**M2-CS2**

**Case Study: Improving Access to Family Planning Services for Rural Adolescents, Zimbabwe**

**About the project**

Restless Development runs a number of SRH programs in Zimbabwe. One of the programs in rural Zimbabwe focuses on improving access to family planning services for rural adolescents. This can be in-school youth (mainly secondary level), out-of-school youth and married adolescents.

**How it works**

Young people are the focus of the project, but are also involved in many stages of the programmatic cycle.

* During the design phase, young people were involved in identifying their SRH needs through focus group discussions held as part of the review process, Girl/Boy Empowerment Clubs and Parent Youth Forum. In these meetings various issues were established including:
  + That young people have limited access to family planning services through unfair policies and practices that promote abstinence
  + Some cultural norms and values as well as other religious beliefs were hindering access to family planning services by young people and adults in general

The results of these meetings directly informed the project design of the FP2020 funded project.

* The project employed the youth-led volunteer model to reach out to young people with family planning and other sexual and reproductive health (SRH) issues. 73 Volunteer Peer Educators (VPEs) were trained on the delivery of family planning and comprehensive SRH sessions. The sessions covered the different types of contraceptives ranging from the emergency, short and long acting reversible and permanent and non-reversible methods and the advantages and disadvantages and also the side effects associated with each type
* The volunteers spearheaded awareness campaigns on family planning issues in their respective communities
* The volunteers in collaboration with Zimbabwe National Family Planning Council, (ZNFPC), Population Services Zimbabwe and Ministry of Health conducted some community outreach activities to reach out to other young people in the hard to reach areas with family planning services.
* Local clinic health personnel and Community Health Workers were trained on youth friendly family planning service delivery in the four districts
* Young people Restless Development’s volunteer alumni were involved in the data collection, (individual questionnaire interviews and focus group discussions) and data entry process of the baseline evaluation.

**Lessons learned**

The use of peer educators enabled open and friendly discussions on contraceptives as young women, girls and boys were comfortable in disclosing their fears and needs to their peers. This has contributed to an increase in family planning knowledge among the young people. Silibaziso, a beneficiary from Tahangana in Mangwe District testified that:

“*I am now aware of other contraceptive methods, I only knew of the pills but now I know there are long term methods such as jadelle and IUCD”.*

The engagement of a broad spectrum of young people assisted in identifying the different contraceptive needs of young people in school, out of school and married adolescents. Hence the project managed to create safe and conducive environment for the different young people to access family planning information and services at awareness campaigns, outreach activities and health centres*.* The project was an eye opener to Ministry of Health personnel and Zimbabwe National Family Planning Council on the existing gap in the provision of contraceptives for adolescents hence they were planning to replicate the project approach to other districts. Continuous engagement with the traditional and religious leaders was done throughout the project to generate understanding and acceptance.

* 73 volunteer peer educators, (VPEs) were trained on the delivery of family planning and comprehensive SRH sessions. These have managed to cascade the information to 9 905 young people, (6,437 female & 3,468 male) through family planning peer education. This has resulted in increased knowledge among young people on the family planning methods available. This has also enabled young people to make informed decisions on contraceptive methods to use.
* 134 local Clinic Health personnel and Community Health Workers were trained on youth friendly family planning service delivery in the four districts. This improved young people’s access to contraceptives as most of the nurses at health centres and Community Based Distributors were more receptive to young people who approached them.
* 347 (248 M & 99F) traditional leaders were sensitized on family planning services and the promotion of youth friendly service provision. The awareness raising meetings targeting the traditional and local leaders assisted in changing the traditional leaders’ mindset on the provision of family education and services to young women and girls
* A nurse at Chakohwa Clinic in Chimanimani acknowledged that “*Family planning sessions and outreach activities have contributed to the reduction of unplanned pregnancies and illegal abortions among young mothers as they can now access contraceptives and able to plan when they want to have a baby.*”
* The project conducted 16 awareness campaigns across all the districts to raise awareness on the importance of access to family planning education and services for adolescents and also on the different types of contraceptives available