



# Evaluation Report

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An evaluation of the “Youth and HIV: Think Afresh” Programme in South Africa and Zimbabwe using the Most Significant Change (MSC) approach

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**Lifetime Consulting & Partners Ltd**

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## Acronyms

|       |  |
|-------|--|
| AGYW  | Adolescent Girls and Young People                  |
| CBOs  | Community Based Organisations                      |
| CR    | Comic Relief                                       |
| CYP   | Children and Young People                          |
| FGD   | Focus Group Discussions                            |
| KII   | Key Informant Interviews                           |
| MSC   | Most Significant Change                            |
| NGOs  | Non-Governmental Organisations                     |
| PLHIV | People living with HIV                             |
| READY | Resilient & Empowered Adolescents and Young People |
| RMNCH | Reproductive, Maternal, New-born and Child Health  |
| SDG   | Sustainable Development Goals                      |
| SRHR  | Sexual Reproductive Health and Rights              |
| ToR   | Terms of Reference                                 |
| UN    | United Nations                                     |

## Executive summary

Between 2017 and 2020, the M·A·C VIVA GLAM, the charitable arm of M·A·C Cosmetics, collaborated with Comic Relief to fund innovative approaches to fight HIV and AIDS, and raise awareness of its continuing impact. The international element of the ‘Youth and HIV: Think Afresh’ Programme was delivered by four organisations, i.e., Children’s Radio Foundation, Restless Development Zimbabwe, mothers2mothers and Frontline AIDS (formerly International HIV/AIDS Alliance). This report presents findings from the final evaluation of the programme which was conducted between August and October 2020. The evaluation had a strong qualitative emphasis, focusing on the use of the Most Significant Change approach to assess the difference brought about by the programme between the period 2017 and 2020.

### Methodology

This evaluation study contributes to a qualitative approach for the collection and analysis of self-reported information in the form of Most Significant Change within the context of the ‘Youth and HIV: Think Afresh’ Programme. Following a desk-based review of relevant project documents, a team of young researchers collected 64 change stories from South Africa (32) and Zimbabwe (32). The process involved collecting stories to establish the changes brought about by the programme. In addition, key informant interviews and consultations were conducted with 16 staff members from the four delivery partners. All interviews and consultations were held remotely over the phone or by Zoom, in cognisance of the risks posed by Covid-19 at the time of the study. Study participants were identified by the four delivery organisations, based on their knowledge of the projects involved in the ‘Youth and HIV: Think Afresh’ Programme. The process of selecting stories was participatory, ensuring full consent by the participants, as well as meaningful selection of the stories by partner agencies. The final stories were also verified by the story tellers before publication.

### Summary of results

The qualitative approach used in this evaluation (i.e., the MSC Story approach), has contributed to the evaluation by recounting the participants’ experiences of the programme; exploring processes of effective implementation and change; as well as defining the value placed on the changes by young people, project partners and stakeholders who knew about the projects. Of the 64 MSC stories collected, sixteen were selected for analysis and quotations cited in this report. Five of these stories were selected as the Most Significant Change stories, and they have been included as full excerpts in this report. The evaluation has established that the fundamental changes described by the participants were contributing to the primary goal of this programme: supporting innovative approaches that filled specific gaps in meeting the SRHR needs of adolescents and young people, particularly those from highly vulnerable and marginalised groups.

## The most significant changes in domains

All the change stories were largely positive, always revealing the significant achievements of the four projects in their diverse settings. Sixteen of the 64 collected MSC stories were selected by the delivery partners and associated with four domains of change: (1) knowledge, attitudes, and skills; (2) empowerment & amplifying the voices of young people; (3) changes in behaviours and practices; as well as, (4) improved access and utilisation of HIV/SHRH services. Indications from selected stories evidently expressed that the programme successfully retained its distinctive concern to address key HIV and sexual reproductive health and rights issues facing adolescent girls and young women in South Africa and Zimbabwe.

The four project partners agreed on the four domains of change as they developed shared understandings of the most common and cross cutting changes in the programme. The outcomes were perceived to impact on real-life interactions and directly benefitted young people, especially girls and young women. Unexpected changes, such as skills for good parenting, youth taking leadership, and youth responding to Covid-19 were also observed. Table 1 presents a summary of change domains and their related concepts.

Table 1: Key domains of change identified in MSC Stories and sub-domains/related concepts

| <i>Domain</i>  | <i>Sub-domains of change / related concepts</i>  |
|--|--|
| Knowledge, attitudes and skills                          | Improved knowledge, and acceptance of one's HIV status or sexual orientation   |
|  | Changes in family/community members' knowledge/opinions about young people and project outcomes  |
|  | Better understanding on HIV transmission, prevention, treatment and SRHR issues and services   |
| Youth empowered and their voices amplified               | Positive changes towards youth perceptions, confidence, and esteem by people from vulnerable backgrounds, especially those living with HIV   |
|  | Evidence of ability to advocate demonstrated by speaking out on behalf of self and for others  |
|  | Demonstrable ability to disclose one's HIV status or sexual orientation with greater confidence and without self-stigma  |
|  | Increased participation in economic activities for better income and improved livelihoods  |
| Access, uptake and utilisation of HIV and other services | Positive changes in attitudes and practices by health workers, service providers and other local leaders towards young people, especially people living with HIV and sex workers.  |
|  | Descriptions of improvements in access to various types of youth focused and friendly services related to HIV, SRHR and other related issues. This includes treatment, information and knowledge and youth friendly services within their communities. |
| Changes in behaviour and practices                       | Improvements in the way that girls and women are perceived and treated in the community  |
|  | Narratives of positive changes towards the reduction of stigma, discrimination, and other stereotypes within the community   |
|  | Reports of positive changes in young people's sexual practices. This is evidenced by reports of reduced cases of unplanned pregnancies and other risky behaviours, including unsafe sex and substance abuse amongst young people                       |
|  | Positive changes regarding treatment adherence, with several examples of reported changes from non-treatment adherence to consistent uptake of treatment by persons living with HIV.   |
| Other changes (unanticipated)                            | Covid-19 response: instances when the project or its participants took initiatives to address issues related to the emergence of Covid-related 19 within the community.  |
|  | Young mothers taking an active role to support other women and their families to care for their children and become self-reliant, with support from Mentor Mothers.  |

### **Enabling factors and challenges**

Overall, the evaluation has established that all four implementing partners are well established organisations with wide experience in youth and HIV programming using innovative methodologies. The outcomes of the “Youth and HIV: Think Afresh” Programme have been affected by several factors, both positive and negative. Amongst the positive factors and facilitators were: the relevance and acceptability of the four projects in their operational areas; the use of mentors and peer leaders/local facilitators; community involvement and ownership; training and capacity building; and stakeholders’ engagement. On the other hand, some practical barriers and challenges were also highlighted. Amongst other things, key issues included: project delays and political challenges; lack of youth friendly services and facilities; the emergence and negative effects of Covid-19 on project activities and outcomes; young people’s unmet expectations; as well as low recruitment/participation of male participants.

### **Conclusions and implications**

The analysis in this report provided essential information about the broad outcomes of the “Youth and HIV: Think Afresh” intervention in terms of knowledge, attitudes, skills, voice, practices and access to services. Specific lessons and implications have been drawn and presented for future considerations in the last chapter of this report, such as:

1. It is not enough to build young people’s capacity to engage decision makers without increasing leaders’ understanding of youth participation/engagement.
2. Apart from working with service providers in public institutions, there is a need to also engage service providers in private institutions who have interface with a considerable number of young people.
3. In the light of Covid-19, project partners identified opportunities to creatively access and disseminate information and resources through digital technology.
4. Implementation times for initiatives such as the “Youth and HIV: Think Afresh” Programme should be long-term to achieve greater impact and increase prospects of sustainability.
5. The evaluation considers that sharing of learning amongst the funded partners could have been of benefit for knowledge-sharing in the delivery of this programme.
6. The “Youth and HIV: Think Afresh” Programme activities must continue to reach and support to more underserved groups in target communities, especially young mothers and young people living with HIV.
7. Invest efforts to increase male involvement in Youth and HIV activities. The progress made by the “Youth and HIV: Think Afresh” Programme in engaging girls and young women in its activities is evident and commended by most stakeholders.
8. There is a clear demand, need and scope for developing a clear plan for expanding the Youth and HIV approach beyond the target communities that were reached by the programme.
9. Project partners should ensure that they set up clearly laid out exit strategies and sustainability plans from the onset of the project.

# Introduction

## Contextual background

Adolescents and other young people, especially women, experience unique barriers to HIV and sexual health services. Women are disproportionately affected, particularly adolescent girls and young women. Key barriers at individual and household-level barriers include their perceptions of low risk of HIV infection; the burden of dealing with a positive test result, and general lack of support from family and friends.<sup>1</sup> At community and health-systems level, challenges include stigma around HIV, poor quality of services by healthcare providers, concerns over confidentiality and issues of adult consent which can prevent young people from accessing appropriate HIV and sexual health services, including testing.<sup>2</sup> In addition, young people (particularly women) are barely self-sufficient or independent financially, placing them at increased risk to HIV and disproportionately affected by perceived costs of accessing essential health services that they require <sup>3</sup>.

