

# Best practices in mentoring for AGYW HIV prevention programming



In the chat, say hi and let us know where you are from! / *No bate-papo, diga olá e fale-nos de onde é!*



Click this icon below and choose your preferred language: English or Portuguese / *Clique no botão da língua na parte inferior da barra de ferramentas para seleccionar o canal português. A tradução começará assim que a sessão iniciar*



# AGENDA



Chairperson: Adjoa Kwarteng, Genesis Analytics

Session	Presenter	Time
1. Welcome, introductions and house rules	Chairperson: <b>Adjoa Kwarteng</b> , Genesis Analytics	5 minutes
2. Opening remarks	<b>Thobeka Mvuna</b> , TBHIVCare	10 minutes
3. Presentations by experts in the field	<b>Chairperson to facilitate</b>  <b>Presenters:</b> <ul style="list-style-type: none"><li>• <b>Allison Pieterse</b>, Genesis Analytics &amp; <b>Robin Mohr</b>, independent consultant</li><li>• <b>Isolde Birdthistle &amp; Madeline Ireland</b>, the London School of Hygiene and Tropical Medicine</li><li>• <b>Miriam Temin</b>, the Population Council</li><li>• <b>Alok Gangaramany</b>, Final Mile</li></ul>	35 minutes
4. Question and Answers Session	<b>Chairperson to facilitate</b>	10 minutes
5. Mentoring promising practices	<b>Adelhelma Paul Ndile &amp; Erica Kaginga</b> , Henry Jackson Foundation, Tanzania <b>Lute Mbewe</b> , RICAP, Zambia	15 minutes
6. Question and Answers Session	<b>Chairperson to facilitate</b>	10 minutes
7. Closing remarks	<b>Caya Lewis-Atkins</b> , Global Fund	5 minutes

Put down **one word** you would use to  
**describe a mentor** in AGYW HIV  
prevention programming

**<https://www.menti.com/k889d2meot>**

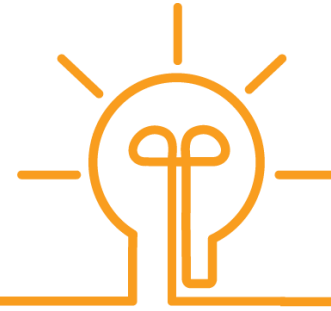
# Opening remarks

Thobeka Mvuna from TBHIVCare South Africa will share her reflections on being a mentor working directly with AGYW in HIV prevention





**TBHIVCARE**



# **My Mentorship Experience**

Thobeka Mvuna

Date: April 2022

# How I became a mentor

- The TB HIV Care facilitators and nurses recognised that I was interested in working with young people and had a positive attitude.
- They offered me the role of mentor to other young people in the area.



# What I do as a mentor

- I recruit vulnerable & non vulnerable adolescents (mostly girls) to participate in the structural programmes.
  - I go to places where young people congregate after school and invite them to participate (parks, playgrounds, shops, WiFi spots, libraries, schools, churches)
- I create a safe space for the groups, who are divided up age group (10-14) (15-19) (20-24). These safe spaces are often in schools, or community halls, or libraries.
- I take one group at a time through the different sessions. To date, I have mentored approx. 30 groups.

# What I do as a mentor

- Help build a supportive social network for the participants.
- Provide information about HIV, gender-based violence, and sexual and reproductive health. Distribute condoms, lube.
- Build refusal skills and negotiation skills among participants.
- Champion issues at family and societal levels.
- Link participants to health services (HIV counselling and testing, family planning, PrEP, STI screening, psychosocial support).



# How this makes a difference

- (Through isiBani centre) I did sessions with matriculants where we filled in university application forms, and used laptops to apply for student funding. About 15 of these matriculants are at university now.
- A young girl was being abused by church leader, and cutting herself as a result. She was able to tell me about the situation. The case was taken further with social workers. Now she is in a much better space, and I am still able to support her.

## Feedback we get from participants

*"I want to use the knowledge and health information I have gained to improve my health"*

*"My life was a mess before I participated in the group mentoring sessions. I used to drink too much alcohol and did not even care about my academic studies and my sexual health. Now I have learnt a lot and will become responsible"*

*"I will now help other young girls in my community through sharing health information and linking them to health services"*

*"I used to look down upon myself. I had this strong belief that I was going nowhere in life because of my background. Group mentoring has changed my life. I now wake up in the morning knowing that my background does not determine my future"*

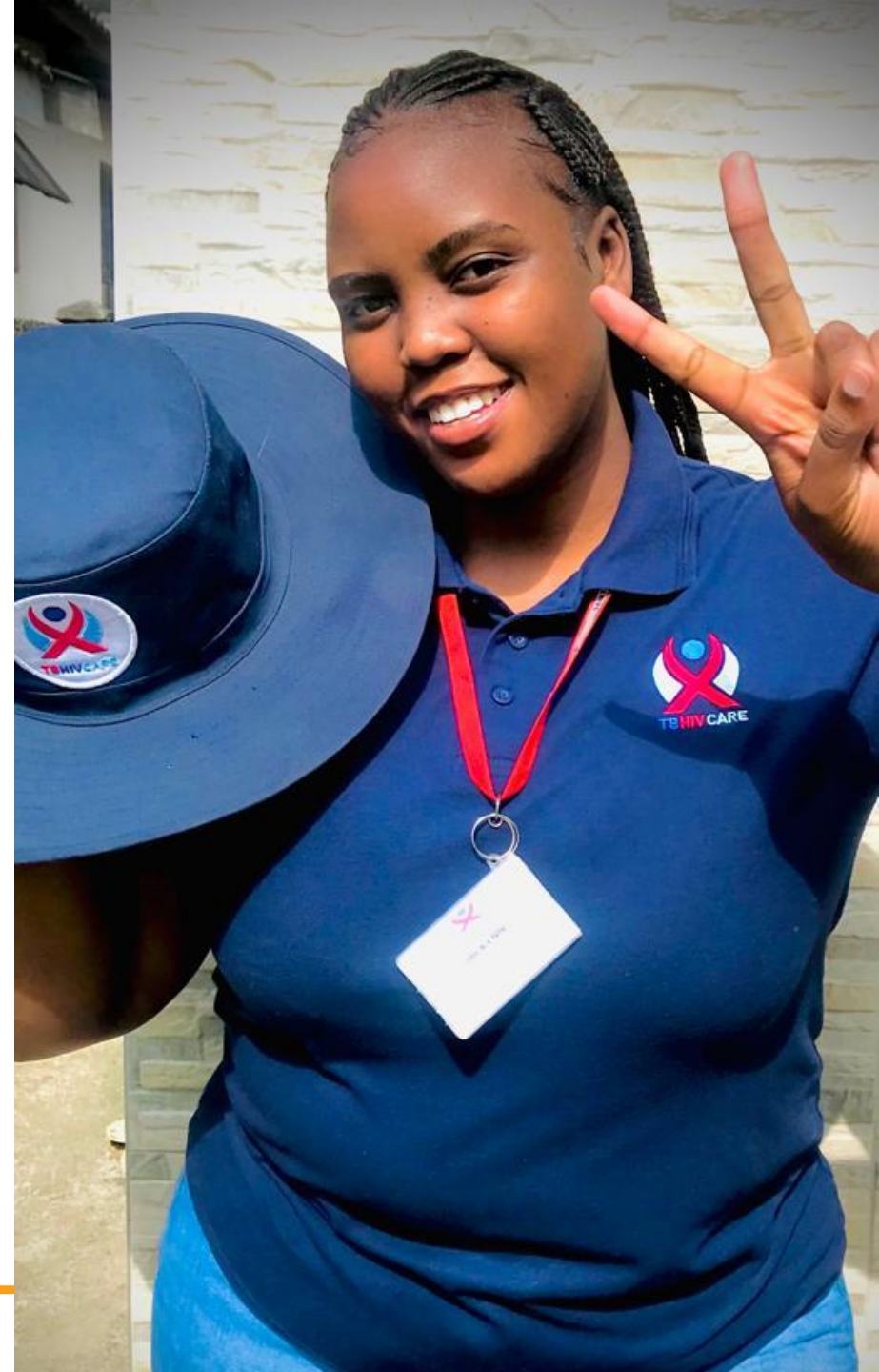
*"I was a very shy person with low self-esteem, mentoring, has helped me to gain confidence and I am now a very happy person."*

# How being a mentor has benefitted me

- Mentoring has given me the opportunity to give back to my community and learn from the girls and young women.
- I have gained personal satisfaction from contributing to changing the lives of young people.
- My self-confidence and communication skills have greatly improved.
- I also realise that my facilitation and leadership skills have been sharpened.

# My future plans

- I studied financial management at college, but am much more passionate about working with people.
- I am thinking of studying clinical psychology/social work part-time.



# Thank you

Name: Thobeka Mvuna

Mobile:+27 744608203

Supported by:



# Panel Presentations

During the next 35 minutes four different presenters will present to you on mentoring for AGYW HIV prevention. These presentations will include evidence gathered through evaluations, insights from environmental scans , information on the different ways mentors are beneficial to AGYW overall and how to ensure programme design makes the best use of this relation as well as guidance on how to improve the sustainability of these programmes for future AGYW. These presenters include team members from the **London School of Hygiene and Tropical Medicine**, the **Population Council**, **Final Mile**, **Gillick and Mohr Consulting** and **Genesis Analytics**, all with years of experience in HIV prevention and working with AGYW.



