

# Adolescent TALK project, Zambia

## Evaluation/learning exercise summary



VSO undertook an internal learning exercise of the Adolescent TALK project in Zambia. The fieldwork was carried out in February 2019 and a full report is available. A total of 215 stakeholders participated in the primary data collection exercise in Samfya across the five locations of intervention Mano, Kapata, Chishi, Mbabala and Mwense.

# Summary of TALK project learning exercise

## Overview

The aim of this learning exercise was to understand how the project has progressed, the strengths of the work, the challenges experienced, and to understand the changes brought by the project. It also aimed to explore in depth the components of the project and reflect on their value and potential replicability for future programming.

This report describes findings from an internal learning review of the Adolescent TALK project that took place in February 2019 by members of VSO's Knowledge for Impact team. A full report is also available.

## Context

The Adolescent Training and Local Knowledge of Sexual and Reproductive Health and Rights Programme (TALK) was designed and implemented to improve SRHR knowledge and skills and increase the access to services of young people aged 10-19 in Samfya district in Zambia. The project was implemented by VSO in partnership with Planned Parenthood Association of Zambia and in collaboration with the Government of Zambia, Ministry of Health (MOH).

The Adolescent TALK programme had 3 project outcomes:

**Outcome 1:** Young people have improved accurate knowledge of SRHR issues, leading to increased capacity of young people to become SRHR leaders in their community and protect themselves from risky SRHR practices.

**Outcome 2:** Increased capacity of health providers and community-based health volunteers to provide comprehensive youth-friendly health services both at the health facility and in the community, leading to improved access to and delivery of quality SRHR services for young people.

**Outcome 3:** Increased engagement of local communities in SRHR issues for young people, leading to strengthened community support and commitment to SRHR for young people.

The government of Zambia has recognised the challenges facing its young population around SRHR and has focused increasing attention to the needs of this group. The recent Zambia adolescent health strategy commits to 1) strengthening the capacity of the health sector for the delivery of an adolescent responsive health service; (2) increasing adolescent health communication for the promotion of healthy behaviours and demand creation; (3) strengthening leadership and governance issues that support the effective delivery of a comprehensive adolescent responsive health system and enables communities to promote healthy behaviours and the utilization of relevant health services by adolescents.<sup>1</sup>

Zambia's young people continue to face significant sexual and reproductive health challenges with low contraceptive use, high teenage pregnancy and early marriage, and poor access to youth friendly services for SRH and for HIV

---

<sup>1</sup> MOH(2017) *Adolescent Health Strategy 2017-2021*. Government of Zambia

## Headline findings

- The TALK project was strongly aligned with government strategy in reaching young people but also with national goals to scale up the use of family planning services for underserved communities in Zambia.
- The project saw positive outcomes in reaching 10-19 year olds in the 5 sites with increased SRHR knowledge and skills and improved access to relevant youth friendly services and commodities. The project also achieved significant reach into older age groups particularly around access to family planning and advice on child spacing.
- The project was able to reach some of the most marginalised and underserved communities in the district in particular the island communities of Chishi and Mbabala who had extremely limited access to SRH services and commodities in the past. For some participants in the review they reported it was their first opportunity to access condoms and contraceptives in their community.
- Through using a combination of community volunteers, the project was successful in promoting a more enabling environment for SRH information and services for young people. Working through chiefs, leaders and gatekeepers, change agents were able to challenge myths and misconceptions about sexual health, open dialogue with parents and carers, build acceptance of the project and its messages and mobilise community members to participate in the programme. Peer educators targeted younger members of the communities both in and out of school, providing information, knowledge and skills as well as access to commodities and referrals for health services. Community based distributors brought condoms and contraceptives into communities making them more accessible to all members of the community and provided guidance and advice on their use and referrals for additional contraceptive choices or health screening at clinics.
- The project drew on a range of interventions to reach different populations and to provide opportunities to reinforce messaging through different mediums. The use of radio programmes allowed reach into communities beyond the project sites and offered content to all age groups. It promoted dialogue and reinforced the messages received through outreach and community activities. Youth friendly corners offered group and 1:1 information sessions tailored to young people and access to additional health services and



commodities. Community outreach offered the opportunity to work with whole communities through mass events with broad messaging supported by 1:1 intervention through door to door visits by community based distributors and change agents.