Both South Africa and Zimbabwe have had some of the highest HIV prevalence rates in sub-Saharan Africa. For instance, the prevalence for Zimbabwe was at 12.8% (1.4 million people living with HIV) in 2019.<sup>4</sup> While South Africa has made great strides towards the Global Goal of eliminating new HIV-infections by 2030, adolescent girls and young women (AGYW) remain disproportionately affected by the virus. South Africa has the biggest HIV epidemic in the world, with 7.7 million people living with HIV<sup>5</sup> and over 2,000 AGYW, aged 15 to 24, are newly infected with HIV every week.

## The “Youth and HIV: Think Afresh” programme

Comic Relief and M·A·C AIDS Fund, the charitable arm of M·A·C Cosmetics, joined forces and resources to fund innovative approaches to fighting HIV and AIDS, and raise awareness of its continuing impact. The ‘Youth and HIV: Think Afresh’ Programme was funded under the Health & Wellbeing/Women and Girls/Stronger Communities Programme Area at Comic Relief. It was set to provide grants to organisations working with some of the most vulnerable and marginalised young people across the UK, South Africa, and Zimbabwe. The international element of the ‘Youth and HIV: Think Afresh’ Programme was delivered by four organisations, i.e., Children’s Radio Foundation, Restless Development Zimbabwe, Mothers2Mothers and Frontline AIDS (formerly International HIV/AIDS Alliance).

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<sup>1</sup> Armstrong A, Baggaley R, Ferguson J, van der Kwaak A, Wolmarans L. The voices, values and preference of adolescents on HIV testing and counselling. Geneva, Switzerland: World Health Organisation (WHO); 2013.

<sup>2</sup> Kurth AE, Lally MA, Choko AT, Inwani IW, Fortenberry JD. HIV testing and linkage to services for youth. *J Int AIDS Soc* 2015; 18 (2 Suppl 1):19433–119433.

<sup>3</sup> Ferrand RA, Trigg C, Bandason T, Ndhlovu CE, Mungofa S, Nathoo K, et al. Perception of risk of vertically acquired HIV infection and acceptability of provider-initiated testing and counseling among adolescents in Zimbabwe. *Am J Public Health Res* 2011; 101:2325–2332

<sup>4</sup> UNAIDS 'AIDSinfo' (accessed October 2020)

<sup>5</sup> Avert: Accessed October 2020 at: <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa>



Each delivery partner had their set of outcomes specific to the context and priorities in the areas in which they worked. As they contributed to the main goal of the programme, each partner gave attention to different aspects of innovative approaches to fighting HIV/AIDS, and raise awareness of its continuing impact in RSA and Zimbabwe. Focused on different target groups and collaborating with different partners at community, district, provincial and/or national levels, the partners were as follows:

Table 2: Think Afresh Programme delivery partners in South Africa and Zimbabwe

| Partner agency   | Brief project background  |
|--|---|
| The Children's Radio Foundation, South Africa<br><i>(January 2019 - December 2020)</i> | CRF trains youth across as radio reporters, giving them the tools and skills to make their voices heard. They ignite important conversations and leadership experience. Speaking in local languages and in a youth-friendly style, they interview community members, host debates, and bring out local perspectives on the issues that are impacting their lives. Through the Future Positive Project, CRF has used Youth Radio Dialogues to reduce risk of HIV among adolescents in South Africa. Radio shows are used to get communities talking about HIV, and to encourage young people to accept their HIV status and take ownership of their health.  |
| Frontline AIDS, Zimbabwe<br><i>(January 2018 - December 2020)</i>                      | The READY to Lead project was implemented by Frontline AIDS, Zimbabwe Young Positives (ZY+) and ATHENA in Zimbabwe. The project was designed to build Resilient and Empowered Adolescents and Young people (READY). READY programmes place adolescents and young people in their diversity at the centre of design, delivery, monitoring and evaluation. The project worked to strengthen the leadership and advocacy skills of young female peer supporters in Zimbabwe. The programme also focused on the power of young women and adolescent girls to become effective leaders in the community and to influence key HIV and SRHR policies and budgets. In turn, the women became mentors and role models to other young women.  |
| mothers2mothers, South Africa<br><i>(January 2018 - June 2020)</i>                     | To combat major challenges and barriers facing adolescent girls and young women, m2m implemented the Youth Alive project, specifically tailored to the needs of AGYW in Khayelitsha and Strand. The project's main goal was to reduce new HIV infections and HIV-related illnesses and deaths among AGYW aged 15 to 24 years. This was done through empowering AGYW with knowledge to make informed decisions about their sexual and reproductive health and life choices, as well as helping to build relationships and improve communication between parents and their adolescent girls.  |
| Restless Development, Zimbabwe<br><i>(January 2018 - March 2020)</i>                   | In Zimbabwe, Restless Development implemented the Peak Youth Tackling HIV Programme in Hopley Farm, Southlea Park and Ushewokunze, covering two districts of Waterfalls and Highfield. The programme's goal was to empower 8,640 young people aged 15—25 years so that they would be able to protect themselves against HIV and AIDS in the targeted areas. The Peak Youth Tackling HIV programme introduced the Income generating activities and ISALS in order to reduce poverty among the Youth. The programme invested in tackling the HIV/AIDS and STI challenges faced by the youth. The programme improved availability, access, and uptake of the SRHR services and commodities. The programme also focused on raising awareness and challenging gender—based violence, sexual abuse, and rape. |

## About this Evaluation

A qualitative descriptive study design, using the Most Significant Change Story approach, was adopted in the design of this evaluation. Complementary methods of data collection were also used to gather comprehensive data and generate relevant information required for the study.

The **primary purpose** of the study was to document what programme participants, especially young people and women, as well as staff and stakeholders perceived as positive aspects of the “Youth and HIV: Think Afresh” Programme. The **specific objectives** of this assignment were as follows:

1. Summarise and analyse the outcomes of the programme, and what difference it made in the lives of the young people and women who took part in it using of the Most Significant Change story approach;
2. Assess key lessons in relation to good practices and methodologies that are effective when working with and through young people in raising awareness around HIV; and
3. Evaluate the scalability and replicability of the approaches.

### Study design

The use of MSC story approach was considered an appropriate method of exploring relevant perceptions and beliefs about the changes brought about by the programme in this context. The MSC Stories methodology is a participatory monitoring and evaluation data collection and analysis technique that could be used to assess intermediate outcomes and program impact. Since it was developed by Davies & Dart in 1996, MSC has been used in several countries for monitoring and evaluation of different projects.<sup>6</sup> Although the wider structure of the interview was set by the evaluators, the story tellers had the scope to choose what and how much to say in response to the questions. The final decision on what would be regarded as the most significant change was left to the story teller, who also provided reasons for their selection of the most significant changes.

Following a desk-based review of relevant documentation, the evaluation team gathered significant change stories from a selection of project beneficiaries, supporters and other key informants. The evaluation aimed to identify, select and synthesise what the respondents reported as the most significant changes as a result of the programme, especially for young people and women. Due to Covid-19 and its negative effects on travel or face to face interactions, the evaluation plan was altered to virtual meetings using Zoom and remote telephone calling for interviews.

**Sampling and recruitment:** A purposeful recruitment strategy was utilised to engage different groups of participants with diverse experiences of the project, including young people and women. Purposeful sampling is widely used in qualitative research for the identification and selection of a small number of information-rich cases with in depth information and knowledge of a phenomenon of interest (Palinkas et al., 2015). Being a naturalistic descriptive and primarily qualitative study, formal

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<sup>6</sup> Davies, R., & Dart, J. (2005). The most significant change (MSC) technique.

‘power calculations’ were deemed inapplicable for a study of this nature. Nonetheless, each partner was asked to identify 20 participants who were willing and consented to take part in the study. Potential participants were contacted by telephone or text message and were provided with information about the purpose of the study, how the interview would be conducted, and the type of questions to expect. If interested, their contact details were passed on to the evaluation team who subsequently set up telephone interview meetings at mutually agreed upon dates and times.

The evaluation adhered to Comic Relief’s Safeguarding Framework and relevant ethical practices. Particular attention was given to Comic Relief’s Standard 4 (Safe Story Telling Guidelines) to ensure the safety, dignity, and welfare of the contributors. The evaluation lead, in collaboration with partner organisation representatives trained the data collectors on ethics. In turn, all potential participants were informed about the study through an information sheet and were made aware of their rights to opt-out or withdraw from the evaluation if they preferred to do so. Consent to participate was given via an online link or verbally during the telephone interview which was audio-recorded. It was also agreed direct quotations from the interview could be used and reveal one’s identity, unless where the respondent specified a need for confidentiality or anonymity. All participants below the age of 18 had to receive assent from a parent in order to participate.