# An environmental scan of the mentoring component of DREAMS and Global Fund AGYW HIV prevention programming



At the time of our project, there were:

- partial understanding of how mentoring is implemented
- limited guidance on recruiting, training and supervision

## AIM

The aim of this environmental scan is to understand and document the best practices that exist in AGYW mentorship programmes **by reviewing the DREAMS and Global Fund AGYW mentoring programme component.**

## OBJECTIVES

1. To determine what is **meant** by mentoring →
2. To determine the general **characteristics** of mentors →
3. To understand how mentors are **selected** and **recruited**
4. To describe **training** that mentors receive and **how** training is implemented
5. To understand the **job responsibilities** of mentors as well as the **curricula** used
6. To describe how mentors are **supervised**
7. To understand how mentors are **compensated**
8. To determine if mentors are **tracked** and understand how they are supported in their **career progression**
9. To identify **best practices** and **challenges** in mentoring programming
10. To understand the **overall experiences** of mentors and mentees in the program

our presentation today

# We conducted deep dives with interviewees from 2x DREAMS Ips and 2x Global Fund SRs per country



## Methodology

Randomly selected DREAMS Ips/Global Fund PRs/SRs/SSRs per country

Ensured representation

- between
- urban vs. rural
  - School vs. non-school
  - Sites with best practice vs. those with developing capacity

Total sample:  
36 KIIs  
4 FGDs

	Country team level KII		DREAMS IP / GF SR		Program staff KII	Mentor IDI	Mentee FGD
	1	 	FHI 360	}	4	4	
			EGPAF		FDC	4	4
	1	 	Unique Girls	}	2	2	
			Destruction Girls		2	2	
	0	 	HIVSA	}	4	4	2
			TB HIV Care		MIET Africa	4	4
	1	 	HJF	}	2	2	
			ICAP		2	2	
	1	 	Nchanga DREAMS Centre	}	4	4	
			Mchini A		CIDRZ	4	4
	0	 	NAC	}	2	2	
			Planned international		2	2	

4 country level KIIs

10 DREAMS Ips, 8 GF SRs

36 Programmatic staff KIIs

36 Mentor IDIs

32 mentees



Though no universally accepted definition exist, it IS used in several settings, incl. HIV prevention

## Key principles may however include:

1. Experience
2. Guidance
3. Trust

*Mentoring has been defined as “an **experienced** person who **advises and helps** somebody with less experience over a period of time” (Oxford, 2020).*

*“Mentoring is a process in which a person who is **experienced, wise, and trusted** guides an inexperienced individual” (Short, 2002)*

*“Mentoring is “first, someone with greater **experience or wisdom** than the mentee. Second, the mentor offers **guidance or instruction** that is intended to facilitate the growth and development of the mentee. Third, there is an **emotional bond** between mentor and mentee, a hallmark of which is a sense of trust” (Freedman, 1992).*

**Mentoring is used in a variety of settings.** E.g. junior staff may be paired with a more experienced staff members in corporate settings. Community mentoring of disadvantaged young people forms the basis of the Big Brothers Big Sisters program.

In HIV prevention programs for AGYW, mentoring is used to **foster strong relationships & build protective assets** (Sipe, 2002). These “skills, resources, and social and economic capital” which AGYW need to reach their full potential are often **the core around which HIV Prevention programs are developed** (Erulkar, 2014).

### | However, relatively few interviewees could articulate how mentoring supported the DREAMS and GF AGYW program in reaching its objectives

“The mentoring within the DREAMS project, from my point of view, is to **equip** adolescent and young women. I see the main role being that of providing them with the necessary skills they need, in order to manage in the environment in which they live in. This includes providing them with our **protective assets**, because of the impact, you know, that HIV is giving when adolescent girls and young women. So they need to know those assets I mean, to protect themselves. And by that, I mean building social networks, whereby **mentors, share ideas, and also within our program, the focus really is on building their self esteem.** So that they can be an asset, that we build their self esteem, **we also help them to become self sufficient in terms of not depending on other people for information.**”

*DREAMS, Program staff, South Africa*




“I believe it was a well-crafted program given the gap that was seen in the marginalized communities so I believe the package is a good package **we want girls to have access to services, enough to be able to claim their rights.** We go into those marginalized communities to access these girls so that they are able to access services and then be able to provide services to them. It was a very good program especially with the limited resources that we had and the short timeline that we had to implement the program. The idea of trying to keep girls in school and the impact that it has had in communities. **We have managed to retain a handful of girls in school. And they get to make positive decisions on their sexuality and health.** If it were to be continued it would actually yield more results... more people would get to realise the importance of the program. By having them engaged in the process it actually presents more opportunities and outcomes.”

*Global Fund, Program Staff, Zimbabwe*




## Across the countries, different terms are used to describe cadres performing the mentoring function (or parts thereof)




### MOZAMBIQUE

- **Mentors:** Responsible for delivering the DREAMS curricula and linking girls to health services.
- **Economic strengthening facilitators:** Are volunteers that play a role in economic strengthening of AGYW.
- **DREAMS Ambassadors:** Current role is largely advocacy but not clearly defined. There is a move toward to creating ambassadors who will be responsible for coordination of activities, supervision and technical guidance.




### SOUTH AFRICA

- **Facilitators/Community Care Workers:** Are a part of the structural program and are responsible for delivering the DREAMS curricula and linking girls to health services.
- **Peer educators:** Are a part of their PrEP program and are responsible for supporting AGYW that initiate PrEP.
- **DREAMS Ambassadors:** Volunteers that play an advocacy role within the communities. There is a move towards dissolving this role and adding these duties to facilitators and peer educators.




### TANZANIA

- **Community Outreach Volunteers:** Responsible for delivering the DREAMS curricula and linking girls to health services. Are sometimes referred to as facilitators.
- **Peer educator :** Are volunteers in the program, provide girls with information, and encourage them to join program. Sometimes carry out mentors responsibilities.
- **DREAMS Ambassadors:** Mentors girls in a personal way, not seen as a staff member. Aspirational type role as well as connecting vulnerable girls to the program.



### ZAMBIA

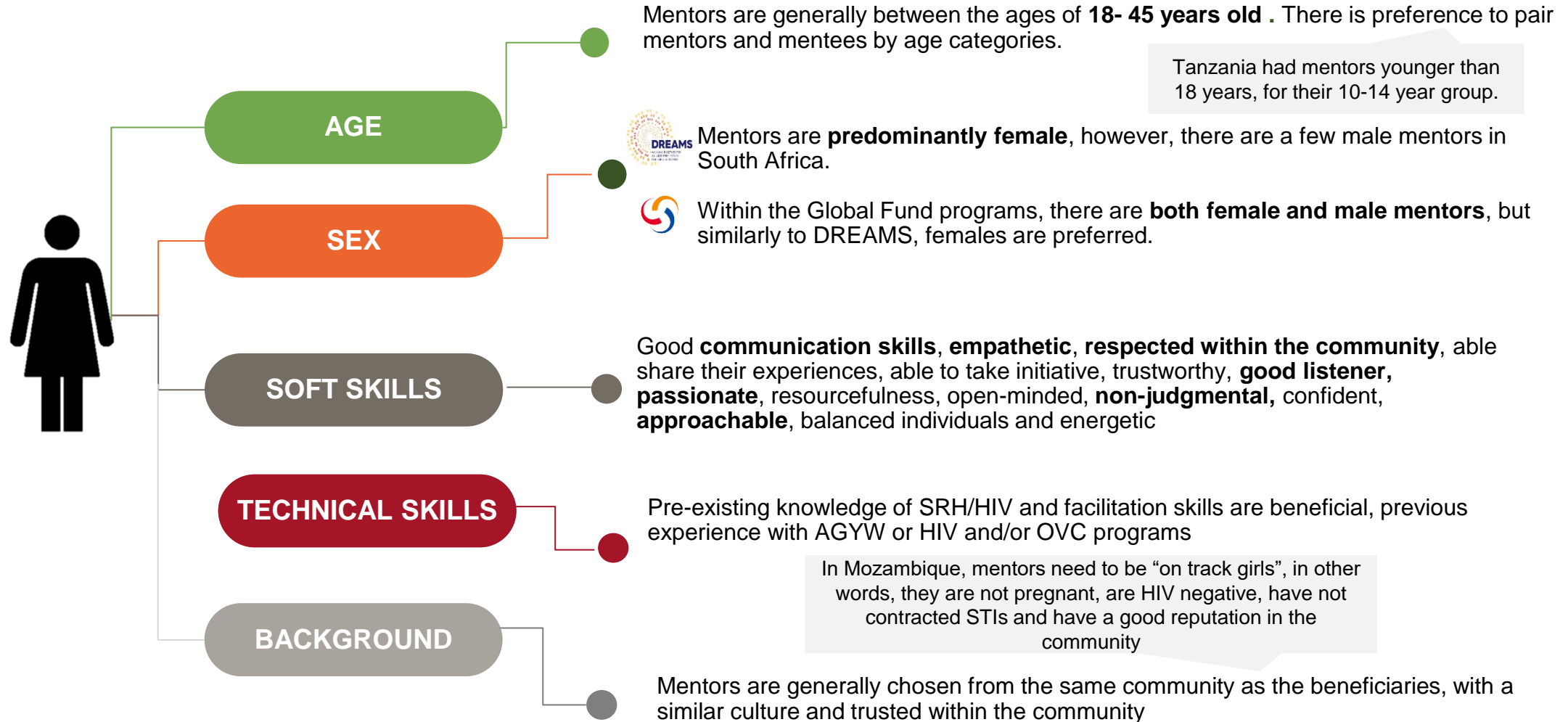
- **Mentors:** Responsible for delivering the DREAMS curricula and linking girls to health services
- **Peer educators:** Responsible for delivering information and raising awareness. This can be school-based.



### NAMIBIA

- **(Community) Care Workers:** Responsible for delivering the DREAMS curricula and linking girls to health services.
- **Facilitator:** Gives parental guidance and curriculum to parents of AGYW

## | Mentors are predominantly females > 18 years & from the same communities as the beneficiaries



| Mentors should be **near peers\*** but this does not always appear to be the case

Mentors, who are **\*near peers**, should be **young enough** to be able to **relate** to mentees, but **old enough** to be seen as **role models**, usually between **18-30** (Population Council, 2019).

“We also have the issue of age if we are working with older people the young ones could feel intimidated and they even say it when I look at you, I see my mom and I won’t be able to give you the full story.” – **Global Fund**, *Program Staff, South Africa*

***Does the age of your mentor make a difference for you?***

“Sometimes it does I don’t feel comfortable around elders.” – **DREAMS**, *Mentee, South Africa*

**This difference in age was cited as older mentors having more experience and being more trustworthy.**

“When I talk to my mentor, I know she is old and has a daughter my age and I know she will be giving me good advice because the advice that she is giving me means that she is giving the same advice to her child. Which is why I prefer older people.” – **DREAMS** *Mentee, South Africa*



| Mentors appear to represent the **AGYW** with whom they interact, but in some countries there is a tension between **relatability** and **role modelling**

## ROLE MODEL

Mentors are "role models and provide their experience for those girls who are **off-track** or likely to become off-track if they do not receive mentoring/ coaching by those who are identified as Mentors and influencers, good and role models in the community." – **DREAMS**, *Program staff, Mozambique*

## REAL PEERS

“Do you feel you **have a lot in common** with the AGYW?”

