

Q&A Session from “Best practices in mentoring for AGYW HIV prevention programming”

Date: 28 April 2022

Time: 3-4.30pm CAT

| Number | Question | Answer |
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| 1 | What training did you have to help survivors of violence before taking on the role of mentor? And after your amazing experience supporting the survivor, what other skills do you wish you had (if any)? Finally, how are you supported by your supervisors as you do work with survivors? For example, to make sure that you don't take on the stress of others' experiences of violence. | GBV training, more psychosocial training, psychology skills. We sometimes come together after the training to share our experiences, debrief with one another . It helps to have someone to talk to about these things. |
| 2 | Can the recording or key highlights be shared with participants | Yes certainly. We will convert the recording into a youtube video and share soon after the webinar - the slidedeck too |
| 3 | can you speak about compensation, sustainability and who replaces them when NGOs phased out? | Live answered |
| 3 | can you speak about compensation, sustainability and who replaces them when NGOs phased out? | Hello, compensation varied widely in the programs Genesis analytics and I surveyed - from unpaid volunteers to mentors receiving monthly stipends. We did find that compensating the mentors appropriately led to better retention of the mentors and increased engagement with the program. However, we did not look at what happens when the NGO phases out but a very important question. Some staff indicated that the mentors often move on to social service work and stay in touch with their mentees post program. |
| 3 | can you speak about compensation, sustainability and who replaces them when NGOs phased out? | I touched on this in my remarks; it is important to set the mentor wages locally (comparable to other non-professional community workers) to |

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| | | increase the chance of sustaining their financial support. In countries like S Africa and Rwanda, governments have taken over some safe space programs for AGYW, providing experience to learn from |
| 4 | Were any mentors located in schools in DREAMS program? (where were mentors located? how are they accessed?) | Hi! Within the scope of the data I analysed, mentors were often accessed through school when mentors/mentee met in the 'safe spaces'. Safe spaces were not exclusively at schools, but it appeared most meetings did occur there. Additionally, mentors were reached for more personal issues in the community and at their own personal homes. Last but not least, mentors traveled to mentee homes to check in, touch base about attendance, and more. |
| 5 | In terms of training needs for mentors what is the recommended frequency. | Thank you for this input. Frequency and length of training would be beneficial! |
| 6 | how do you support mentors in terms of supportive supervision and review meetings? | <p>Experience from HJFMRI, Field officers are directly incharge of providing supportive supervision to the mentors. on average 3 mentors are being technically supported by 1 field officer. The field officers meet mentors atleast twice a month during the visit they assess how the mentors provide services to the AGYW at the safe spaces as well as how mentors provide technical assistance to peer educators. Based on the observed gaps, the field officer coaches the mentor.</p> <p>There are also monthly meetings in which mentors, peer educators, field officers and program coordinators meet in order to review the progress of the program, during these review meeting, peers and mentors get the opportunity to be coached on the areas that need improvement. The government, through the Community Development office, also provides supportive supervision to the mentors on quarterly basis.</p> |

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| 7 | It would be good to touch on the number of mentees per mentor and if all sessions were done in groups (maximim number and any age disaggregation of AGYW). It would also be interesting to know how mentors coped with AGYW with children. | From our findings, this also varied by program and did not encounter a stated max number of mentors. Some mentors expressed having difficulty maintaining relationships with too many mentors. Most of the programs we interviewed seperated the AGYW by age group so the curriculum and discussion topics were age appropriate. Mostly the sessions were in a group format but many of the mentors also had 1:1 sessions and time to relate directly with the mentees. |
| 7 | It would be good to touch on the number of mentees per mentor and if all sessions were done in groups (maximim number and any age disaggregation of AGYW). It would also be interesting to know how mentors coped with AGYW with children. | Within the data I analysed, mentors did express challenges in regard to mentees with children. Not all mentors who were assigned to AGYW with children had children themselves. This created tension in some groups as mentees were frustrated as they didn't feel as though mentors truly understood their challenges. Attendance within groups with AGYW with children was low and inconsistent (as expressed by mentors in FGDs). |
| 7 | It would be good to touch on the number of mentees per mentor and if all sessions were done in groups (maximim number and any age disaggregation of AGYW). It would also be interesting to know how mentors coped with AGYW with children. | To add, based on evidence, groups larger than 25 AGYW (in age-limited segments) are difficult to manage in the intended manner. There are plenty of examples of safe spaces groups for participants with children; it is very common for them to bring them along if babies, or set up a play space nearby with a community or family member to survey the kids. It is helpful to segment between married and unmarried girls in part to appropriately accomodate those with children. In terms of age, 10-14, 15-19, 20-24 are common segments. |
| 8 | how is government's reception of mentorship? when will it end? is it like transition strategy where later it will be replaced by government structure? | Mentorship that goes beyond specific program objective (e.g. HIV) seems to have good reception. Similar to my response to another question - it is critical to think of a transition program where adolescents that have been through a mentorship program become a channel to diffuse these learnings with others the community. |