**MSC Stories’ workshop and study tools:** The evaluation team facilitated a three-day virtual workshop in August 2020. The workshop, attended by 16 project staff and 15 research assistants, helped enhance the participants’ appreciation of the MSC story approach, as well as how that would be used for the evaluation of the programme. During the workshop, the set-up of the data collection was agreed to be the use of remote calling in response to Covid-19 related barriers posed on face-to-face interactions between the evaluation team and the respondents. Semi-structured questions were developed using the most significant change stories’ standard questions. Each telephone interview lasted on average 20 minutes and all discussions were digitally audio-recorded. Participants had the opportunity to have the interview in English or their local language.

**The domains of change:** Each of the 64 collected stories were reviewed and allocated to specific domains of change by at least three research team members, with the help of the team leaders. The domains of change that were used were cross-cutting themes that had been jointly identified by the project partners during the evaluation workshop in August 2020. The domains are presented in Figure 1.

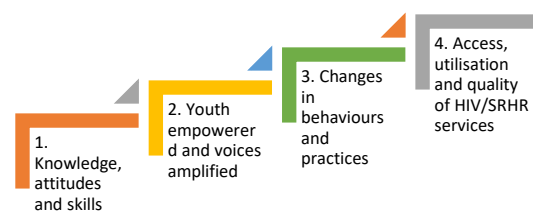


Figure 1: Domains of change

### Data collection methods

The evaluation was conducted by Lifetime Consulting & Partners, represented by one lead consultant, two national consultants and a team of South African and Zimbabwean young male and female

researchers aged between 18 and 30. Data collection was conducted between August and October 2020 using the telephone or other virtual techniques, such as Zoom. All interviews were audio recorded in the interviewee’s own language and were transcribed verbatim. Where needed, they were also translated into English. The accuracy of the stories was checked by the national consultants who read each transcript and listened to recorded audio files.

Up to 39 of the 64 MSC stories (61%) were considered eligible for further selection by the partner organisation. The inclusion and criteria for eligibility of the stories is included in Annex 2 of this report. The highest proportion of eligible stories, i.e., 41% (16) were allocated to Domain 2, i.e., youth empowered and their voices amplified. This was followed by Domain 1 on knowledge, attitudes and skills, i.e., 31% (12) of the stories. See Table 3 below.

Table 3: Distribution of stories per domain from each partner organisation

|   | CRF (10)    | Frontline AIDS (10) | mothers2mothers (7) | Restless Development (12) | Total (39)  |
|---|-------------|---------------------|---------------------|---------------------------|-------------|
| Knowledge, attitudes and skills (16)                      | 50%         | 50%                 | 14%                 | 42%                       | 41%         |
| Young people empowered & voices amplified (12)            | 30%         | 20%                 | 57%                 | 25%                       | 31%         |
| Changes in behaviour and practices (7)                    | 10%         | 20%                 | 14%                 | 25%                       | 18%         |
| Uptake, utilisation and quality of HIV/SHRHR services (4) | 10%         | 10%                 | 14%                 | 8%                        | 10%         |
| <b>Total (39)</b>   | <b>100%</b> | <b>100%</b>         | <b>100%</b>         | <b>100%</b>               | <b>100%</b> |

### Selection process of MSC stories

A systematic and participatory approach was adopted identifying and selection of significant change stories. Nine panellists from the research team reviewed all stories against set criteria, such as: (i) the relevance of the stories; description of the changes that occurred in relation to the project; articulation of most significant change; as well as drivers and enablers of the changes. Each panellist also gave reasons for selecting those stories as a most significant change story. After reviewing all the 64 stories, 39 stories (61%) were screened and considered eligible for final selection.

Each partner selected four of their MSC stories from the 39, giving reasons for their selection. Only five most significant change stories were further selected by the evaluation team from the 16 and have been included in this report at full length. This was done using information from the overall scores by the partners, research teams, and their own assessment of the stories in relation to the domains of change.

In-depth interviews were also carried out with key informants from the various projects involved in the “Youth and HIV: Think Afresh” Programme. These discussions focused on the validation of stories as well as soliciting for more information about their experience in the project. Such interviews are useful for the purpose of gathering the perspectives of people about the project; they were held over Zoom for a period not more than an hour.

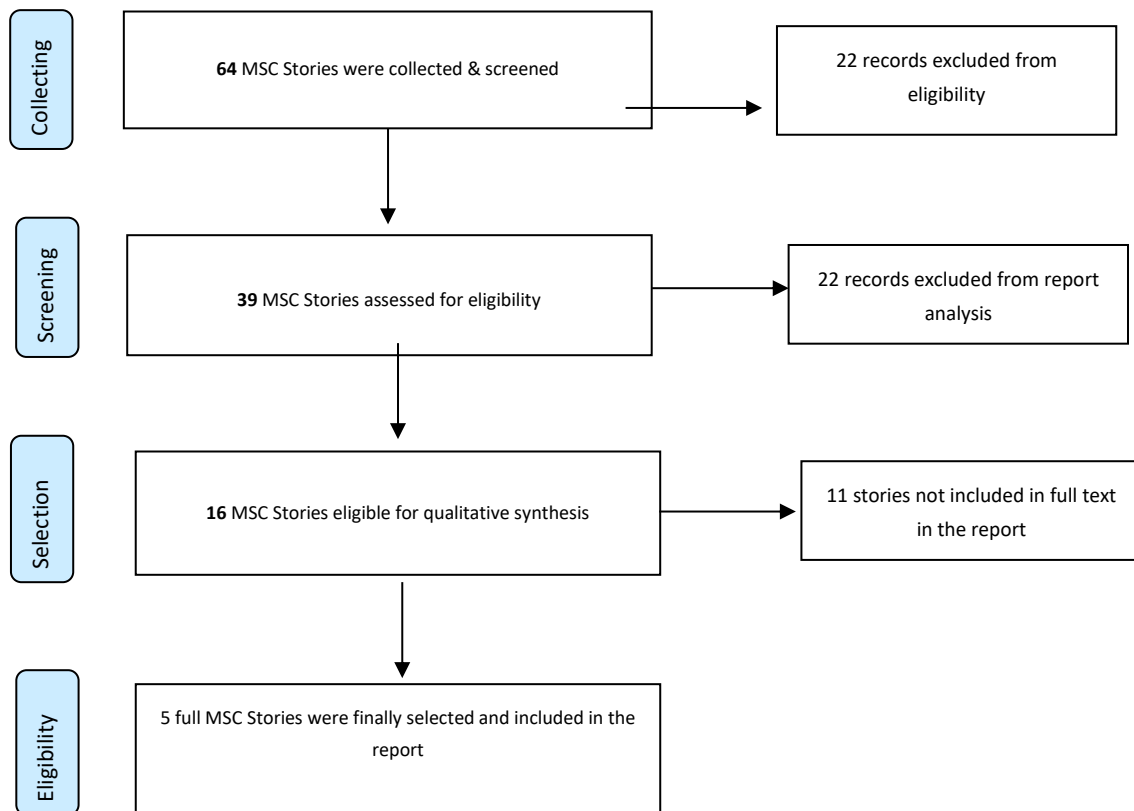


Figure 2: A summary of MSC Selection process and outputs

### Data analysis and report writing

An interpretive approach was employed in order to establish a coherent account of the narratives given by the young people and others who participated in this study. Qualitative data were analysed both deductively and inductively using the thematic analysis approach (Braun and Clarke, 2006). An important part of this cyclical process was discussions with project teams who had been involved in the delivery of the four intervention projects.

The evaluation benefited from the contextual information provided by Comic Relief and staff from the four partners about their interventions. Frequent discussions about the stories and findings led to a richer contextual understanding of the different perspectives and results from the study. Thematic and content analysis, using ATLAS.ti software, guided data analysis. The 16 stories were imported into ATLAS.ti for coding, which encouraged a cyclical and iterative approach to data analysis. In addition, key informant interview notes were analysed thematically, using techniques of constant comparison and key findings organised by defined criteria into this report.

## Changes brought about by the programme

The principal aim of this qualitative study was to gain an understanding of participants' views around the process and experience of participating in at least one of the 'Think Afresh: Youth and HIV' Projects, as well as what they perceived as important changes in their lives as a result of the projects.

### The situation before the project was implemented

There was a shared sense that HIV knowledge levels were quite low while HIV-related stigma and discrimination were quite high in the same communities. This was mainly attributed to long standing myths and misconceptions about HIV transmission, prevention and management. Some study participants mentioned that they had believed that testing positive for HIV was like a death sentence. As more adolescents and young people tested HIV positive, they were shocked. About three stories revealed that families would always struggle to disclose their children's status.

*I only became fully aware about HIV when I was 15 years old (in 2017). I was very much shocked and scared at first because of the negative things I heard people saying about HIV back then. I would ask myself why would God give me HIV at such an early age?. (IP Young woman living with HIV, m2m)*

*I decided to go for an HIV test, and I tested positive. What shocked me is that I was a virgin by that time. So, I was so disappointed with my parents. They never told me about my HIV status when they were alive. I began sleeping around with men trying to survive. (EM, Young woman living with HIV, Frontline AIDS)*

At the time of knowing their status, some young people were disappointed and angry at their parents for not telling them the truth or for passing on the virus to them. They often felt distressed and that resulted in low self-esteem. They blamed their parents (and God) for infecting them with HIV. Due to bitterness, one young woman reported engaging in casual sex as she had lost hope. At the same time, she needed financial resources to take care of her needs, despite the risk of re-infection with HIV and other STIs.