Mentors: **Yes.** – **Global Fund**, *Mentor, Zambia*

## RELATABLE & ROLE MODEL

The first thing that makes a mentor more successful is the one who is accepted in the concerned community. She should be a **resident of the same areas but she should live by example of what she preaches.** – **DREAMS**, *Program staff, Tanzania*

“In order for you to really understand how we are interchangeably using the word mentor and peer educator in the context of our discussion. A **peer educator** according to this program that we are doing - these adolescents, young men, young girls, coming from the **same age groups. Similar characteristics and background. They are role models among peers** and are promoting or creating demand for services that are beyond facilities for the adolescent.” – **Global Fund**, *Program Staff, Zambia*

**There was a lack of understanding of how mentors help AGYW HIV prevention programmes reach its objectives**

### **Objective 1 / What is meant by mentoring?**

There was a **lack of understanding of who and what a mentor was** as well as **how they helped the AGYW HIV prevention programme** achieve its overall objective – a reduction of HIV amongst AGYW

### **Objective 2 / What are the general characteristics of mentors?**

The second objective provided insights into **the characteristics of who a mentor is** and **why certain traits are necessary for mentors to effectively engage with AGYW**

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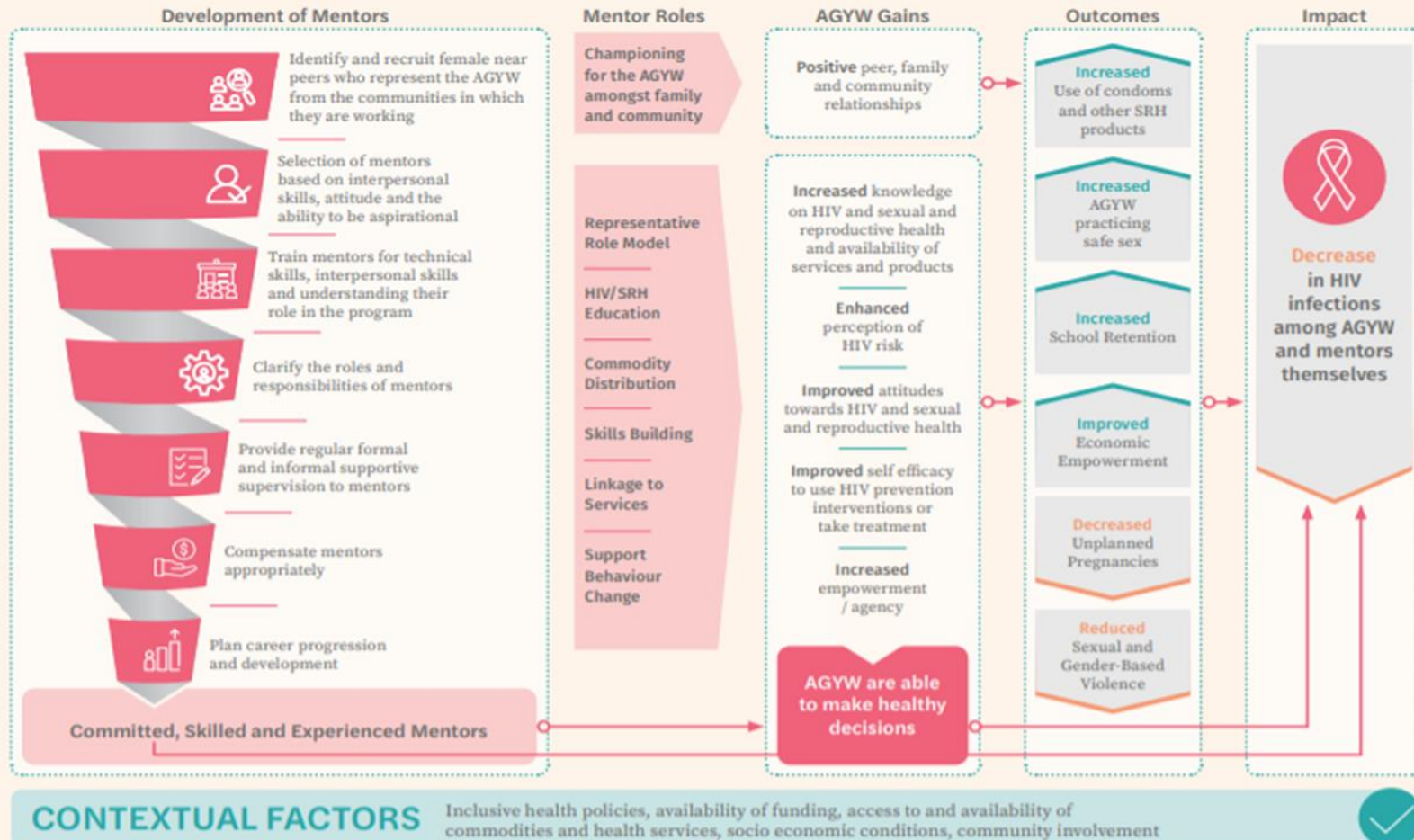
We developed a **theory of change, specifically for mentoring** and to show how the **direct inputs of mentors would bring about intermediate outcomes** which ultimately led to a reduction in **HIV infection rates amongst AGYW in the programme**



We created a theory of change specifically for the mentoring component of AGYW HIV prevention programmes, to ensure there is a clear understanding by implementing partners and mentors on how mentors will help to achieve programme objectives



## Mentoring Theory of Change



## Aim:

- outline how well suited mentors are identified, recruited, selected, and supervised in the programme.
- outline the roles and responsibilities defined for these mentors and how each of the roles as well as traits identified during the recruitment processes served as inputs into AGYW gains such as increased HIV prevention knowledge which ultimately resulted in outcomes such as increased HIV testing and finally fed into the impact of reduced HIV infection.

# Lessons learnt from DREAMS evaluation work with respect to mentoring

Isolde Birdthistle and Madeline Ireland, London  
School of Hygiene and Tropical Medicine





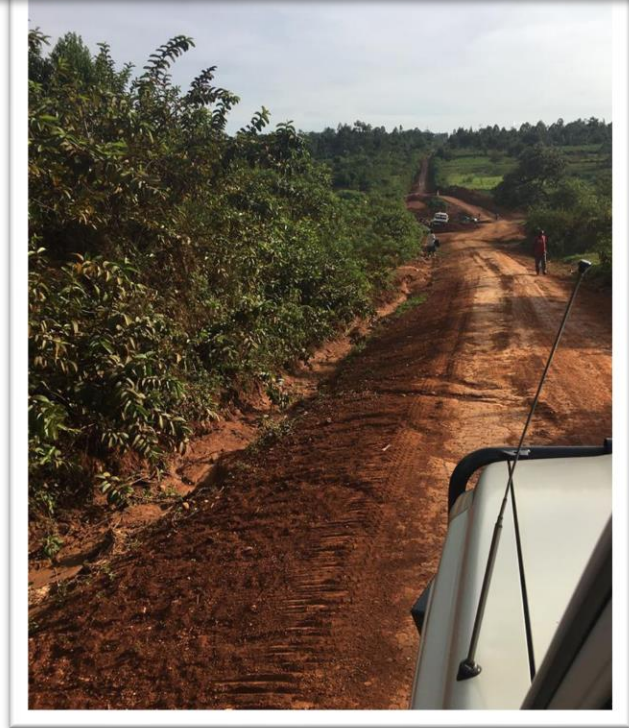
# Independent impact evaluations of DREAMS in 4 settings

2 informal settlement areas of Nairobi



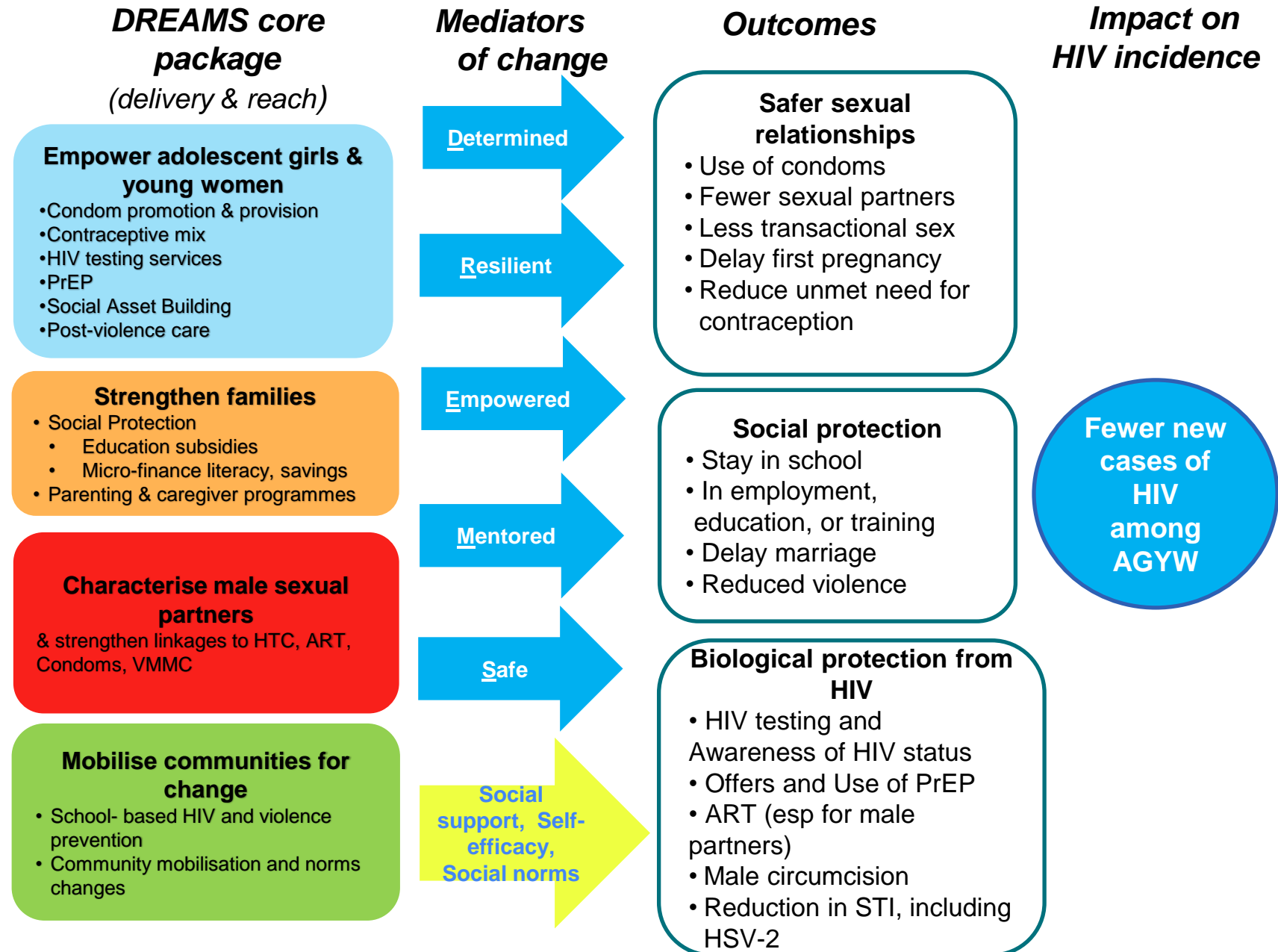
1 rural district of KwaZulu-Natal, South Africa [uMkhanyakude]

