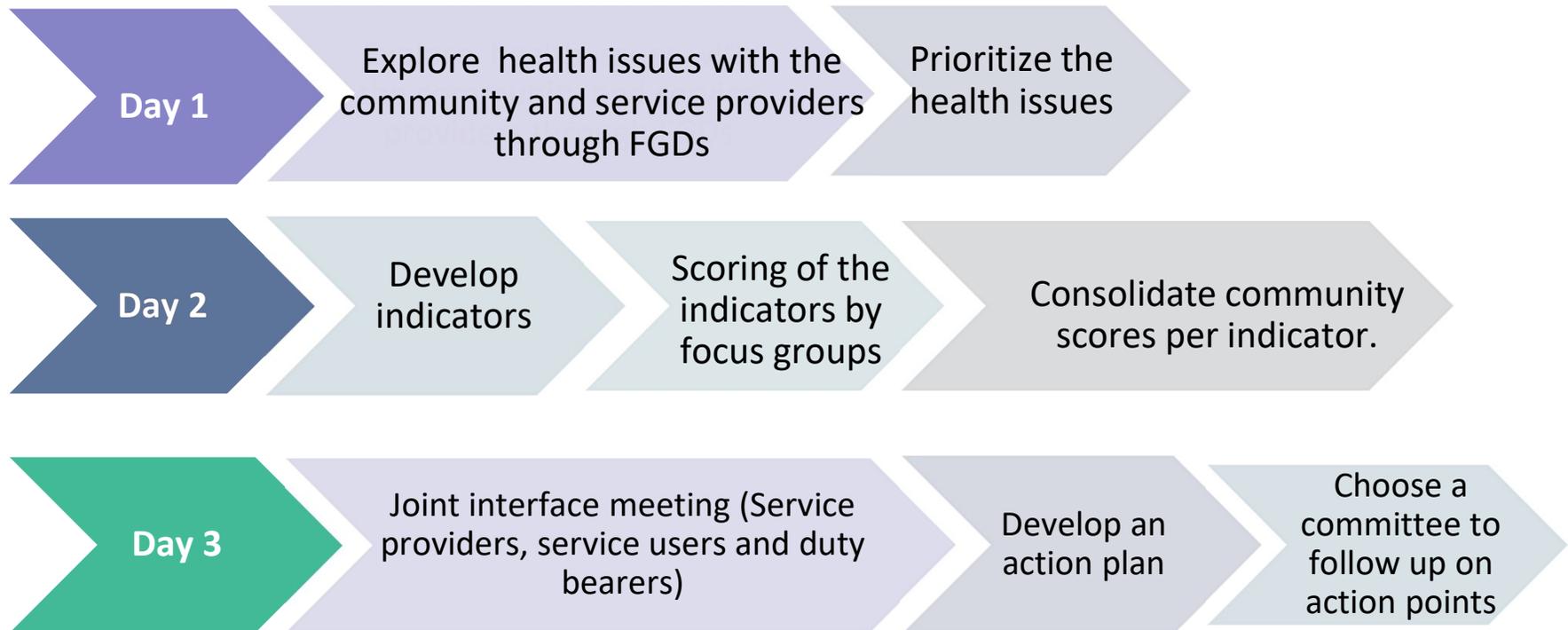
**2. Community Engagement and Accountability**

- Community Score Card processes
- Treatment observatories.
- SMS platform & Suggestion boxes



# Community Score Card...the process

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*Exploring health issues among adolescents*



*A cross section of participants during one of the interface meetings*

# Summary of some issues identified through CSC

## Attitude of Health Care Workers HCWs:

- All districts (4) reported problems with the attitude of HCWs
- 62.5% of facilities rated behaviours below 5/10

### Reasons behind this complaint:

- ✓ Delays in opening of facility operations
- ✓ Mistreatment of patients/ defaulters when they return
- ✓ HCW judgemental on youths when they go for testing.

## Functionality of Health Centre Management Committees (HCMCs)

- 68% of facilities reported most HCMCs not being functional

### Reasons behind this include:

- ✓ Communities not of the HCMCs including their roles
- ✓ HCMC don't convene meetings in the community and don't provide reports to ADC.
- ✓ Youths are usually not well represented in these committees.