*In addition, I looked down upon myself and thought that being HIV positive is like death. EM, Young woman living with HIV, Frontline AIDS*

*I was quite reckless and irresponsible regarding sexual activities. I would engage in risky sexual activities without using condoms or other safety preventive measures. TR, Local Facilitator, Male, CRF.*

*I began sleeping around with men trying to survive. My parents left nothing for me and I thought being paid for the service is better to put food on my table. I then got pregnant. EM, Young woman living with HIV, Frontline AIDS.*

In terms of health and well-being, several respondents reported recurring bouts of illness, low self-esteem and occasional depression to the point of attempting suicide. Some storytellers recounted getting emotionally drained and failing to emotionally cope before the project. One participant recounted how they wanted to commit suicide several times before accessing counselling from the clinic.

At community level, sex workers and members of LGBTQI were generally stigmatised, affecting their access essential HIV and SRHR services. Open communication about sex and sexuality in the

community, including within families was considered taboo. As a result, young people tend to seek HIV/SRHR information from untrusted sources. Several accounts also pointed to high-risk behaviours that increased the vulnerability of adolescent girls and young women to HIV, STIs and unplanned pregnancies.

*I come from a community that sees the LGBTQI community as people that are possessed with demons and that they are associated with satanic acts. NM, Youth Reporter, Female, CRF*

*Within the community, we have seen young teenagers not having close relationships with their mothers. Generally, we do not feel that it is okay to talk about sexual things with your child. We see it as a disrespectful thing. SB, Young woman living with HIV, mothers2mothers*

*Other challenges have been dealing with are issues of rape and children not having enough information about how to share their pregnancy status with their mothers. Some of them want to terminate the pregnancies. SB, Young woman living with HIV, mothers2mothers*

## Who benefitted from the programme?

The primary beneficiaries of the programme across the four partners in different geographical settings were as follows: Youth reporters, Youth correspondents from partner CBOs, AGYW living with HIV (mentees, aged 18-24), Young Women Living with HIV (mentors, aged 24-30), Adolescent girls and young women aged 15 – 25, Peer Mentors and Mentor Mothers, In-school Youths (15-19) and Out of school Youth (15-25 years) including YPLWHIV.

Table 4: Project title, operational location and participants

|                              | <b>Children’s Radio Foundation, RSA</b>   | <b>Frontline AIDS, Zimbabwe</b>  | <b>mothers2mothers, RSA</b>   | <b>Restless Development, Zimbabwe.</b>  |
|------------------------------|---|--|---|---|
| <b>Project</b>               | Future Positive   | READY to Lead  | Youth Alive   | Peak Youth Tackling HIV   |
| <b>Location in country</b>   | KwaZulu Natal, Eastern Cape, Western Cape and QwaQwa  | Harare, Chitungwiza, Gutu and Bulawayo   | Khayelitsha and Strand, Cape Town   | Ushewokunze, Hopley & Southlea Park   |
| <b>Primary beneficiaries</b> | Youth reporters<br>Youth correspondents from partner CBOs                                     | AGYW living with HIV (mentees, aged 18-24)<br>Young Women Living with HIV (mentors, aged 24-30)                                      | Adolescent girls and young women age 15 – 25 years<br>Peer Mentors and Mentor Mothers | In school Youths (15-19) and Out of school Youth (15-25 years) including YPLWHIV      |
| <b>Frontline workers</b>     | Radio Station Staff<br>CBO staff<br>Clinicians and youth champions from participating clinics | Community Health Centre<br>Committee members<br>District Health Officials<br>Provincial AIDS Council members<br>Civil Society Actors | Health Clinic Nurses<br>Teachers and Champions  | Youth friendly service personnel and stakeholders; Police and District administrators |

## Direct participants and frontline workers reached

Nearly 20,000 people were reached by the programmes as primary beneficiaries, of which the majority, i.e. 75% (n=14,401), were female. An additional 224 frontline workers were also reached by the four partners.

Table 5: Number of beneficiaries from the core target groups

| Implementing partner             | Direct participants |              |               | Frontline workers |          |            |
|----------------------------------|---------------------|--------------|---------------|-------------------|----------|------------|
|                                  | F                   | M            | Total         | F                 | M        | Total      |
| Children's Radio Foundation, RSA | 376                 | 284          | 660           | -                 | -        | 42         |
| Frontline AIDS, Zimbabwe         | 924                 | -            | 924           | 10                | 6        | 16         |
| mothers2mothers, RSA             | 7,920               | -            | 7,920         | 82                | 1        | 83         |
| Restless Development, Zimbabwe.  | 5,181               | 4,382        | 9,563         | 40                | 43       | 83         |
| <b>Total</b>                     | <b>14,401</b>       | <b>4,666</b> | <b>19,067</b> | <b>-</b>          | <b>-</b> | <b>224</b> |

## Key programme impacts and domains of change

### Domain One: Knowledge, attitudes and skills

Participants commented on a range of changes among young people including knowledge and awareness about HIV prevention and management. HIV awareness sessions were conducted by the partners in community halls, Youth Friendly Corners and through radio shows. Participants highlighted that learned more about HIV since joining the programme, especially about positive living and prevention of HIV. Increased knowledge has resulted in improved attitudes and perceptions about HIV and related services. Previously, it was assumed that NGOs and CSOs promote sex work. However, once the communities witnessed these changes, they began to embrace and appreciate the work done by NGOs.

*So the programme has had an impact in terms of information transfer. It is in line with a scholar who once said, knowledge shared is knowledge multiplied. CC, District Development Officer, Female, Restless Development*

*The project targeted women, but I gained knowledge on SRH, HIV and on treatment and I was also empowered. I also learnt about the Women's Sexual Reproductive Health which helped me understand the young women in my family especially the menstrual cycle and I also learnt about Gender Based Violence. TT, Young man living with HIV, Frontline AIDS*

*I was empowered to start my life afresh and to start a life for my baby. They taught me about prevention of mother to child transmission and by the grace of God, my baby was born without HIV. EM, Young woman living with HIV, Frontline AIDS*

Several young people stated that they have now been able to accept their HIV positive status, which has further enhanced their ability to live positively, reduce stress, boost their self-confidence and enhance their ability to advocate for themselves and others. Participating in support groups created safer spaces for young people to openly express themselves and share their experiences with one



another. Having HIV positive women facilitate support group sessions helped to foster trust and confidence for people who were newly diagnosed.

*Mentor mothers, also women living with HIV, facilitated our support groups and educated us about living a healthy lifestyle with HIV. They told us to accept our status and never feel guilty ...They shared their life experiences of living with HIV. We related better with them because they understood our journey. IP, Young woman living with HIV, mothers2mothers*

*When I began attending the Youth Alive Project sessions, I got to understand and accept what happened to me. mothers2mothers helped me accept my status more and encouraged me to live my life positively. I felt that I was in a safe space when I attended the mothers2mothers sessions. IH, Young woman living with HIV, mothers2mothers*

All the respondents acknowledged experiencing better relationships as family members became more supportive, sensitive and understanding on issues affecting young people, especially women. Parents who participated in the programme, were also taught on the need to listen to and engage their teenagers in decision making.

*My parents are so happy with this change that is happening in my life, they are so proud of me and they keep on encouraging me. AC, Peer Leader and Mentor, Male, Restless Development*

*I've learnt a lot and with that came the awareness that the youths are going through so much, and I go back home and look at my teenage girls and better understand what they are going through with the issues that they are facing. Even my approach changed after being involved with this programme. MM, Social Worker, Female, CRF*

In addition, identifying and reaching marginalised AGYW such as those selling sex was commended as that helped raise awareness around HIV and SRHR. To ensure representation of LGBTI groups, efforts were also made to work with LGBT specific organisations. They offered mentors who were trained to reach out to their peers. Thus HIV related stigma has reduced. This is because of increased knowledge about HIV, and the openness by some of the PLWHIV to share their experiences about living with HIV.

*M2M health workers play a big role in reducing the stigma, because they are not afraid to take a platform and tell people that they are living with HIV and are living a normal life like everyone else IP, Young woman living with HIV, mothers2mothers*

*In our community, they started to implement things we used to say on our show, it is something that I did not think could be going that far but the community started implementing things well. LM, Young researcher, Male, CRF*

18,012 young people benefitted from programmes aimed at Increasing knowledge of HIV/AIDS and SRHR

Of the 18,012 benefitting from increased HIV and SRHR programmes, 74%. (13,346) were female

## Selected MSC Story 1: EM, Young woman living with HIV, Frontline AIDS

|                         |   |
|-------------------------|---|
| Title of story          | I learnt not to blame others for being HIV positive |
| <b>Domain of change</b> | <b>Knowledge, attitudes and skills</b>              |
| Time period             | 2019-2020   |
| Gender                  | Female  |
| Age                     | 23 years  |
| Role of storyteller     | Young woman living with HIV                         |
| Organisation            | Frontline AIDS, Zimbabwe                            |
| Project                 | Ready to Lead                                       |

### Significant change story

My name is EM and I am 23 years old. I live near Masvingo. I got into this project in 2019 through a friend who introduced me to Zimbabwe Young Positives. She told me that they were training 25 young people in Masvingo to be mentors. She asked me if I was interested and submitted my name to their office. We then had a workshop at Flamboyant Hotel and that is how I enrolled on the project.