1 rural sub-county of Siaya, western Kenya [Gem]



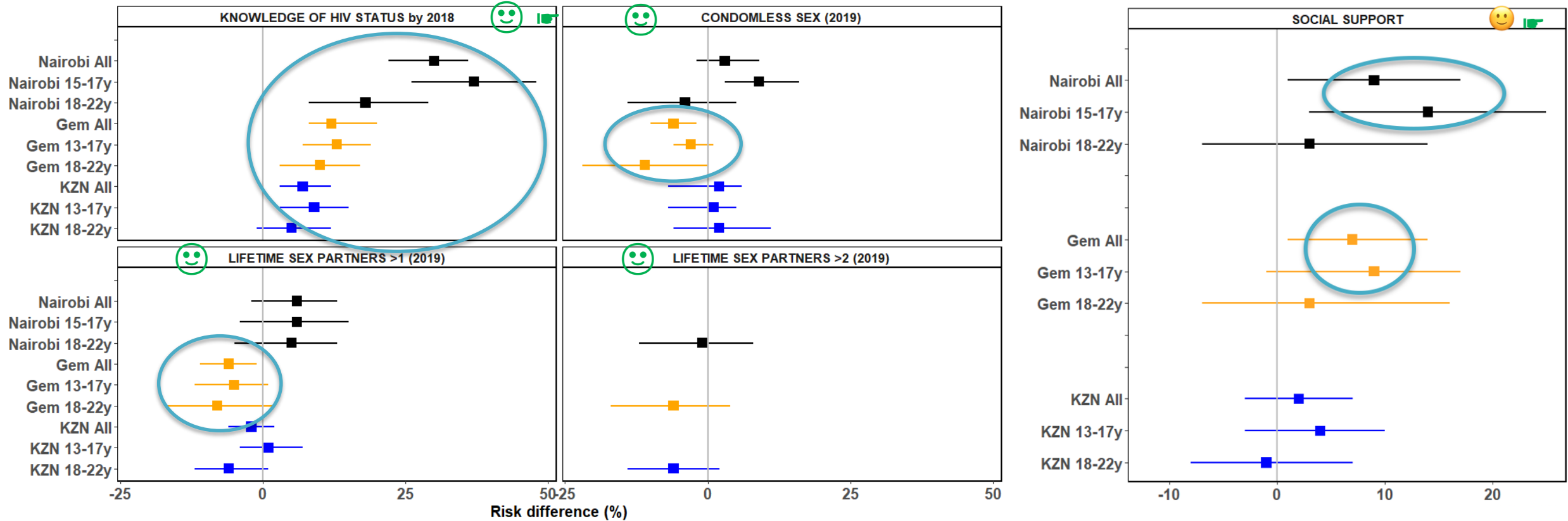
2 cities in Zimbabwe [Bulawayo & Mutare]

# Pathways of protection: to guide the impact evaluation



# Sample results: Impact of DREAMS on HIV prevention and social support

With null value = zero (no difference attributable to DREAMS)



# A deeper dive: Qualitative research to understand DREAMS implementation in diverse settings

- How implementation & context help to explain the impact results
- This included focus group discussions with mentors in Kenya

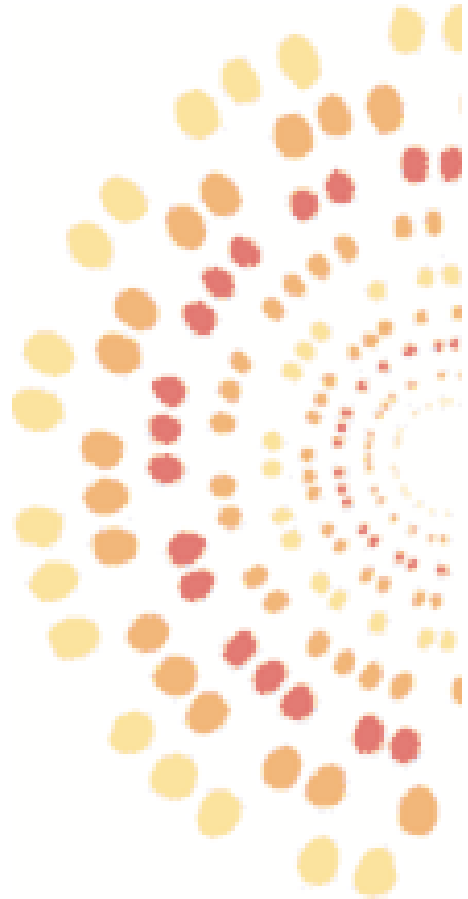
Methods used	Participants	Informal Settlement Area 1 (over 3 annual rounds)	Informal Settlement Area 2 (over 3 annual rounds)	Total (over 3 annual rounds)
NAIROBI				
In-depth Interviews	Adolescent girls & young women	30	30	60
	Adolescent boys & young men	33	33	66
Key Informant Interviews	Community/Youth leaders	6	6	12
	Local health care workers	6	6	12
	Implementing partners	6	6	12
Focus Group Discussions	Parents/Guardians	3	3	6
	Mentors	6	6	12
Structured observations	Variety of DREAMS interventions: HTS, Social asset building, Families Matters, Financial Capabilities	21	21	42



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## ***Lessons learned in the Nairobi-based DREAMS programme:***

**Madeline Ireland**

MSc thesis, London School of Hygiene &  
Tropical Medicine, 2021

*A thematic analysis to explore and strengthen mentor-led approaches to decentralise sexual and reproductive health services for adolescent girls and young women through DREAMS in informal settlements in Nairobi, Kenya*



# Methodology & Results

- Secondary data analysis of DREAMS IE qualitative data from Nairobi 2017-2019 [listed on the right], applied using an inductive approach to thematic analysis that resulted in six overarching themes [listed below].
- Qualitative evidence found that mentors increased services, created support networks, and were the key in linking DREAMS AGYW to resources, education, and more.
- There was a lot of support offered to AGYW recipients of the Nairobi-based DREAMS programme, but **mentors were not supported to the same extent despite being young urban girls and women of similar ages and from the same communities**

12
Focus group discussions with mentors
6
Key informant interviews with implementing partners
12
Purposefully selected in-depth interviews with AGYW





## *How did mentorship in the Nairobi-based DREAMS programme help to support AGYW recipients?*

Mentorship was successful at

**Integrating services** in a comprehensive package through the closed-circuit referral system by the ‘layering’ that is essential to DREAMS

**Helping mentees navigate services and linking them to non-judgmental services** through drawing on their close personal relationships with mentors

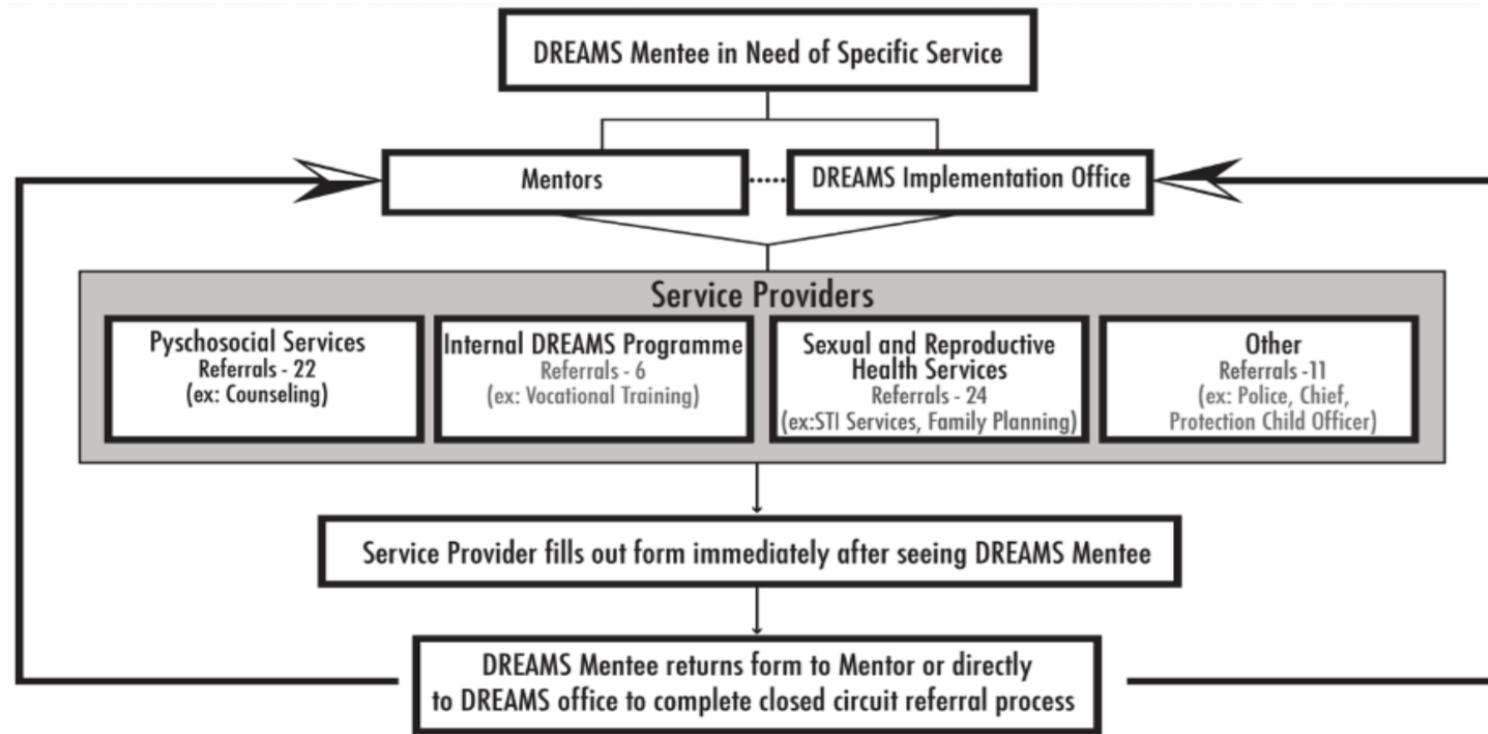
**Creating a safe environment** for AGYW to express thoughts, feelings, disclose personal information, etc.