- The Adolescent TALK programme drew on the full range of volunteers and demonstrated the contribution volunteering for development can make. The programme worked with different cadres of community volunteers supported by long term volunteers with extensive experience in SRHR and Organisational Development. The project also benefitted from the contribution of teams of ICS volunteers supporting activities at some of the project sites. The review highlighted the unique contributions from each type of volunteer and how they complemented each other.
- The review found important learning around the partnerships within the project and the need to work more closely with organisations embedded in the community for sustained activity. It also highlighted the need for clearly defined roles in partnership working and robust systems within and between organisations to manage and disburse funds quickly to support rapid implementation
- The review highlighted concerning gaps around safeguarding within the project which was targeted at adolescents 10-19 year old. It presents recommendations for training and preparation of those working directly with young people in communities and for the supervision and support of young people working to deliver interventions within the project.



## Key learning

### Project Design

- The inclusion of the three cadres of community volunteers that already existed as health and community sector roles, allowed for integrated training with MOH and also helped with the recognition of the roles at community level. Aligning with the health sector workforce in this way in the future may provide the opportunity to explore accreditation of such roles and to contribute towards career progression within the health workforce.
- The project design committed to a 'gender attentive' approach but there was limited evidence that the programme included purposeful interventions to take account of gender and power and of any related adjustments to implementation.
- Community volunteers asked to be provided with materials to support their work such as raincoats, bags and transport. The needs of these volunteers should be identified in the community consultation and built into the programme design at the start and decisions as to what is given to each cadre based on clearly identified needs.
- There was a specific project outcome around the training of health facilities on youth friendly services but there was limited evidence of this being

delivered beyond the training done in the inception phase the ongoing capacity building of facilities and service providers needs to be in place.

### Partnership

- Working with partners who are based in the geographic area and able to begin implementation straight away is important. They can also support community acceptance and trust in the project from the outset.
- There is a need for clearly defined roles between partners to avoid duplication and to ensure that the appropriate staffing and skills are assigned to projects by each organisation.

### Peer Education

- There are important considerations for working with younger peer educators to ensure they can use tools confidently and have the skills to communicate well and to provide them with ongoing supportive supervision.
- There is a need to have mechanisms to assess the maturity of peer educators to carry out tasks and handle the content of the programme, this may not always be linked to age.

### Community Based Distributors

- There were important qualities identified in the community-based distributors that supported their work, such as being approachable and having an ability to build trust with clients.
- There was a diverse range of community-based distributors based on gender and age that allowed them to meet the needs of different members of the community.
- There was a strong demand from community-based distributors to be trained in administering injectable contraceptives and implants. This would be an interesting area to explore with health experts. Research suggests this type of task shifting has been successful.



### Change Agents

- The role of the change agents has significant potential to create a bridge between the chiefs and head people and the communities. They could be positioned to influence and sensitise these stakeholders and open up dialogue with parents.
- The change agents need to be trained and active at an early stage in order to pave the way for the other cadres to have the greatest impact.
- There was some confusion amongst those that were playing dual roles such as peer educator and change agent. They were often not able to differentiate between the roles and tasks clearly and there did not seem an advantage of people taking on two or more roles.

## Technical

- The technical expertise of the partners and the specific staff allocated to the programme needs to be assessed. Partners may have strong reputations in technical areas, but the designated staff may not have the specific expertise required.
- SRHR expertise needs to be a key component in the design of programmes provided by partners or long-term volunteers, particularly when working with young people to deliver interventions.
- Where there is limited capacity in project partners there can be an over reliance on volunteer expertise to take the lead on implementation at the expense of capacity building.
- It is important to build in quality assurance throughout the programme on the messaging being delivered by community volunteers. Some of the messages were inaccurate and others promoted blame and fear or used religious and moral warnings within them.
- The presence of a long term volunteer with specific technical SRHR expertise was critical to the success of the programme to ensure training and implementation was evidence based, and that delivery was quality assured. Assuring quality of the programme such as assessing training is adequate, messaging is accurate and IEC materials are appropriate is critical.
- With a programme targeting a range of ages during childhood and adolescence it is important that there is consideration of age differentiated services and information and key safeguarding measures linked to this, such as parental permissions, consent, right to withdraw, clear confidentiality and disclosure protocols.
- Projects need to recognise that young people cannot be trained as SRHR experts in such a short time and need to be aware of the limitations of their work and ensure they are supervised and mentored
- Youth volunteers need regular supervision and feedback. In some sites this was provided by the in-charges but not all were able or willing to provide that level of support to check what peer educators were doing. There is a need to develop a mechanism of supervision that is more consistent across the programme.
- Training curricula that build on skills and attitudes and are not reliant on facts only have been shown to be more effective and more appropriate for the work of youth volunteers work in SRHR.