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| 9 | How would you describe the difference between peer educators and mentors? | From our findings, the peer educators had responsibility to provide a set curriculum to the AGYW - often in a school setting and did not include linking to services or have a 1:1 relationships with the mentees or followed up with the mentees after the curriculum has been taught. Mentors may provide a set curriculum to the mentees but also take on more in terms of developing a strong relationship with the mentee where the mentor is available to the mentee for a multitude of things - walking them to services, helping with homework, finding appropriate intervention if GBV is present in the mentee's life and supporting behaviour change. |
| 9 | How would you describe the difference between peer educators and mentors? | To add to Robin's answer, the evidence indicates that a properly trained and supported older facilitator and guide is more effective than a peer (who often tend to engage lower-risk peers rather than those who are more excluded and thus at higher risk) |
| 10 | Has there been an effort to measure burnout about mentors? (In a quantitative way) | There has been very little research into implementation aspects like this one though data on mentor retention would be available. |
| 11 | Besides giving stipends, what other ways would you suggest to reduce high Mentor turnover? | Compensating the mentors and acknowledging their work was found to be the best way to reduce turnover. However, some mentors expressed things like providing adequate transportation or career training (e.g. how to use their mentor experience in future career paths) and awards/recognition that show the staff appreciation of the mentor's work are all beneficial. |
| 11 | Besides giving stipends, what other ways would you suggest to reduce high Mentor turnover? | To add to the above, structured connections and networks with other mentors is also vital |
| 12 | Do you have specific screening and selection tools and processes in identifying suitable mentors. | The Mentor Toolkit I mentioned contains tools that can help with these steps of mentor management. Also available in French. The link will be on the slide you'll receive |

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| 13 | What evaluation or monitoring process was put in place to ensure that we have desired outcome or the challenges are proactively identified and addressed. | Different programmes use different tools and methods, and some are even formally evaluated which helps with this process. There isn't currently one method or tool that only used and this is definitely a space that could use standardisation. |
| 14 | Thanks Madeline! Were schools receptive to mentors talking to girls about HIV and sexual reproductive health topics? | Hi! I did not analyse any data from the schools/teachers themselves, but my understanding was that these safe spaces were used before school or after school, not during the actual school day itself. One interesting point that did come out of the data was that a few mentors expressed challenges of male teachers coming by the classroom to flirt with mentors. Mentors expressed in FGDs that they did not know how to deal with this challenge. Along with that, I shared in my powerpoint how mentors did feel threatened by some AGYW recipient's partners or family members, of which some showed up to the 'safe spaces' to express their dislike of the program/content. I think this opens up a greater question of what exactly are safe spaces, and more importantly how it is ensure they are indeed safe? |
| 15 | What was the challenge with the Mentors carrying out the DREAMS manual? Why did they opt to use their own activities? | Hi Maria! Thank you for your question. Within the 10 min presentation it was hard to cover all the results in depth. This is a really interesting point of the data. Mentors expressed frustration with the DREAMS manual for a few reasons—too heavy to carry around all day, mentors themselves did not understand some content, mentees reported AGYW didn't care for some activities in manual, and more. |
| 16 | How do you handle mentors who become pregnant during the program, are they still setting the example for AGYW being mentored? | This is a great question and while the Genesis project didn't go into depth on this, it depends on the situation and the program. We did not find any of the programs we spoke with that had a rule regarding pregnancy but rather focused on whether the mentor is in a position to provide effective mentorship to the mentees. |