**Improving decentralised services** by offering a range of intervention in private safe spaces within the community that provided HIV testing, family planning, PrEP, counselling, and more

**Improving access to demedicalised services** by addressing the holistic needs of AGYW, helping to boost ‘protective assets’ and create a ‘social safety net’ which could have the potential to reduce risk and need of clinical services

Use of Safe Spaces

Access to services



**P3:** *In safe space it is where we teach them about empowerment and self-esteem and also we give them skills... We also share out moments or ideas and also we have been able to solve problems which we raised. We also maintain confidentiality by keeping all things that we share amongst us.*

(Mentors, Nairobi, 2018)

**MQ6:** *We would like to learn more about your safe spaces group. What does your safe spaces group involve?*

**R9:** *Safe space it is a place where girls meet and share the challenges they face and they come up with their own ideas on how they can overcome them and also we discuss the importance of DREAMS interventions*

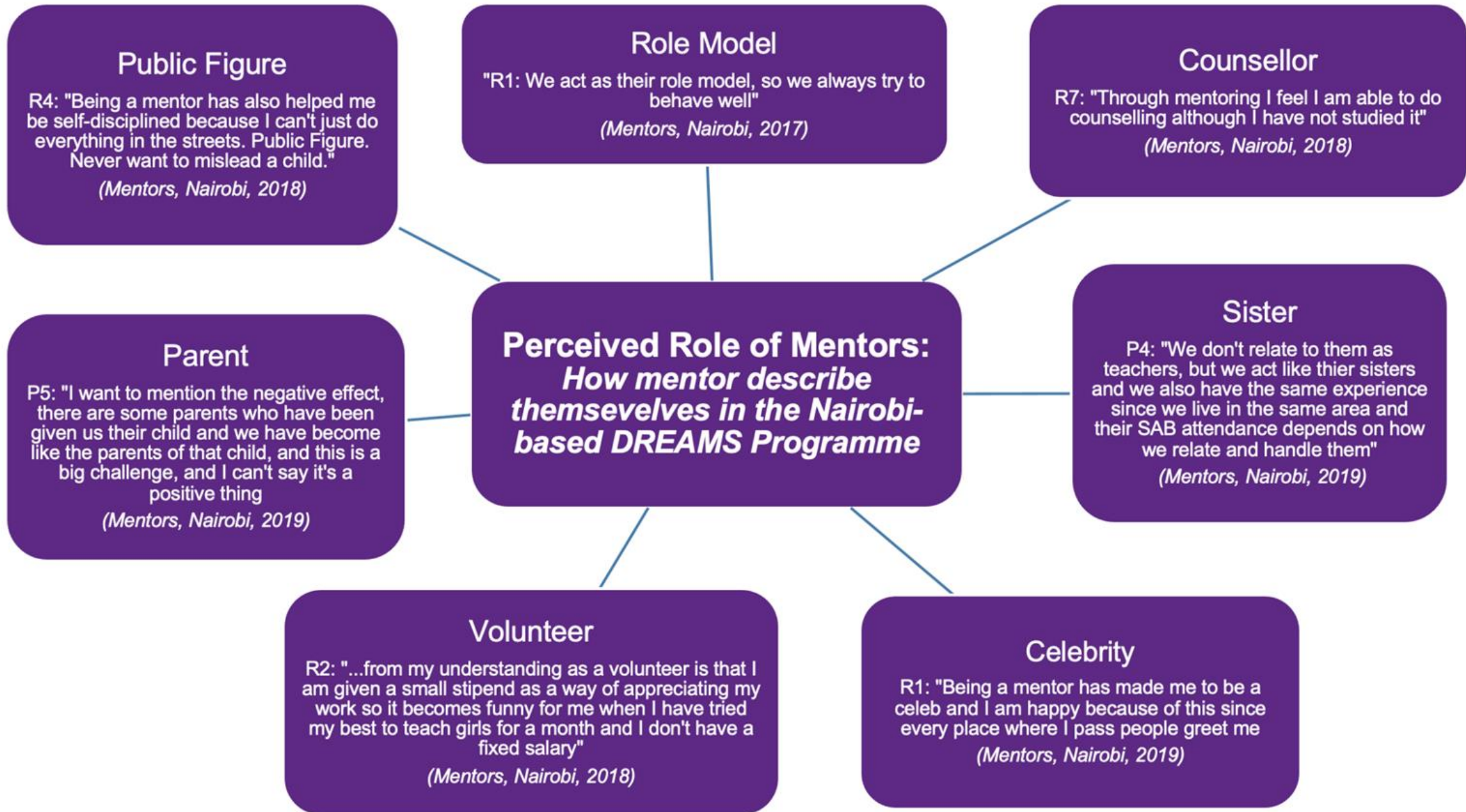
(Mentors, Nairobi, 2018)





# What challenges did mentors face in the Nairobi-based DREAMS programme?

Responsibilities and Time Commitments of Mentors	Perception of the Roles of Mentors	Conflict	Programmatic Issues
<ul style="list-style-type: none"><li>• Widespread responsibilities<ul style="list-style-type: none"><li>◦ Mentors went far beyond responsibilities listed in the PEPFAR COP 2021 document</li></ul></li><li>• “On call”</li><li>• Provided intense emotional, physical, and financial support</li></ul>	<ul style="list-style-type: none"><li>• Conflicting roles<ul style="list-style-type: none"><li>◦ Friend</li><li>◦ Role Model</li><li>◦ Sister</li><li>◦ Parent</li><li>◦ Volunteer</li><li>◦ Celebrity</li><li>◦ Public Figure</li></ul></li></ul>	<p><b>Financial</b> Mentors are financially providing for their mentees in times of distress (money, housing, food, etc.)</p> <p><b>Parental/Partner</b> Mentors threatened by AGYW family/partners</p> <p><b>Implementing Partners</b> Mentors report not feeling respected by implementing partners</p> <p><b>Security Concerns</b></p> <p><b>Myths/Gossip</b></p>	<p><b>Compensation</b> Mentors expressed that they were not paid adequately</p> <p><b>Training</b> Mentors expressed desire to be given a refresh on skills in the form of trainings.</p> <p><b>DREAMS Manual</b> Many reported deciding to not bring the manual to sessions and supplementing the meeting with their own activities.</p> <p><b>Mentor Characteristics</b> Some mentors were assigned to teach mentee groups that they did not share similar characteristics.</p>





# Mentor's Voices

## *Lack of communication with Implementing Partners*

Implementing partners generally spoke of mentors being essential to the programme but in the same year and same site, mentors themselves report limited opportunities to give feedback to the implementers.

**P4:** *“... they [implementing partners] just come up with plans for the whole year... those plans which don't have our thoughts and they know we are the ones who do most of the things since we are in the ground so **we feel it would have been better if we could have given them our thoughts rather than putting pressure on us in the last minute** when they want to hit the target of which maybe if we were included in those meetings we could not have the challenge of rushing to meet the target in the last minute...”*

(Mentors, Nairobi, 2019)

**R12:** *“They should also give us other top position when there is vacancy because we have skills and we are educated rather than bringing facilitator from [X] or [X] **so it means they don't want us to upgrade.**”*

(Mentors, Nairobi, 2019)



# Mentor's Voices

## Thoughts on Trainings

**R3:** *Okay, for me, in mentoring, I can't say we've had enough*

**M:** *Yes?*

**R7:** *Because it was **one-week training**, so you can imagine a one-week training of mentoring which is a wide thing, so we still need more training*

**M:** *So, what do you suggest?*

**R8:** *As number ten said, we need counseling skills, we need mini skills so that when the girls come with anything for counseling, you are ready, if it is interventions, us mentors we don't have those skills, we still need more as mentors. As she has also said about outside training, it is a good thing because **as we are mentoring others, we also need to be mentored***

(Mentors, Nairobi, 2017)

**MQ12:** *Have you received any other training as a mentor to advance your mentorship skills?*

**R12:** *We were taught only once and even we have not got refresh*

**M:** *When were you trained lastly?*

**R4:** *Everyone was trained on different year it depends on the year you started to mentor because there are those who were trained in 2016 and others in 2017*

**M:** *This year have you not been trained?*

**R:** *We were trained on 2016*

(Mentors, Nairobi, 2018)



# Mentor's Voices

## *Responsibilities and concerns*

M: *What other issues do girls come to you with, yes P1?*

P1: *There was one girl who was raped in the midnight and she called me so I had to connect ambulance to fetch her and she did this because of trust she has to me.... There also cases of rape and there was a time we had a case whereby one of our DREAM girl was suspecting that her child has been raped. There some also who tell us to buy food for them so that they cannot go without food and **we have to help them***

(Mentors, Nairobi, 2018)

R5: *With me, the challenge I got was the day that we were actually paid and there was my dream girl that was going to give birth and she didn't have anything, **so I had to use my money to shop for her, prepare food for her, it wasn't easy.***

(Mentors, Nairobi, 2018)

*And sometimes parents can tell us their problem and we help them. I have grown as a mentor and now I know how to handle stress*

(Mentors, Nairobi, 2019)



# Conclusion

## *The Future of Mentorship in AGYW HIV Prevention Programs*

Mentorship needs to be established as a valid career path; this will ensure:

- Safeguarding
- Compensation
- Boundaries
- Training
- Increased respect for mentors
- Upward career mobility and opportunities
- A win-win for empowerment of both mentors & clients

Thank you to all the young women  
who participated, all the data  
collection teams & all our  
colleagues...

<https://www.lshtm.ac.uk/research/centres-projects-groups/dreams#meet-the-team>



African Population and  
Health Research Center



BILL & MELINDA  
GATES *foundation*

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MEDICINE



# Sustainability of group-based mentoring in adolescent girls programming

Miriam Temin, Population Council







**POPULATION  
COUNCIL**

Ideas. Evidence. Impact.