## Training

- It is important that training of community volunteers and other actors is tailored for their specific roles.
- The length of the training for community volunteers of 10 days allowed participants to become both confident in the knowledge around SRHR but also have skills and confidence around delivering messaging and interventions through practice.
- The inclusion of regular refresher training to update content but also to check and quality assure understanding of community volunteers was important for sustaining accurate messaging

- The quality of trainers is critical for a project, finding people who are both knowledgeable about the SRHR content but able to provide creative engaging delivery for young people that supports skills building and practice.



### Youth Friendly Corners

- The component of building and staffing the youth friendly corners should consider the revitalising of existing spaces before creating new ones
- Peer educators are often young people engaged in full time education. It is important to ensure there are peer educators who can provide services during school hours.
- Selecting PEs who are engaged in education and likely to move on to further study during the duration of the programme presents challenges for the consistency and sustainability of the work.
- It was helpful to have a regular schedule for staffing the YFCs that was adhered to so communities were able to access services at allocated times especially when they were travelling long distances.
- The YFC spaces provided additional safe and confidential space for young people to gather as well as providing services.
- There are risks in sustaining momentum and investment in spaces when there are pressures for other use such as for staffing or offices at a facility

### Commodities

• The consistent supply and distribution of commodities is critical to the programme in order to put things in the hands of community. Partners must be able to initiate that supply and maintain it consistently at the required level throughout the project.

- The practical and cost implications of reaching isolated destinations with commodities needs to be explored and solved from the outset with costs included in the budget for transport, fuel etc.
- There were some issues around expiring commodities. Consideration of the expiry dates of commodities linked to distribution timelines is needed.
- The development of a sustainability plan was positive but there is now a need to assess the success of the request and distribution process that was agreed to ensure it is working

### Monitoring

- Where ICS and VSO were not aligned in their use of indicators and data tools there was risk of double counting
- There were reports of a slow start to the data collection which only became more systematic when the LTV arrived and was able to review and revise tools. On his departure the responsibility was absorbed by other staff which meant less capacity to manage and analyse data
- Projects need to develop an adequate handover process for data monitoring where volunteer placements end during the life of the programme in order to prevent interruptions.

- The quarterly monitoring of the use of data collection tools and checks on consistency were very important to make corrections during the programme implementation.
- Monitoring visits allowed opportunities to check tool use in the field and make revisions to make them more usable.
- It is important that community volunteers are properly trained in monitoring and reporting and understand the purpose and need for data that is routinely collected.
- The framework for capturing data was focused on the target group of 10-19 year olds but not adequately capturing the additional primary actors receiving services who were older

### Safeguarding

- The duty of care training in Zambia highlighted critical safeguarding issues for VSO staff but this happened recently and so did not lead to any changes to the programme implementation.
- The organisational commitment to safeguarding and the policies and procedures were not visible in the programme. It is important that partner’s capacity around safeguarding is assessed as part of partnership work.
- Project organisations may have their own safeguarding policies and procedures but there is also a need to consider safeguarding within the programme design and implementation that considers how any interventions or actions could create risk or vulnerability to the primary actors. Community volunteers need to be trained in safeguarding in particular in relation to working with children and adolescents.

### Community Engagement

- The chiefs were an important influence on the acceptance of the programme in communities. Work with the chiefs on the intention of the project should have begun at an earlier stage.
- The acceptance of the programme and understanding of its purpose and process of implementation requires work done with communities at design stage but also at the beginning of implementation as there was a significant gap between design consultation and the launch of the project which resulted in gaps in people’s knowledge of the project and the relocation of others before the project commenced.
- There is opportunity for more work to support communities to anticipate risk for example the arrival of seasonal fishing camps on the island and the increased risk of STIs HIV and sexual exploitation.