Growing up, I was a person who fell sick each and every time. I had ringworms. I decided to go for an HIV test and I tested positive. What shocked me is that I was a virgin by that time. So, I was so disappointed with my parents. They never told me about my HIV status when they were alive. I began sleeping around with men trying to survive. My parents left nothing for me and I thought being paid for the service is better so as to put food on my table. I then got pregnant.

The Ready to Lead project came at a point when I was very disappointed with myself and I was not taking my medication. In addition I looked down upon myself and thought that being HIV positive is similar to death. But the project taught me not to be negative about being HIV positive. And now I am able to stand up for my rights as a young woman living with HIV. Through the project I began to adhere to my medication and to see the reason why I should be alive. I was also trained to start a small scale business. Though, because of the lockdown due to Covid-19, the borders are closed and so I cannot go to Messina to buy things to sell. I try local business but the profit is very small. I am also selling, vegetables and tomatoes.

I was empowered to start my life afresh and also to start a life for my baby. They taught me about prevention of mother to child transmission and by the grace of God, my baby was born without HIV. I am now assertive and I can advocate for other people. As a mentor, my 20 mentees are now adhering to treatment and they are now doing small scale businesses. We have a WhatsApp Group to follow up and see how they are coping during the COVID-19 pandemic and to also motivate each other on taking medication.

The most significant change story was that I learnt to adhere to medication. I would fall sick all the time and one time I was really ill due to defaulting. Through the project, I was taught to take HIV just as a condition like a headache, whereby one can take pain eaze. Hence ARVs are just like pain eaze which can suppress the virus in me. In addition, the project helped change my behaviour of blaming people for being HIV positive. At the same

time, I am now more responsible when it comes to my own personal health. The project brought about a strong and responsible woman in me. I even went for viral load check-up and I got an undetected viral load. I was very happy and felt so empowered to even disclose my status to the nation. I am a strong woman who can stand up maybe on a road show and say I am HIV Positive.

These changes were brought by the sharing of testimonies. We also had role models who disclosed their status on social media. We were able to go out and share experiences as part of the program. The project also tracked us for progress, which prevented defaulting. The sister in charge used me as a role model to young mothers taking their HIV medication as well.

Personally, I faced challenges when it came to adhering. As a young leader and mentor I faced challenges in recruiting mentees. I managed to recruit 30, of which 20 were very active and 10 were a bit dragging. Since the project is coming to an end, I will continue to mentor my mentees and disseminate information on HIV. We will continue with our online entrepreneurship sessions. The only other challenge will be financial since during the project we were being given allowance, helping towards rentals and food. Due to the Covid Lockdown it is a challenge to have jobs.

At a personal level I will continue to adhere to my medication and to stand up for my rights. I will continue to participate in meetings which deal with my health or the health system, and I will continue to say no to lack of services by service providers. It is a very impactful project that came to Masvingo. It really helped us as YPLWHIV especially us women, because we are left out by many organisations.

#### **Why was this story selected as an MSC story?**

This story was selected since it portrays a young woman growing up as an orphan. At the same time, she was born with HIV. She was forced by circumstances and got involved into sex work leading to an unplanned pregnancy. Her story demonstrates the relevance of the Ready to Lead project in enhancing young women's resilience and empowerment to make their sexual health choices. Changes were explained well in the story and they were personal to the story teller. The most significant change is clear, based on the background of the story teller. There is a shift in her mindset and finances. Beyond her personal life, she starts mentoring other young people, which is inspiring, and it is vivid evidence of how she has changed. The story is captivating and really aligning with the project objectives.

## Domain 2: Young people empowered & voices amplified

Many references to enhanced voices of young people were made by both adults and young people who were interviewed. Changes such as an increased level of confidence, ability to speak out and decreased levels of self-stigma and anxiety were mentioned in several stories. Girls and young women felt particularly empowered. A key informant confirmed that young women were enabled to speak up and exercise their rights, for example being able to say no to sex without a condom. CRF also reported that more than 200 reporters were equipped to broadcast on radio and host outreach activities around the issues such as contraceptives, teenage pregnancy and HIV. Following training from the project, they felt more confident to speak out and give their views and opinions on matters affecting them, as well as disclose their HIV status without fear.

*I am advocating for my community and the theme we are using is voice of the voiceless. This is the major benefit because I felt free to share or tell somebody what I like and what I don't like ... I have full control of my life and I have confidence. MC, Young Woman living with HIV, Frontline AIDS*

*The galas, forums and the sessions achieved this change and listening to the teenagers speak, made me understand them. CC, District Development Officer, Female, Restless Development*

*The most significant change for me would be speaking and sharing information about HIV to my fellow peers in my rural community. This did not change my life only, but it also brought a lot of changes in the lives of other people, in particular young people in my community TR, Local Facilitator, Male, CRF*

*The changes that the Youth Alive Project has given me is the ability to speak openly about my HIV status, to live a positive life with HIV. M2M has really given me my voice back. IP, Young woman living with HIV, mothers2mothers*

Several young people were grateful for the work of the project in boosting their confidence to do things they could not have done without the intervention:

*The most significant change that was brought by the project is that it boosted my confidence. I learnt that this is not the end of life, we can programme our lives, we can budget our own money and we can do own business for us to survive. Then after the project I am now able to teach other people to train other people. MC, Young Woman living with HIV, Frontline AIDS*

*Personally, my confidence has been boosted due to the activities done during the Peak Youth Tackling HIV project. I now believe in myself, if anyone can do it, I can do it as well. ND, Youth Volunteer, Female, Restless Development*

*I thought that I was going to die. I gained counselling skills to counsel other women and young girls living with HIV in the community. Now I am doing my business and am managing my life and am surviving with my child. The community is now learning from me everything that I have learnt from the organisation as we have discussed about how can we teach the youth and women living with HIV. MC, Young Woman living with HIV, Frontline AIDS*

*Personally, my self-esteem was boosted and I can do all things I couldn't do before. Also, the issue of adherence was solved when my confidence was boosted because before I was embarrassed when it came to taking medication. TT, Young man living with HIV, Frontline AIDS.*

More MSC stories mentioned that young people were empowered with knowledge to establish income generating projects. Participation in social and economic networks, further boosted their self-confidence and passion to pursue their dreams and aspirations, which they had put on hold after finding out that they are HIV positive.

*The programme encouraged me to start a business of buying and selling groceries and hair dressing. My life has changed as I spent most of my time doing my business than crying. MC, Young Woman living with HIV, Frontline AIDS*

*I was involved in an Internal Saving and Lending ISAL. So I started to generate my own money and pay my fees. I have registered and I want to supplement my O Level subjects AC, Peer Leader and Mentor, Male, Restless Development*

*This program has a component of empowerment in terms of livelihood, that sometimes as a young mother, you can also start something. For example, in my office we now have an ISAL, whereby we give each other money and we buy groceries. Therefore, it has had a positive impact. CC, District Development Officer, Female, Restless Development*

*My dream is to become an accountant and I am not going to let HIV be a stumbling block in my path. I can focus on my dreams of being an accountant and taking my family out of poverty. IP, Young woman living with HIV, mothers2mothers.*

On the other hand, some young people, including READY to Lead mentors, were enabled to get meaningfully involved in the planning and roll-out of national forum events for CSOs and government bodies. This was an opportunity to demand accountability from decision-makers on youth-friendly and quality HIV and SRH services. Staff from Frontline AIDS highlighted an example where the Chair of the Parliamentary Portfolio Committee on health in Zimbabwe worked with young people to ensure their needs were prioritized. They also began to facilitate channels for better engagement and communication among youth-led organisations and decision-makers.

222 young people were engaged  
in livelihoods programmes

The programme engaged 224 frontline  
workers to support young people in their  
response to HIV

## Selected MSC Story 2: IP, Young woman living with HIV, mothers2mothers

|                         |                                    |
|-------------------------|------------------------------------|
| Title of story          | Living positively with HIV         |
| Domain                  | Youth empowered & voices amplified |
| Time period             | 2018                               |
| Gender                  | Female                             |
| Age                     | 18 years                           |
| Role of storyteller     | Young woman living with HIV        |
| Supporting organisation | M2M South Africa                   |
| Project                 | Youth Alive Project                |

### STORY DETAILS

I am an 18 years old teenage girl from Khayelitsha township, about 23km outside of Cape Town. I live with my mother and siblings and currently doing my final year of secondary education (Grade 12). I first met mothers2mothers in 2018 during a visit to a local health facility in Khayelistha. I was attending a support group for adolescents living with HIV. I had been living with HIV since I was 4 years old. Honestly, I do not know if I was actually born with HIV or not. But according to what my parents tell me, I was diagnosed with HIV when I was four years old.