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# **SUSTAINABILITY OF GROUP-BASED MENTORING IN ADOLESCENT GIRL PROGRAMMING**

Miriam Temin, Project Director & Associate II  
Social and Behavioral Sciences Research

**PEPFAR MENTOR WEBINAR: AGYW HIV PREVENTION  
THROUGH MENTORING**

*Thursday, April 28, 2022*

1. Clarifying key concepts
  - ✓ Group-based mentoring
  - ✓ Sustainability
2. Lessons learned to promote sustainability
3. Case studies
  - ✓ Guatemala's *Abriendo Oportunidades*
  - ✓ Rwanda's 12+ Adolescent Girls Empowerment Program



# Breadth of Council research on adolescents





## Group-based mentoring for adolescent girls

- Older, local, capacitated friend as “like” AGYW as possible
- Mentors are made, not found
- Group aspect vital
  - ✓ Protective social capital between group members, mentors
- Creates role models, aspirations
- Social norm change?

## EXTENDING THE MENTORING PROMISE IN TWO WAYS

1. Sustainability  
of programming

2. Sustainability  
of effects



# Sustainability of Programming: Mentor Performance and Retention

- Financial support
- Adequate training
- Feasible, clear job descriptions
- *Cascade Leadership*
- Emotional support from supervisors, other mentors



- Continuing with AGYW, communities after program ends
  - ✓ More likely with local mentors
  - ✓ Internalized mandate/mission helps
  - ✓ Requires ongoing financial support
  
- Opportunities for ex-mentors
  - ✓ Structured connections with other mentors
  - ✓ Training opportunities
  
- Visibility as empowered young female leaders
  - ✓ Creation of female infrastructure
  - ✓ Health promotion roles during crises/COVID

# Abriendo Oportunidades (AO), Guatemala

## HOW SUSTAINABILITY LOOKS

- Public sector roles, advising
- Policy influence
- AO alumni networks cum independent NGOs
  - ✓ REDMI, Aq'ab'al, Na'leb'ak
- AO model for other countries



## HOW AO GOT THERE

- Cascading leadership
- Government engagement
- Long-term vision for strengthening capacity, anchor to communities, give mentors independence
- Ex-mentors' organizations had capacitating, seed funding



# Rwanda's 12+ Adolescent Girls' Empowerment Program\*

## HOW SUSTAINABILITY LOOKS

- Mentors continue meeting w/girls
- Safe space access provided by parents, local leaders

## HOW 12+ GOT THERE

- Local mentors who stayed local
- Community buy-in

## FURTHER OPPORTUNITIES TO SUSTAIN EFFECTS

- Badges, uniforms, stipends
- National network, leadership opportunities
- Links to income-generation initiatives
- Fundraising for community activities

\*Implemented by Imbuto Foundation, World Relief Rwanda, Caritas. Reference: Population Council & Research Hub, 2018. 12+ Program in Rwanda – An assets building program for adolescent girls through mentorship: Formative assessment of the role of mentors during & post-program implementation.

# In conclusion

- Sustaining the tremendous potential of mentoring in community-based AGYW group programming.
- Use established (often overlooked) ‘good practice’ on sustaining mentoring in programs.
- Explore and address untapped opportunities to sustain effects of mentoring.

For more information:

## **Mentor Toolkit**

Questions to [<mtemin@popcouncil.org>](mailto:mtemin@popcouncil.org)



[https://www.popcouncil.org/uploads/pdfs/2019P\\_GY\\_MentorToolkit.pdf](https://www.popcouncil.org/uploads/pdfs/2019P_GY_MentorToolkit.pdf)



The Population Council conducts research and delivers solutions that improve lives around the world. **Big ideas supported by evidence: It's our model for global change.**



# AGYW Centered Mentorship

Alok Gangaramany, Final Mile



# **AGYW Centered Mentorship**

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Learnings from South Africa,  
Tanzania, Kenya & India

April 2022



# AGYW Centered Mentorship



**Learnings Overview**



**Understanding AGYW's  
Context**



**Understanding her  
mentors / advisors**



**Design Implications for  
Mentorship Programs**

# Learnings Overview

Integrated Behavioural science & Human-Centred design methodology with direct engagement with AGYW

## South Africa

Qualitative Research	Quantitative Research	DCM
<p>Established context &amp; insights for prevention by engaging:</p> <p><b>267 AGYW</b> across KZN &amp; MPU</p> <p><b>135 influencers</b></p> <ul style="list-style-type: none"> <li>• Male partners</li> <li>• Matriarchal figures</li> <li>• Community Health Workers</li> <li>• Nurses</li> </ul>	<p>Established segmentation and prioritised their challenges by engaging:</p> <p><b>1987 AGYW</b> in 5 KZN districts 2 MPU districts</p>	<p>Created a Discrete Choice Model of product preferences by engaging:</p> <p><b>1002 AGYW</b> in 5 KZN districts 2 MPU districts</p>

## Tanzania

Qualitative Research	Mentorship Co-creation Workshops
<p>Understand AGYW's definition of empowerment and how women have achieved that:</p> <p><b>130 AGYW</b> across Shinyanga &amp; Kasama</p> <p><b>58 Financially Empowered Women (FEW)</b></p>	<p>Generate ideas that leverage mentorship to achieve Economic Empowerment Goals</p> <p><b>30 AGYW</b></p> <p><b>30 FEW</b></p>

## Kenya & India

Qualitative Research	Quantitative Research
<p>Understand social &amp; environmental vulnerabilities of pregnant women and young mothers in the design and implementation of health services:</p> <p><b>140 AGYW</b> Across Kenya &amp; India</p>	<p>Composite index of social and environmental vulnerability.</p> <p>Distinct segments of households that cluster along key dimensions of vulnerability</p>

# Learnings Overview

Discussions with MOH & In-country youth support practitioners in Eswatini & Kenya

**Buhle Makhubu-Hlanze**

MOH-LISTEN Project Officer, Eswatin



**Rogers Omollo**

Director Activate Action, Kenya



**Siphosethu Shabangu**

Economic Strengthening Officer, MOH-LISTEN Eswatini



**Joyce Muranga**

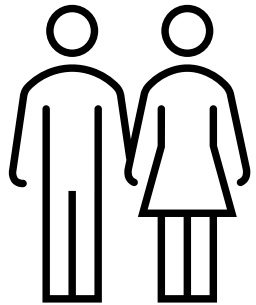
Youth Advocate CHAP UZIMA, Kenya





# Understanding AGYW's Context

*Frame is Relationship Management*



- For most AGYW, relationship management takes priority, with embedded goals around relationship preservation, navigation, control and trust.
- Lack of relevance limits effectiveness
- Aligning Mentorship strategies with AGYW relationship goals can significantly increase its impact

# Understanding AGYW's Context

## Early Adolescence (10-14)

Curiosity and experimentation phase

Vulnerable to assault / violence



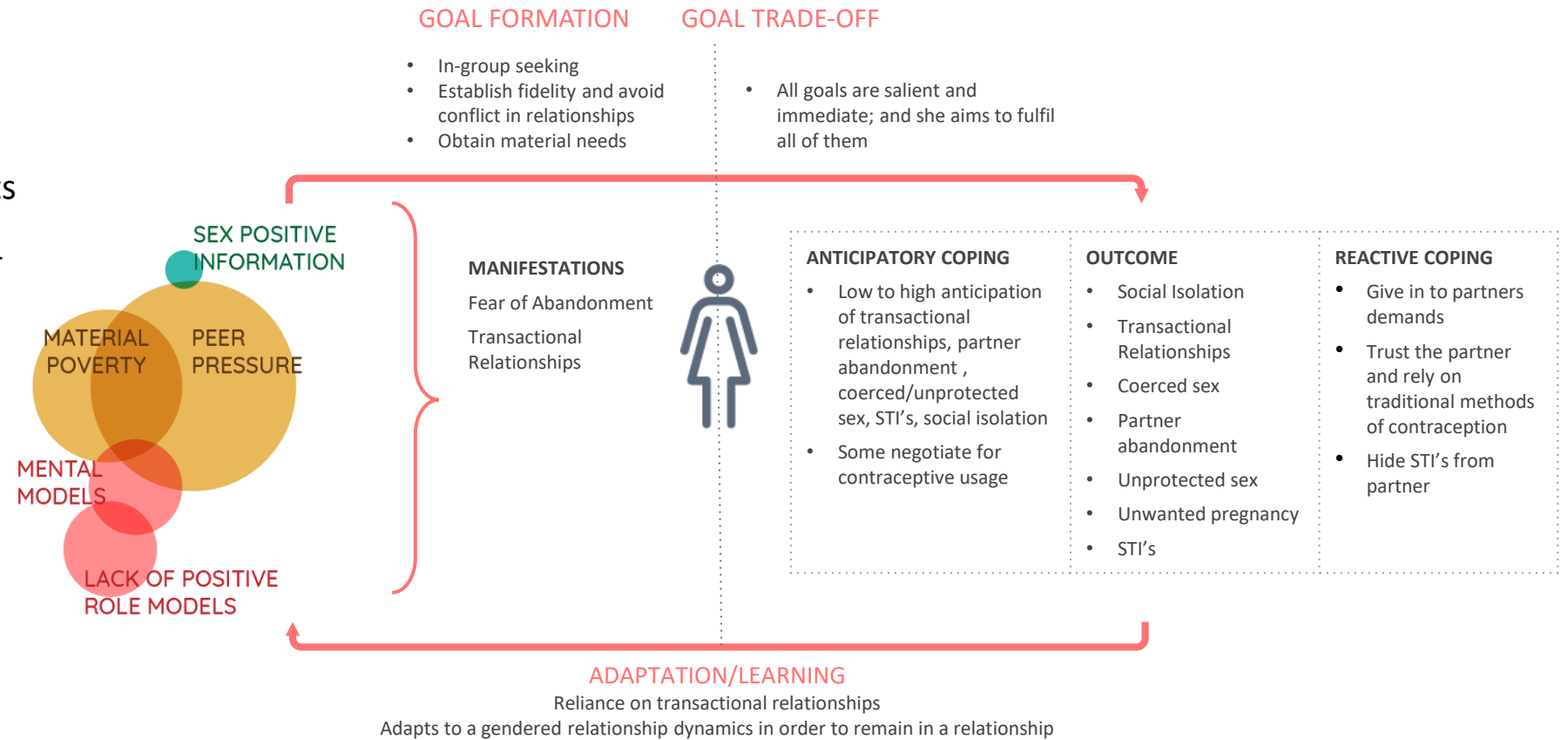
# Understanding AGYW's Context

## Late Adolescence & Early Adulthood (15-24)

Develop unhealthy sexual habits

Engage in transactional & inter-generational relationships

Exposure to HIV+ men



# Understanding AGYW's Context

## *Different relationship goals*

One size fits none

Unique pathways, motivations & barriers

Need for customized support

Lifestyle  
Lulu



**28%**  
Prioritizes functional or material needs

*"Yes, I have multiple partners, but I have many needs. I also deserve to have an iphone and have a weave. Yes, I got it the way I got it, but I don't care what people think."*