## 6 Key learning

Project design
<ul style="list-style-type: none"> <li>• Include a cadre of workers that are present in existing systems/community level workforces to promote sustainability and career progression.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure consultation for programme design includes the highest level community leadership at the outset to promote programme acceptance.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure appropriate resources for transport and materials are planned into the project design to effectively implement projects in the most marginalised communities e.g. boat transport, project vehicle,</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure the project baseline is done at the beginning to inform the programme implementation.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure project design takes account of diversity of communities and interventions are targeted and collecting data on different age groups and those most at risk.</li> </ul>



<b>Partnership</b>
<ul style="list-style-type: none"> <li>• Identify and work with partners who are embedded in the community.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure that partners taking a technical lead allocate adequate provision of expertise at project level</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure partner ability for resource management and timely disbursement is assessed as part of the due diligence process.</li> </ul>
<ul style="list-style-type: none"> <li>• Clarify partner roles in the project and identify lead implementing agency.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure there is a mechanism for escalating project implementation issues to be resolved by partners at a higher level e.g. disbursement delays.</li> </ul>
<b>Community volunteers</b>
<ul style="list-style-type: none"> <li>• Ensure adequate transport and material support is built in for volunteers to carry out their work at community level effectively.</li> </ul>
<ul style="list-style-type: none"> <li>• Provide space for each cadre of volunteer to meet and work with clients in the community.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure that different cadre of volunteers receive the same incentives and materials for their work e.g. tee- shirts and bicycles.</li> </ul>
<b>Peer educators</b>
<ul style="list-style-type: none"> <li>• Recognise attrition will occur particularly with the roles of peer educators and ensure there is a system for adequate replacement and training to integrate them into the programme</li> </ul>
<ul style="list-style-type: none"> <li>• Recognise the additional training, support and mentoring needs of young volunteers and ensure this is built into the project</li> </ul>
<b>Community Based Distributors</b>
<ul style="list-style-type: none"> <li>• Ensure community based distributors each have their own trunk to store commodities.</li> </ul>
<ul style="list-style-type: none"> <li>• Explore the feasibility of task shifting around the administering of injectable and implants to the community based distributors.</li> </ul>
<b>Change Agents</b>
<ul style="list-style-type: none"> <li>• Include change agents in project implementation at the earliest stage to help with community engagement and acceptance.</li> </ul>
<ul style="list-style-type: none"> <li>• Clearly define the role of change agents as distinct from other cadre of volunteers, focussed on engaging with chiefs and community leaders as well as parents and other gatekeepers.</li> </ul>
<b>Long Term Volunteers</b>
<ul style="list-style-type: none"> <li>• Ensure that long term volunteers that are critical to implementation arrive at the beginning of projects and roles are continued until the end of the project with adequate overlap for handover</li> </ul>
<b>Training</b>
<ul style="list-style-type: none"> <li>• Ensure training of community volunteers is done just before implementation so there is no gap.</li> </ul>
<ul style="list-style-type: none"> <li>• Align project training with existing training materials such as national manuals and ensure technical review of materials to assure quality.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure training for newly recruited community volunteers is of a consistent level and quality as the original volunteers and qualifies for certification in order not to create hierarchies amongst volunteers.</li> </ul>

<ul style="list-style-type: none"> <li>• Ensure health providers are also provided with regular refresher training in addition to initial training.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure training is delivered by technical experts who have experience of working with young people.</li> </ul>
<b>IEC materials</b>
<ul style="list-style-type: none"> <li>• Ensure IEC materials are made available in local languages</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure ICE materials are tailored and targeted for different ages, contexts and identities.</li> </ul>
<b>Safeguarding</b>
<ul style="list-style-type: none"> <li>• Ensure all actors in the project are aware of the organisations safeguarding commitments and code of conduct</li> </ul>
<ul style="list-style-type: none"> <li>• Provide training for volunteers and staff on safeguarding on both the organisational policies and procedures as well as the considerations for safeguarding within the programme. Train volunteers on the key considerations for working with children.</li> </ul>
<ul style="list-style-type: none"> <li>• Identify potential safeguarding risks in projects and ensure mitigation plans are put in place.</li> </ul>
<b>Technical</b>
<ul style="list-style-type: none"> <li>• Ensure the programme has adequate technical expertise supporting implementation at project sites.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure that the project design is reviewed by SRHR expert who can confirm that approach is in line with the values of the organisation and that there are comprehensive accurate and evidence-based interventions.</li> </ul>
<ul style="list-style-type: none"> <li>• Include a robust supervision mechanism for assuring the technical quality of interventions for any young volunteers e.g. peer educators or ICS volunteers.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure there are strong messages on dual protection within SRHR programmes.</li> </ul>
<b>Sustainability</b>
<ul style="list-style-type: none"> <li>• Identify how to build a capacity building component into the role of long term volunteers for sustainability.</li> </ul>