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| | | If program staff feel a mentor's pregnancy will affect her ability to be a good mentor, then the mentor may be asked to leave the program. |
| 17 | How can mentorship programs be implemented sustainably | Good question and I was discussing this Rogers Amollo at Action Network. It is critical to think of a transition program where adolescents that have been through a mentorship program become a channel to diffuse these learnings with others the community. Often, this is part is missed but can go a long way towards long term sustainability of the program. |
| 18 | Kindly what was the challenge with the Mentors carrying out the DREAMS manual? Why did they opt to use their own activities? (cut and paste from the chat box). It would be helpful to know what are the best tools to support mentorship sessions from their perspective. | Thank you for your question. Within the 10 min presentation it was hard to cover all the results in depth. This is a really interesting point of the data. Mentors expressed frustration with the DREAMS manual for a few reasons—too heavy to carry around all day, mentors themselves did not understand some content, mentees reported AGYW didn't care for some activities in manual, and more. |
| 19 | By using the word Mentor is HIV programming are we not confusing the general population. When I hear mentoring, I think about career development. | Great point! It goes to what was said in the beginning regarding lack of a universally accepted definition of mentor. Particularly in the medical field, mentoring is career focused. With something like Big Brothers/Big Sisters, mentoring is an intervention to support and guide young men and women more in a personal sense. For these HIV prevention programs the goal is to empower the AGYW and reduce risk by building social assets. |
| 20 | I have a question to the different presenters,- Were there any interventions targeting boys/male counterparts and if not, how were you able to convince the community to only have girls participate? | DREAMS works in settings where young women face higher HIV risk than young men, though DREAMS also included activities for boys and young men. Making the case with evidence regarding gendered risks can help. |
| 20 | I have a question to the different presenters,- Were there any interventions targeting boys/male counterparts and if not, how were you able to convince the community to only have girls participate? | Some programs tend to engage with male partners, for specific issues. For example, When a girl was unable to stick to her ART regimen due to disagreements with her male partners, the program engaged with the male partner directly. These kind |

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| | | of instances may be more common than a formal program with boys. |
| 20 | I have a question to the different presenters,- Were there any interventions targeting boys/male counterparts and if not,how were you able to convince the community to only have girls participate? | Hello Grace, nice to see you here! (As a former DREAMS mentor yourself :)) Have you seen this literature review of mentoring with boys and young men...? https://www.jahonline.org/article/S1054-139X(20)30325-6/pdf |
| 20 | I have a question to the different presenters,- Were there any interventions targeting boys/male counterparts and if not,how were you able to convince the community to only have girls participate? | Another resource of interest is a study in Kenya on complementing girls' groups with boys' groups (a Pop Council study): https://www.popcouncil.org/research/nisitu-testing-the-effects-of-implementing-girl-centered-programming |
| 21 | https://www.popcouncil.org/research/making-the-most-of-mentors-recruitment-training-and-support-of-mentors-for | Thank you so much for sharing Sanyukta. We can also include this resource when we send out the recording and presentation. |
| 22 | '@Erica, so you mentioned that the mentors supervise peer educators. is this in addition to working directly with AGYW, or are the peer educators serving as informal mentors? is there an overlap of their responsibilities/activities (peer educators and mentors)? | Yes in our program Mentors supervise peer educators because they are more equipped in terms of skills than peer educators, and yes they work directly with AGYWs although most of the time it is Peer educators who works more with AGYWs than mentors, but also there is age difference between Mentors and peer educators because a mentors age criteria can be even above 24 while peers educators age is limited as AGYWs, also most of our mentors were previously peer educators before promoted to became mentor, they are employed and receive salaries plus other benefit unlike peer educators |
| 23 | Another question,were the mentors females or were there sessions that had both male and female mentors? Did you explore the girls perspective of having a male figure speak to them ? From my previous experience working with AGYW,they are quite excited to have a male speak to them but would wish the sessions have a blend of the two. | This is a great point. In the natural setting, girls have both male and female mentors. Male mentors can be quite helpful when it comes to building self-reliance by helping them with employment & business opportunities. This could be positive addition to mentorship programs in general |
| 24 | Alok's comment concerning the limitations of programs that start with very intrusive | Thanks. Often we see that Girls do not willing to share this information |

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| | screening tools and set objectives (lowering HIV infection) really resonates. It challenges us to rethink how we operate and who we are really serving. | upfront. In my conversation with Buhle in Eswatini, she mentioned that this could lead to Mentors assuming that the girl is not sexually active and do not share critical information that could help her reduce her risk of HIV , pregnancy etc. |
| 25 | Thanks Robin for your response, | |
| 26 | programs have found that younger girls (10-14) specifically take time to open up and share personal concerns such as experience of sex or violence. Girls may even be screened as not eligible for DREAMS, while in fact they are the most vulnerable. mentors could be crucial in addressing these issues. | |
| 27 | Adelhelma how many mentors do you have vs targets? | Tandeka, we have a total of 27 mentors who work closely with 167 peer educators on the ground. Our target is to reach 33, 757 AGYWs with DREAMS services |
| 28 | Have the literature reviews on this topic conducted by Genesis and LSHTM (Madeline's MSc) been published yet? | Thanks for the interest and encouragement Chelsea, we're working on that! |
| 29 | '@DeeDee - agree with your comment. There is a high level of variability on screening https://www.mdpi.com/2414-6366/6/3/133) that may not be needed - less sensitive questions may work just as well (https://link.springer.com/article/10.1007/s00038-020-01350-1). | |