Affirmation  
Ayabonga



**30%**  
Looks for emotional support, validation, and understanding

*"It's difficult, what if he leaves me if I suggest/insist on using condoms? I love him these days... it's hard to start a new relationship from scratch. This one knows me already and he understands things, like my curfew at home. Someone else might not be able to understand."*

Respect  
Rethabile

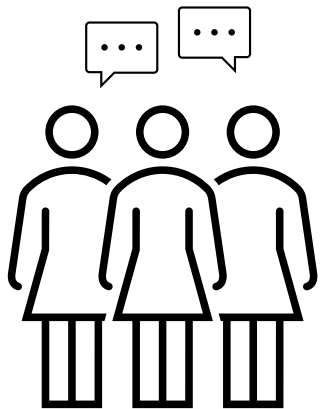


**42%**  
Looks for equity and being heard

*"He can buy alcohol that can fill up the whole table and other things for all I care. But this is my body and future, so no, I won't. If I sleep with him, tomorrow he calls another girl - then who will get sick? It's me, not those girls..."*

# Understanding AGYW's mentors / advisors

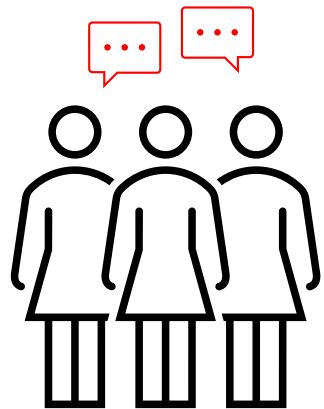
*Peer group is primary source of  
information & advise*



- Adolescents are unable to trust their social unit (family, institutions) primarily due to the lack of predictability / reliability of support and its integrity.
- Peer knowledge & information network is her major source of information and provides the needed social capital, trust and agency
- Information sources are organic & diffused

# Understanding AGYW's mentors / advisors

*Counter productive narratives are  
more salient*



- Peer group becomes a constant source of cues that highlight rewards of early sexual debut, unprotected sex, transactional sex.
- Social capital & agency from peers become source of vulnerability
- Fear of abandonment from partner leads to accepting partner demands and sexual habits that increase risk / vulnerabilities
- Other communication channels tend to be authoritarian, one sided and deliver sex-negative messages (e.g. abstinence over contraceptives),

# Understanding AGYW's mentors / advisors

*Positive Deviance: In Tanzania, Financially Empowered Women (FEW) acted as relatable role models in the community and provided a vision & roadmap to self-efficacy and self-reliance*

## Awareness & Intent

<p>📋 MENTORSHIP GOAL 1</p> <p><b>Understand the Benefits of Being Financially Independent</b></p> <ul style="list-style-type: none"> <li>• Program Goal 1.1 <b>Certainty of Self-Reliance</b></li> <li>• Program Goal 1.2 <b>Doubt Benefits of Reliance</b></li> <li>• Program Goal 1.3 <b>Certainty of Risk</b></li> </ul>	<p>📋 MENTORSHIP GOAL 2</p> <p><b>Define a financial plan to achieve personal life goals</b></p> <ul style="list-style-type: none"> <li>• Program Goal 3.1 <b>Long-Term Vision</b></li> <li>• Program Goal 3.2 <b>Financial Roadmapping</b></li> </ul>
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## Ability & Action

<p>📋 MENTORSHIP GOAL 3</p> <p><b>Design a business that can deal with losses</b></p> <ul style="list-style-type: none"> <li>• Program Goal 4.2 <b>Identifying Coping Strategies</b></li> <li>• Program Goal 6.1 <b>Activating Resources</b></li> <li>• Program Goal 6.3 <b>Alternative Strategies</b></li> </ul>	<p>📋 MENTORSHIP GOAL 4</p> <p><b>Learn the skills to run a business</b></p> <ul style="list-style-type: none"> <li>• Program Goal 4.3 <b>Using Coping Strategies</b></li> <li>• Program Goal 6.2 <b>Generating Income</b></li> <li>• Program Goal 5.2 <b>Active Negotiation</b></li> </ul>	<p>📋 MENTORSHIP GOAL 5</p> <p><b>Start positive relationships and end bad relationships</b></p> <ul style="list-style-type: none"> <li>• Program Goal 5.1 <b>Activating Social Support</b></li> <li>• Program Goal 5.3 <b>Exiting Undesirable Relationships</b></li> </ul>
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## Feedback & Adherence

<p>📋 MENTORSHIP GOAL 6</p> <p><b>Make decisions that help to achieve personal goals</b></p> <ul style="list-style-type: none"> <li>• Program Goal 5.2 <b>Active Negotiation</b></li> <li>• Program Goal 7.3 <b>Confidence In Coping</b></li> <li>• Program Goal 8.3 <b>Leverage In Relationships</b></li> </ul>
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# Understanding AGYW's mentors / advisors

## Relationship Workshop (South Africa)

- Designed to make sexual health relevant to AGYW
- Created a lasting sense of sisterhood
- Facilitators and other participants became trusted confidants that filled an unmet need for social capital



*"I am a person who doesn't like to talk... but wow...my facilitators, I could express my feelings and know I wouldn't be judged. It was very comforting."*



*- Participant (Lifestyle Lulu)*

*"What motivated me was that even at home I do not have that one person I can talk to, so when I got here... I found sisters from outside."*

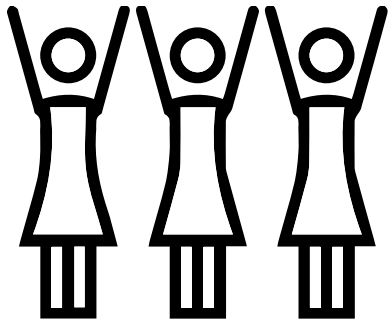


*-Participant (Respect Rethabile)*



# Design Implications for AGYW Centered Mentorship Programs

## *Sisterhood / Female Friendship model*



- Co-design with Mentors & AGYW
- Build & iterate on Segment based approach customized for AGYW Goals
- Symbiotic / natural peer relationships focused on relationship & life goals
- Trust , Companionship & Value focused
- Diffused – Many to many relationships

# *Thank You*

Alok Gangaramany

Principal Consultant , Final Mile Consulting

[alok.gangaramany@thefinalmile.com](mailto:alok.gangaramany@thefinalmile.com)

# Q&A Session



# Best practices from implementers on the ground

In this session we will be hearing directly from the implementers on the ground in terms of what they have found the best practices to be with the use of mentors in their AGYW programming. Presenters include Erica Kagina and Adelhelma Paul Ndile from the Henry Jackson Foundation in Tanzania as well as Lute Mbewe from RICAP in Zambia.



# DREAMS INITIATIVES



## HJFMRI's AGYW MENTORSHIP PROGRAMME BEST PRACTICES

Determined

Resilient

Empowered

AIDS-Free

Mentored

Safe





## HJFMRI DREAMS Initiative

- Out of school Adolescent Girls and Young Women (AGYW) 15-19yrs & 20-24yrs who are at risk of acquiring HIV in Mbeya region.
- Councils: Mbeya CC, Kyela DC and Mbarali DC.
- **Sub-granted Partners:**
  - DREAMS Community partner: TUMAINI Community Services organization (TCSO)
  - Clinical partners; Mbeya Regional Medical Officer

70



# HJFMRI DREAMS Initiative

- Staff and volunteers in the three councils:

	Peer Educators	Mentors	Field Officers	M&E Officers	Coordinators
Kyela DC	45	8	4	1	1
Mbarali DC	70	11	4	1	1
Mbeya CC	49	8	4	1	1
<b>Total</b>	164	27	12	3	3



## Mentorship program – Recruitment, Orientation and Training

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- Based on the finding of the survey conducted by OGAC in collaboration with Genesis analytics in FY20, HJFMRI adopted the **Population Council Mentoring toolkit** and the **Youth Power Action Adolescent Girls and Young Women (AGYW) mentoring program toolkit** for recruiting, orienting and training of mentors:
- Through the adopted recruitment strategies, 16 more mentors were recruited for FY22.
- 27 mentors and 12 field officers were trained for 10 days on:
  - Roles and responsibilities in the program,
  - Best ways of facilitating the sessions at the safe spaces (through practices)
  - Coaching and supervisory techniques



## Mentorship Program Best Practices

- High engagement of AGYWs (DREAMS beneficiaries) in the program
- Enhanced linkage of DREAMS beneficiaries to the facilities (bio medical services)
- Strengthened advocacy for the Government support to the DREAMS initiative
- Bridging of the DREAMS initiatives to the Strong Cultural Societies- Masai and Sukuma
- Active Identification and engagement of sexual partners to reduce the risk of infecting AGYW



*DREAMS mentor (who was once a vulnerable AGYW) running GBV session at the safe space.*



## High engagement of AGYWs (DREAMS beneficiaries) in the program

- Mentors and Peer educators:
  - Identify and enrol vAGYW: in FY22 Q1 they enrolled 9,297 DREAMS beneficiaries
  - Organize DREAMS beneficiaries into groups and guide them in identifying safe spaces. Currently, they are **356 groups** and **223** safe spaces in the three DREAMS implementing councils
  - Assist the groups in being registered to become legal entities. 114 groups have been registered as legal entities
  - Run safe space sessions such as HIV&GBV/VAC prevention, financial literacy, entrepreneurial skills, positive parenthood
  - Guide the beneficiaries in forming and running of savings groups.