I only realised when I was 8 years old in 2010 that I am taking some tablets daily. When I enquired from my mother as to why I was the only one always taking these tablets in the family, I was not given a straight answer, since I was young and knew nothing about HIV. I only became fully aware about HIV when I was 15 years old (in 2017). I was very much shocked and scared at first because of the negative things I heard people saying about HIV back then. I would ask myself why would God give me HIV at such an early age.

But thanks to the support from mothers2mothers through the Youth Alive Project, I ended up accepting my status. I was fortunate that I had a good support structure at home and I was then referred to the mothers2mothers' support group at the clinic. They taught us everything we needed to know about HIV, taking care of ourselves and protecting those around us. Mentor mothers, also women living with HIV, facilitated our support groups and educated us about living a healthy lifestyle with HIV. They told us to accept our status and never feel guilty. We all felt very comfortable around them as they knew and understood the challenges of living with HIV. They shared their life experiences of living with HIV. We related better with them because they understood our journey. It was very easy for us to talk to mentor mothers from mothers2mothers, it was a safe space for us. Sometimes it is not easy to talk to nurses at clinic. Sometimes clinical staff are mostly older people and some are judgemental. They think that because you are an HIV positive adolescent, you have been sleeping around.

The changes that the Youth Alive Project has given me is the ability to speak openly about my HIV status, to live a positive life with HIV. M2M has really given me my voice back. In days of darkness, mentor mothers from M2M were there to encourage and lift us up. I am now a confident teenager, thanks to them. I am now able to teach my family and my friends at school about HIV. Organisations like M2M play a very big role in our communities, especially for young people.

The biggest change in my life from being part of the Youth Alive Project is that I have learnt a lot about HIV, information which is not easily accessible for many 18 year olds in my community. I have learned to live positively with HIV, and now I do not worry about it anymore. It is important for me to share the knowledge that I have acquired about HIV and safer sex to fellow young people in my community. My dream is to become an accountant and I am not going to let HIV be a stumbling block in my path. I can focus on my dreams of being an accountant and taking my family out of poverty. Now I can give back to my community through teaching young people to stay healthy and motivate those living with HIV to adhere to their treatment.

There is very little knowledge about HIV in my community because of the stigma. M2M health workers play a big role in reducing the stigma, because they are not afraid to take a platform and tell people that they are living with HIV and are living a normal life like every one else. For example, some people do not take their medication in front of their family members and end up defaulting due to fear of being judged.

Now that the Youth Alive programme is ending, I think it is going to be bad for the progress that we have made in fighting HIV. This is going to have a negative impact as young people relied heavily on M2M for support, especially because they provided a safe space for us, it is really going to be difficult for us. We hope that the project receive support and resources to continue.

#### **Why was this story selected as an MSC story?**

This story is heart-warming and insightful. It clearly demonstrates how the Youth Alive project played a role in the story teller's life. This story is vivid and carries a personal touch to it. Her story demonstrates the power of knowledge, towards empowerment. Once she became educated about HIV, she took control of her health and she reframed it as positive living, rather than dwell on negative perceptions. It appears that with improved knowledge, came self-esteem, confidence and the drive to become an advocate for other young people living with HIV. She got empowered and took it upon herself to give back to community. She shared what she got in the support group to other adolescents and young adults.

### Domain 3: Changes in behaviour and practices

The 'Youth and HIV: Think Afresh' Programme has had a positive impact on several practices and behaviours among young people and community members. The behaviour change reported was mainly regarding a decrease in young people engaging in sex work, drug abuse and teenage pregnancy. This was attributed to the increased awareness about HIV among young people, increased self-confidence and creating an enabling environment for young people to openly talk about their experiences and report incidences of rape or GBV.

*The most significant change story was a case of a boy from our school. He was a drug addict and before Restless came to our school, this boy was real trouble and had been expelled from several schools due to mischief. . . . He started asking more about drugs then later admitted that he was addicted and wanted to quit. Immediately, he changed his character and even started facilitating lessons on drug abuse to other kids. SM, Headteacher, Male, Restless Development*

*The Most significant change story is behaviour change amongst the girls . . . Looking at them now, I can see the impact of the project. TT, Young man living with HIV, Frontline AIDS*

*Before we got involved with the Children's Radio Foundation, we had a high rate of youth falling pregnant (teenage pregnancy). However, when they got involved with the programme, we saw a decrease in pregnancies. MM, Social Worker, Female, CRF.*

Young people, school staff and other stakeholders described how they believed that the projects had specifically changed behaviour such as non-adherence to treatment. With the project, there has been a decline in defaulter rates among young people on HIV treatment and resulting in improved treatment outcomes.

*The most significant change story was that I learnt to adhere to medication. I would fall sick all the time and one time I was ill due to defaulting. Through the project, I was taught to take HIV just as a condition like a headache, whereby one can take pain easer. Hence ARV's are just like pain easer which can suppress the virus in me. EM, Young woman living with HIV, Frontline AIDS*

*In addition, the project helped change my behaviour of blaming people for being HIV positive. EM, Young woman living with HIV, Frontline AIDS*

*Personally, my self-esteem was boosted and I can do all things I couldn't do before. Also, the issue of adherence was solved when my confidence was boosted because before I was embarrassed when it came to taking medication. TT, Young man living with HIV, Frontline AIDS*

*Mentorship helped me adhere. The way the mentor counselled me made me see things in different light. The approach made me take my medication. TT, Young man living with HIV, Frontline AIDS*

*Through the project I began to adhere to my medication and to see the reason why I should be alive. EM, Young woman living with HIV, Frontline AIDS.*



### Selected MSC Story 3: TR, Local Facilitator, Male, CRF

|                      |   |
|----------------------|---|
| Title of story       | Young people speak out, advocate for change |
| Domain               | Changes in behaviours and practices         |
| Time of change       | 2016-2019                                   |
| Gender               | Male  |
| Age                  | 24 years                                    |
| Role of storyteller  | Local facilitator                           |
| Partner organisation | Children's Radio Foundation                 |
| Project              | Future Positive Project                     |

#### Significant Change Story

I come from Qwaqwa in the Free State Province, South Africa. I am 24 years old and I am currently working as a local facilitator for Children's Radio Foundation (CRF). I got involved in the Future Positive project because of my passion about community development. In my area, I am actively involved in community projects that seek to change the lives of young people for the better. A representative from CRF recognised me and I was invited to join the organisation, initially as a Youth Reporter, and later a Youth Facilitator.

My participation with CRF has brought changes in my life. As a young person, it has given me a platform to learn about HIV. For example as a young person growing up in a community with little access to knowledge and learning resources, I was quite reckless and irresponsible regarding sexual activities. I would engage in risky sexual activities without using condoms or any other safety preventative measures. After engaging in irresponsible behaviours, I decided to take an HIV test. I remember telling my friends that if I tested HIV positive, I would kill myself. I had little knowledge about HIV at the time. I knew that if one is HIV positive, their time on earth is limited, that they would be dying anytime soon. But now that I have joined this project and have learned more about HIV, I know that if you are living with HIV that is not the end of the road. If you adhere to your medication you can live longer like other people.

Secondly, the project changed many young people's perceptions about HIV. There was a lot of stigma in my community before this project. However, having a young person like me from the same community standing up and speaking openly about these kind of topics changed the minds of a lot of youth. They became interested and wanted to learn more about HIV too. Young people now have easy access to crucial information about health services and other social issues. We have held campaigns in community halls to educate young people about the importance of knowing their status, practising safe sex to protect themselves, and those around them. Honestly in my community, which is a rural area, talking about sexuality and HIV especially amongst young people was considered taboo, but the project played a big role in changing this reality. Having a young person like me speaking in front of crowds about these challenges has also encouraged a lot of my peers to speak up and seek knowledge.

The most significant change for me would be speaking and sharing information about HIV to my fellow peers in my rural community. This did not change my life only, but it also brought a lot of changes in the lives of other people, in particular young people in my community. Young people are now able to speak out about their HIV status and to advocate for change within their community. They also motivate those that are in denial to accept and speak up about their status. Even young people living with HIV have become motivated and they are no longer scared to go the clinic to get their medication and take part in support groups.

I think what brought about the changes I described is my bravery to talk about these issues openly, as I said it is regarded a 'taboo' for young people to speak about these in the rural areas. Also giving others an opportunity to ask and learn more about HIV. I also think that the key involvement of young people brought changes. Young people are at the forefront of tackling these issues. The challenges that we faced as a community were that people were ignorant and reluctant to share their views and opinions because we come from a very conservative community. For example, during our local community campaigns, some young people would not be comfortable to speak up and share. However, as young leaders we would encourage them and give them confidence. CRF has given us a platform to reach out these young people through community based campaigns and social media platforms.