## Availability of condoms and other supplies

- Youth scored this at <5/10

### Reasons behind this complaint:

- ✓ Female condoms are usually not available.
- ✓ Limited condom collection points in communities.
- ✓ Youths expressed lack of knowledge on proper use of female condoms.
- ✓ Inadequate HIV self test-kits

## Example of how to document a CSC

Indicator/ Theme	Score	Reasons for the low rating	Proposed solution	Advocacy target	Timeline
Availability and accessibility of condoms	✓Chitedze (2/10)	<ul style="list-style-type: none"> <li>✓Only male condoms are always available, but female condoms are usually not available.</li> <li>✓Limited condom collection points in communities.</li> </ul>	<ul style="list-style-type: none"> <li>✓Expand condom distribution points</li> <li>✓Sensitize youths on correct use of condoms.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Facility in charges</li> <li>✓ District DHMT</li> <li>✓ Community ambassadors</li> </ul>	<ul style="list-style-type: none"> <li>✓ 30<sup>th</sup> August 2022</li> </ul>

## Some of the recorded outputs

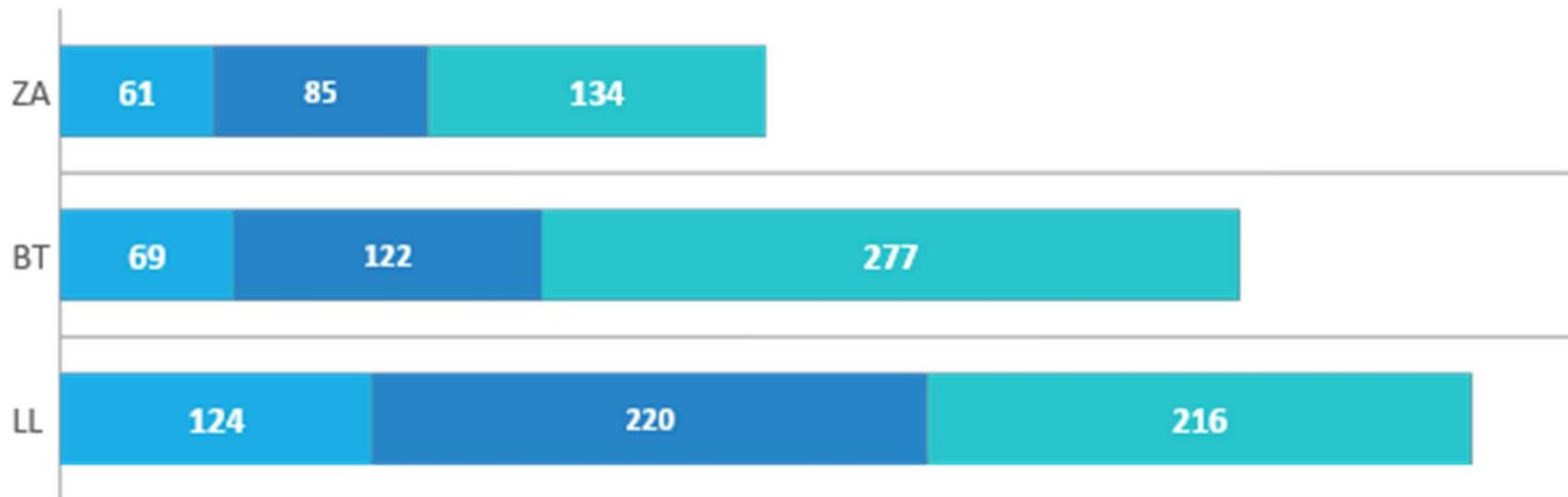
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- ✓ Improvement in behavior of HCWs reported in Blantyre and Lilongwe
  - E.g. improvements in opening and closing hours of facilities.
- ✓ Improvement in condom distribution.
  - All target districts reported increase in community condom distribution points.
- ✓ Improved community contribution to health service
- ✓ Allocation of a youth friendly health services room
- ✓ Family Planning association of Malawi (FPAM) is supporting with HIV self-testing kits and condoms

# Some outcomes recorded from CSC initiatives

Total Number of new clients (15-35 yrs) initiated on ART

■ Q2 (Jan - March 2022) ■ Q3 (April - June 2022) ■ Q4 (July - Sept 2022)



ZA= Zomba District; BT = Blantyre District; LL = Lilongwe District

# Lessons learnt/opportunities/challenges

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- There is keen interest for communities especially the youth to be involved in planning for health services but lack the opportunity such as the CSC – **Youth Specific FGDs solve this.**
- Communities including the youth become frustrated if decision makers do not provide feedback on the agreed action point regularly is provided hence need for regular feedback – **Quarterly reviews and Semi annual follow up session are done.**
- Over delegation by duty bearers to the CSC interface meetings. - **Advance planning together with the duty bearers and continuous reminders solves this problem.**
- Some community structures capacity to follow up on issues. - **Projects need to factor in provision for capacity building for such structures.**

**Nothing for us without us**



**Thank you...**



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## Questions, Answers, and Discussion