## Enhanced linkage of DREAMS beneficiaries to the facilities (biomedical services)

- Based on the need, mentors enhance linkage of beneficiaries to clinical services such as FP, post-GBV care, PrEP, ART

	HTS-TST	HTS_Pos	CTC	FP	PrEP	GB V	Condoms
Mbeya	5,318	46	46	2,385	1,176	832	10,597

- Mentors also play a big role in planning and organising for provision of outreach Adolescent Friendly Health Services at community safe spaces provided by Health care workers



*Mentor assisting the HCW with registration of the DREAMS beneficiary for FP services at the safe space*

## Strengthened advocacy for the Government support to the DREAMS initiative

- **Business loans**
  - Two groups in Mbarali DC received interest free loans from the government, totalling 20,000,000 Tshs
- **Markets**
  - Government provided a space for the DREAMS groups business in the Government market place in Mbarali DC
- **Government-sponsored training**
  - During FY21, 1,312 DREAMS beneficiaries enrolled in Government-supported trainings on entrepreneurship, GVB, business planning



*DREAMS beneficiaries receiving a loan of 20,000,000 Tshs from the government*



## Bridging of the DREAMS initiatives to the Strong Cultural Societies: Maasai and Sukuma

- Mentors play a big role in advocating for the support of DREAMS activities within Strong cultural societies: Maasai and Sukuma
  - Maasai and Sukuma communities in Mbarali DC had been resisting allowing AGYWs to join the program due to cultural limitations
  - Mentors managed to engage the elders of these communities
  - Together with the elders, mentors prepared a proper plan for engaging the girls in these communities
  - Mentors and Peer educators hold quarterly meetings with the elders to keep sensitizing them on the program
- **Achievement:** 8 DREAMS groups have been formed in these communities (5 among the Maasai, 3 among Sukuma). Members attend DREAMS sessions once a week
  - 1 Maasai group has started engaging in Economic Strengthening activities (Making beads accessories)

# Bridging of the DREAMS initiatives to the Strong Cultural Societies- Masai and Sukuma



*A Mentor and Peer Educator holding a meeting with the Masai elders*

## Active Identification and engagement of sexual partners to reduce the risk of infecting AGYW

- Mentors together with Peer Educators have been playing a big role in characterising the sexual partners of AGYW (Bodaboda & Bajaj drivers, truck drivers, barbers, businessmen, etc.)
- Mentors work with Peer educators to design the best ways to reach the SP
- Linkage of their sexual partners to HIV prevention services such as HTS and VMMC
- FY21-FY22Q1:
  - Reached 967 SPs with HTS services, 32 Tested HIV positive and linked to CTC



*Mentor holding a session on Intimate Partner Violence with DREAMS beneficiaries' sexual partners*

***Asante Sana!***

***Thank You!***

D

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# Best practices from implementers on the ground

Lute Mbewe , from Rise Community Aid Program (RICAP), Zambia



# Engaging Local Partners in The Provision of Initiatives Focusing on HIV/AIDS Prevention

Rise Community Aid Program (RICAP) – a Global Fund Programme  
KAFUE – ZAMBIA.



PRESENTATION BY: LUTE MBEWE



## Background cont'd

- To achieve the goal of the Global Fund, Rise Community Aid Program (RICAP) implemented various interventions such as **conducting in-school and out-of-school community-based HIV/TB prevention initiatives** to contribute to the reduction of new HIV infections among adolescents and young people aged between 10-24 in targeted wards of Luangwa and Chikankata districts **by increasing utilization of HIV/TB prevention services and promoting protective behaviors.**
- RICAP worked closely with Ministry of Education DEBS and schools, Ministry of Health District Health Office and health centers, Ministry of Home Affairs Victim Support Unit, Ministry of Chiefs and Traditional Leaders, Ministry of Religious Affairs (church leaders), neighborhood health committees (NHCs), The Business Community and peer educators.

## ADOLESCENT SEXUAL REPRODUCTIVE HEALTH AND RIGHTS ORIENTATION AND TRAINING

1. Trained 60 peer educators to disseminate HIV/TB prevention information in/out of school while at the same time utilizing youth clubs including support groups for youths living with HIV. These trained peer educators were able to disseminate knowledge of HIV/TB prevention while utilizing the comprehensive sexuality education in schools and communities. Training peer educators increased the success of the projects as they were the contact point with the target group, which meant that if these were not perfectly trained in sexual reproductive health and rights (SRHR), the possibility of failing to accomplish the projects goal and objectives was very high.



## ADOLESCENT SEXUAL REPRODUCTIVE HEALTH AND RIGHTS ORIENTATION AND TRAINING (*cont'd*)

2. **Trained 20 HIV Community champions such as teachers, headmen, church leaders and other influential community icons who have experience in advocating for behavior change among the youth.** The importance of involving these community champions in the project was so that they could pave a way for peer educators especially during community door-to-door HIV/TB prevention campaigns. Members of the communities were not expected to be hostile towards the peer educators when conducting their works simply because the champions may have already informed their community members of this initiative and importance of the service that the peer educators were providing.

3. Engaged traditional leadership (Chiefs, headmen), faith leaders such as pastors, and other gatekeepers in curbing new HIV/TB infections, ending early marriages and pregnancies, substance and alcohol abuse, sexual gender-based violence (SGBV) among adolescents as they carry out their daily work e.g. during preaching or sermons.

## ADOLESCENT SEXUAL REPRODUCTIVE HEALTH AND RIGHTS ORIENTATION AND TRAINING (Cont'd)

- 4. Holding project inception meeting with 20 different stakeholders in both districts to solicit for project buy-in.** Stakeholders are very important beneficiaries in any program or project. Involving stakeholders during the implementation process of any activity or project guarantees acceptance of the project in a community or district because they are able to positively or negatively affect the implementation of any activity or project. Stakeholders are the people that pave a way for a smooth running of the project as they are representatives of all beneficiaries concerned in the project. Stakeholders were able to understand what specific roles they had to play in these projects.
- 5. Further work in close collaboration with DEBS, Primary and Secondary schools in the district, the DHO and health facilities to strengthen youth friendly corners and the Comprehensive Sexuality Education.**
- 6. Orient community health workers (CHW) to help raise awareness and create demand and access for HIV testing and SRH services to adolescents (AGYW) and youths in the community.** During the projects implementation process, the target population was being linked to health facilities to access health services such as HIV testing and counselling services (HTS), family planning services (FP), STI screening and ART services. Awareness of HIV/TB prevention knowledge in adolescents created demand in access for HIV testing and SRH services in health facilities.



## BEST PRACTICES

- **Trained 60 peer educators on the projects and the CSE tools needed for reporting and collecting data from schools and communities.** Peer educators were trained to disseminate information on sexual reproductive health and rights (SRHR) to adolescents in schools and those out of school. Peer educators increased the demand for access to SRHR services in health facilities through the knowledge which was disseminated to other members of the community. It is important to note that during their community sensitization/door to door HIV prevention campaigns, **even adults older than 25 to 40 received knowledge on HIV prevention.** Thus, the information sharing was not restrictive to adolescents only but the **coverage was wider than we had expected.**
- **Establishing service linkages between service users (project beneficiaries) and service providers.** Through these projects, AGYW and youths were linked to health facilities for access of health services and to victim support unit for gender based violence cases. Other institutions which were shown importance during the implementation of these projects were the private sector such as CBO's who were providing vocational skills training. During the course of these projects, AGYW and youths interested were linked to access youth skills services.

## BEST PRACTICES (CONTINUED)

- **Provision of onsite mentorship.** Assessing peer educators on their understanding of Comprehensive Sexuality Education (CSE) and **identifying gaps which were immediately worked on through onsite mentorship.** We live in a changing world. Each and every day there is new information on certain practices which replaces the old information. HIV/TB related information are no exception. Hence the importance of providing on site mentorship on HIV/TB prevention knowledge to curb the identified gaps during the projects implementation process. We are proud to note that this was conducted effectively and efficiently. **Through on site mentorships, peer educators understood the importance of being equipped with knowledge on HIV/TB prevention and since, have been imparted with skills and knowledge of information sharing on SRHR issues.**





## BEST PRACTICES (CONTINUED)

- ▶ **Three (3) community dialogues were conducted successfully.** In attendance at these community dialogue meetings were **service users and service providers.** The main purpose of conducting the community dialogues was to assess the HIV testing services that are offered by health facilities and how accessible these HTS services are to key populations such as female sex workers (FSM), lesbians, gays, bi-sexual and transgender (LGBT), men having sex with men (MSM) and people with disabilities (PWD), to **assess the facilitators and barriers to HTS that the key population face and to develop recommendations and strategies that the district health office (DHO), District HIV/AIDS Committee (DHAC) and NGOCC can work on to address the existing gaps between key population and HTS.**



## BEST PRACTICES CONTINUED

- ▶ **GBV orientation workshop training for 10 influential men and 20 lay counsellors working closely with health facilities in Luangwa was conducted by a team from the partner –NGOCC.** Luangwa as a district had recorded a high number of unsolved/un reported GBV cases due to many factors such as culture, extended family practices, adolescents independence at the age of 14, long distances to schools and economic activities. Culture is inclusive in that they adopt Mozambique's cultural norms because of relations. This has a negative impact on the people in that Mozambique's laws and regulations, defilement is neither a crime nor does the Mozambique government offer HIV/STIs prevention interventions.
- ▶ Due to such adoptive practices, the rate of teenage pregnancies and contracting of HIV/STIs is very high. In some villages, the cultural beliefs that when an adolescent reaches puberty, he or she must have his/her own thatch house and start fending for him/herself. This causes girls to engage in explicit activities such as having sex for economic purposes and men to freely enter a girl's thatch house without notice leading to rape/defilement cases which have contributed greatly to the high prevalence numbers of HIV/STI infections and teenage pregnancies.
- ▶ Due to long distance in accessing education, pupils tend live in boarding houses. This has contributed to the prevalence rates of early marriages and teenage pregnancies due to parent's lack of supervision. Economic and social activities such as fishing has led to negligence on children's supervision on the part of parents. This has contributed to the high prevalence rates of alcohol abuse, teenage pregnancies, defilement cases and HIV/STIs cases in the district. Hence, **the workshop was organized to train individuals on how to handle these factors effectively.**



# Q&A Session



# Mentimeter results



Go to [www.menti.com](http://www.menti.com) and use the code 8309 3452

The code lets your audience join the presentation. It expires in 2 days.

# One word to describe a mentor in AGYW HIV prevention programming



# Closing remarks

Caya Lewis Atkins from the Global Fund provides closing remarks on the presentations made today around best practices for the use of mentoring in AGYW HIV prevention programming.