Since the project is coming to an end, I think it has planted a legacy that we can continue with. However I think the upcoming generation of young people will be at risk of teenage pregnancies, lack of education about safer sex and use of contraceptions. We are likely to see an increase in teenagers falling pregnant and contracting STIs. Also we are likely to see some young people engaging in irresponsible sexual activities and other social behaviours that will not benefit their health. However, some of us who have been youth leaders and activists, will be there for these young people. We will continue to support them as we have been doing. We are doing it out of love and not for money.

#### **Why was this story selected as an MSC story?**

This story is powerful. We love how he starts from a very personal account towards community impact. The transition that happened to Tate as he experienced changes was remarkable. The background is well explained and fit well within the Future Positive Project. The change is aligning with the project's objective and fits well within the expected outcomes of the organization. The story is also detailed in the explanation of the changes and provides insights on the most significant change on both the personal and community level.

## Selected MSC Story 4: SM, Headteacher, Male, Restless Development

|                         |                                     |
|-------------------------|-------------------------------------|
| Title of story          | Changes in character                |
| Domain                  | Changes in behaviours and practices |
| Time period             | 2019                                |
| Name of storyteller     | Simbarashe Musabengana              |
| Gender                  | Male                                |
| Role of storyteller     | School head                         |
| Supporting organisation | Restless Development                |
| Project                 | Peak Youth Tackling HIV             |

### Significant change story

My name is Simbarashe Musabengana. I am a head teacher at Great Academious College in Southlea Park. I got involved with the Peak Youth Tackling HIV Project in 2018 when Restless Development came to our school looking for a venue to conduct their activities. We offered them with a venue and our school also started partaking in their activities. We started mobilising students from our school to be in activities such as campaigns and other lessons. The Peak Youth Tackling HIV project taught our kids, or rather counselled them, on sexual health issues and HIV. We created time and added them to our school timetable. So they started coming once a week to impart knowledge about SDGs and several health issues.

Our school also started participating in sporting activities initiated by Restless Development. Sometimes they would conduct sports galas for school children as well as the community. We started having dialogues to discuss on issues like drug abuse and gender based violence. Restless Development involved us as teachers and gave us opportunities to facilitate in these dialogues. It started with only school children but the whole community ended up heavily involved in these discussions and they would attend in their numbers.

Personally, I really enjoyed these sessions and my mind was opened. As for our kids, we noticed great changes in behaviour as well as a sense of responsibility was built in them. Some had been drug addicts and some were promiscuous or generally careless about their lives. We then started to see them mending their ways due to continuous counseling received from the Peak Youth Tackling HIV Project. And also in sports, some kids who did not want to participate ended up enjoying sport and wanting to participate, thanks to the sports galas by Restless Development.

The sessions helped even the community at large. This was seen by the number of people opening up on gender violence cases in their homes. Even up to now, the community still comes to our school seeking counseling as they believe that we are part of Restless Development. Hence, we need to be equipped to be able to tackle such issues in the absence of Restless Development.

The most significant change story was a case of a boy from our school. He was a drug addict and before Restless Development came to our school, this boy was real trouble and had been expelled from a number of schools due to mischief. He would deny taking drugs but we could tell from the way he behaved that he was under drug influence.

He knew almost every drug and after attending sessions on the effects of drug abuse, he started researching more on the effects. He started asking more about drugs then later admitted that he was addicted and wanted to quit. Immediately, he changed his character and even started facilitating lessons on drug abuse to other kids.

Some of the challenges was that time for discussions was limited. Some issues would go without being fully concluded and that left people with unanswered questions. Another challenge was lack of practicality in the presentation of issues such as entrepreneurship. They were more theoretical and when we wanted to implement into practice, we would face challenges. On the side of the community the main challenge was ignorance. They would resist mobilisation but however with time they started coming in their numbers. On the project itself there was lack of follow ups after a certain training.

Now that the Peak Youth Tackling HIV project has come to an end, it is unfortunate that some activities such as sports tournaments will be affected, especially that they need a bit of funding, which we might not have. Also, community dialogues will be affected as we will not be in a position to provide some of the things that need money. However, the implementation of some SDGs will continue. We made a choice that we are going to implement the SDGs at our level and we will incorporate other schools and form clubs that will cater for the needs of our local environments. We will also continue with guidance and counseling sessions with our kids. Actually, we did not remove those slots from our timetables. Some teachers will pick up with the sessions from where Restless Development left.

#### **Why was this story selected as an MSC story?**

This story from Simbarashe's narrative captures the situation before the introduction of the Peak Youth Tackling HIV project and the interventions implemented to address identified challenges. The School Head articulated the change in behaviour of the kids and teachers from his school as well as the community members which was one of the aims of the project-behaviour change. We feel that having such feedback from the School Head is good as he knows the kids and community very well such that he can testify on the changes brought about by the project. The story involves changes on a personal and a community level. It also zooms in on the youth, which were the main target, but it also overlaps to the parents and the community coming to seek help and information at the school (quite rare compared to other stories). The challenges mentioned in this story are also relevant.

## Domain 4: Improved access, uptake, utilisation of HIV and SHRHR services

Several respondents highlighted challenges with access to essential services before the implementation of the project. Across the board, all the projects played an important role in ensuring that young people have access to essential HIV and SRHR services. In some instances where commute for young people was a challenge, some of the projects conducted outreach services in the community. Staff from m2m added that because of the projects, there is better understanding of where to access services in RSA, especially clinics and other government facilities available for young people, rather than rely on information from the street.

*Even access to health services was a challenge due to stigma and discrimination. For them to have courage to go and access health services in such communities now is a positive significant change that has happened in their lives. PM, District AIDS Coordinator, Male, Frontline AIDS*

*I am also proud to say that there is now a police cabin in one of the areas, and people can report GBV or rape cases. ND, Youth Volunteer, Female, Restless Development*

*Although I have been a social worker for a long time, sometimes we take that for granted. But when you get into contact with the youth and you listen to their conversations then you realise you missed a lot of things and taken a lot of things for granted. MM, Social Worker, Female, CRF*

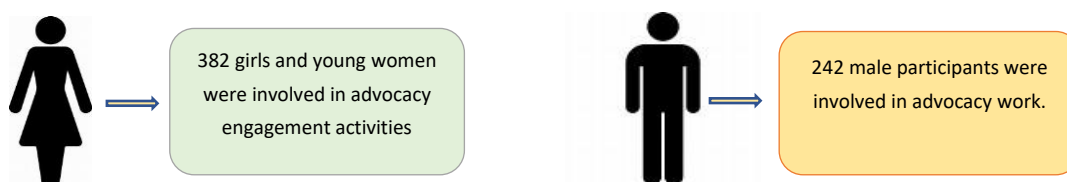
Five out of the six nurses interviewed in a recent evaluation by CRF reported that their perception of the facility as a youth friendly site improved since the project started. As a result of project advocacy issues, decision-makers were also reached through advocacy activities and according to key staff, they also committed to reviewing restrictive laws and policies that hinder access for young people living with HIV services.

*Even young people living with HIV have become motivated and they are no longer scared to go the clinic to get their medication and take part in support groups. TR, Local Facilitator, Male, CRF*

*I am also proud to say that there is now a police cabin in one of the areas, and people can report GBV or rape cases. ND, Youth Volunteer, Female, Restless Development*

*In our community, we do not have clinics or a youth centre. So as volunteers, we were the youth centre. People could not access condoms, so we would walk with them and distribute, therefore they managed to practice safer sex. ND, Youth Volunteer, Female, Restless Development*

*In addition, people now know where to go when faced by certain issues that need health support, such as the clinic, PREP, service units, sectors in the Ministry and victims of GBV. CC, District Development Officer, Female, Restless Development*



## Selected MSC Story 4: PM, District AIDS Coordinator, Male, Frontline AIDS

|                         |   |
|-------------------------|---|
| Title of story          | Courage to go and access health services by sex workers |
| Domain                  | Access, utilisation and quality of services             |
| Period                  | 2018  |
| Gender                  | Male  |
| Role of storyteller     | District AIDS Coordinator                               |
| Supporting organisation | Frontline AIDS, Zimbabwe                                |
| Project                 | Ready to Lead   |
| Date of recording       | September 2020  |
| Please note             | No consent to use of photo                              |

### Significant change story

I am the District AIDS Coordinator for National AIDS Council working in Gutu District. I got to know about the Ready-To-Lead Project when ZY+ came to the district in 2018 working alongside ZNNP+. They indicated that they will be working with young mothers aged 18- who are living with HIV. Most of them were sex workers in the District though some are married.

There are a number of positive changes that we encountered during the implementation of the programme. Young mothers are now able to seek health services at their nearest health clinics. In addition, there is now significant improvements in adherence to medication for those living with HIV. Issues to do with women's rights have been addressed and the majority of our young mothers can now stand for themselves when abused physically, economically or sexually. These are some of the positive changes that we have encountered. There also used to be stigma within the community, but as we speak such cases of stigma have been low.

Young mothers were also capacitated on Income Generating Projects in collaboration with the Ministry of Women's Affairs. They learnt how to do projects on their own. I remember at one time they were buying and selling second hand clothing. I feel this move helped them not to just rely on sex work for a living. Most of them had not engaged in sex work by choice, rather circumstances around them pushed them to do so. Some of them got married and their businesses are doing well.

As I highlighted before, the majority of the beneficiaries were sex workers and generally they are not accepted in the communities in which they live. Even access to health services was a challenge due to stigma and discrimination. For them to have courage to go and access health services in such communities now is a positive significant change that has happened in their lives.

When ZY+ came with the Ready to Lead project, they mobilised young mothers and made sure that relevant stakeholders were engaged. Meetings and workshops were done and young mothers were capacitated on a number of issues relating to their lives. A number of technocrats were invited during these workshops from Women's Affairs, Ministry of Health, ZRP (particularly Victim Friendly Unit), Ministry of Small and Medium

Enterprise, each were given a platform to present. Issues were raised on how the police handled the sex workers' issues. For example, female sex workers are not allowed to loiter around at night, yet men who loitered were not arrested. Clarification was given on what the law says in relation to sex work.

One major challenge was presented to my office through the Ministry of Health when they were lobbying for "gango", which is a machine used to treat genital warts. Not all of the sex workers were willing to get treated when they got Sexually Transmitted Infections which resulted in such being spread amongst sex workers and their clients. Some also did not want to disclose their HIV status to their partners.

Now with the lockdown, there is mounting pressure for these women to move out of Mupandawana Growth point to informal mining areas. There are no health facilities there, and a greater possibility for them contracting and spreading HIV and other STIs. These are the major challenges that we are encountering.

It is only that the partner that we thought would continue the programme can no longer do so. As we speak, the mentors are encouraging the peers to continue visiting health facilities. They also have been conducting door to door visits. However, there is no one supporting them directly with funding and they are doing it voluntarily. National AIDS Council is having the microplanning model focusing on sex workers and there is no age limit. We have sex workers who are fifty years and above and they have been integrated into the NAC project. For sustainability, I am sure they are going to benefit. However, NAC is only doing the project in Mupandawana and one other health facility that is fifty kilometres from Mupandawana growth point only. The rest are not benefiting and yet we need to cover all the areas, especially areas with artisanal mining going on. Continued support is needed so that it can be cascaded to all the surrounding areas.

#### **Why was this story selected as an MSC story?**

This story clearly demonstrated the impact of the Ready to Lead project whereby adolescent girls and young women are enabled to seek health behavioural change, economic empowerment, learn to stand up for their rights through advocacy and being resilient and empowered to make right choices. The background of the teller and how he fits in the project is well articulated. Factors that positively and negatively affected the change were well explained. Overall, the story is interesting. The story is informative and is clear. There is context and good background information. The target population is empowered thus, addressing some of the objectives of the project. The information is good and clearly shows areas that needed improvement. The story teller also shows how effective the project approaches were in assisting the target population.

## Unanticipated changes

Some unintended outcomes that would otherwise not have been highlighted through formal project monitoring and evaluation processes were considered during the evaluation. To this effect, changes related to positive parenting practices, youth taking community leadership roles and response to Covid-19 were reported and the details are provided below:

**Parenting skills and family unity:** Several respondents highlighted changes around family relationships and enhanced capacity care of their children with the resources that they have. The role of mothers2mothers was more prominent on this aspect. Through HIV positive mothers, the project was able to provide support and advice to younger pregnant women living with HIV and mothers of HIV exposed babies. In addition to learning about prevention of mother to child transmission, the young mothers also gained essential parenting skills. A young mother had this to say: *“Changes that resulted from me being in touch with m2m was that I learnt that as a mother, I do not need a lot of money to raise my baby and that the things I have in the house I can use those to help with the development of my baby”*.

**Recognition of young leaders at local to national levels:** Following extensive training and exposure from the project, young leaders were recognised by local leaders and district stakeholders. Young leaders from Restless Development became focal persons, thanks to the leadership skills that they acquire. For example, when there was an outbreak of cholera in Ushewokunze, these young leaders took a crucial role in leading Ministry of Health initiatives. A staff member from Restless Development commented that *they had not planned for high level leadership*, but they saw young leaders able to network with other stakeholders for the benefit of their community.

**Response to Covid-19:** Likewise, young people in these programmes have inadvertently got themselves engaged in Covid-19 response. As COVID-19 rapidly was spreading across the world, it became important for the project to act and ensure that women, children, and families that they work with are aware of the potential disproportionate risks of contracting COVID-19. Therefore, peer leaders, youth reporters, Mentor Mothers and community facilitators have been taking a role in awareness raising activities and the partners are working to develop more Covid-19 focused programmes.

*When the Coronavirus started, we volunteered to disseminate information and for me, it stood out because in my community everything is taken as being political, we went door to door giving out fliers about Coronavirus. We managed to reach out to everyone, all age groups and not the youth alone. ND, Youth Volunteer, Female, Restless Development*

*For example, earlier this year with Covid-19 I had to be more informed about it, and be more updated, up to the point that I was a little bit more informed than other people who were taking the shows. LM, Young researcher, Male, CRF*



## Strategies, enabling factors and challenges

This section aims to describe the good practices/strategies, facilitators and enabling factors of the changes described in this report; as well as barriers or challenges faced. Study participants repeatedly emphasised the value of the approaches used by the projects to influence community support for project activities. Each of the four partners had different creative strategies to ensure participation of young people, including sporting activities, outreach activities, peer leadership, and stakeholder engagement. Key informants expressed that the approaches used by the project are generally replicable. This was mainly because these were conceived by young people who then implemented them at community level, making use of the available resources within the community.

### Good practices and enabling factors

#### 1. Mentorship and peer leadership approaches

All the four projects engaged peer leaders, counsellors, young reporters and local facilitators to provide mentorship support to young people at community level. In the case of mothers2mothers, the support groups were facilitated by mothers who were also living with HIV, and this shared experience endeared them to the young people living with HIV. These mothers counselled and advised young HIV positive pregnant women and mothers. Overall, the strategy was reported as highly effective in improving health outcomes for those who enrolled into the different projects. Some of the key benefits mentioned were in relation to improved treatment adherence and support.

*Mentor mothers, also women living with HIV, facilitated our support groups and educated us about living a healthy lifestyle with HIV. They told us to accept our status and never feel guilty. We all felt very comfortable around them as they knew and understood the challenges of living with HIV. They shared their life experiences of living with HIV. We related better with them because they understood our journey. IP, Young woman living with HIV, mothers2mothers.*

*I managed to achieve this because our facilitators were admirable, especially the way they presented themselves motivated me. Therefore, they taught us indirectly through the way they planned and how they conducted themselves. AC, Peer Leader and Mentor, Male, Restless Development.*

*The support groups helped us a lot. We would have the youth on one side and the mothers on another side so that they can see what their mothers used to learn and to say what mothers need to change in the 21st century and for mothers to talk to their kids and tell them what they expect from them. Support groups were the best! SB, Young woman living with HIV, mothers2mothers.*

#### 2. Peer to peer support for young people

The programme gave a substantial focus on “peer-to-peer support” activities, an increasingly preferred adolescent and youth-responsive service package that support adolescents to access, engage, and sustain HIV treatment and services. Staff reported that one of the most effective strategy was the safe space in which young women met and discussed various issues around HIV and SRHR in place they felt safe. In some of the evidence generated, it has been shown that some of the young women who were previously not very confident because of their HIV status or situation became empowered through getting access to accurate information and being able to share experiences with

their peers. During a peer educator survey in one of the trainings for CRF, 96% of the youth reporters trained across the 7 sites perceived themselves as well trained peer educators on issues around SRHR, HIV, LGBT and related issues.

*The people that I was attending the Youth Alive meetings with were also very helpful. We encouraged each other and if someone had a problem, we support them and make them feel safe. IH, Young woman living with HIV, Mothers 2 mothers*

*I think that community outreaches for youths to get together and have conversations was an important aspect of the work. Young people were enabled to find space to address key issues in a more open and safe space – and as well get the information that they needed. MM, Social Worker, Female, CRF*

Participants from CRF, Frontline AIDS and mothers2mothers also commended the use of social media and other platforms such as WhatsApp groups to reach out to young people as individuals, in groups and in community. Young people were afforded space for people to testify and disclose their own status in safe spaces.

### **3. Training, outreach and awareness raising activities**

Overall, young people and stakeholders were very positive about the training and related activities that they had received from the project. Several respondents highlighted the effectiveness of the training opportunities, as well as outreach and other awareness raising activities offered by the different project. They reported these activities as highly effective in improving knowledge and awareness about HIV and other relevant SRHR issues.

*The project and the trainings we held brought about the changes in my life, it made me to achieve all the changes I mentioned. We had time for gatherings and sessions ... MC, YWLHIV, Frontline AIDS*

*All this was achieved through entrepreneurship and financial literacy training. As a volunteer, we had debriefing and volunteer learning sessions which helped us become better volunteers ... ND, Youth Volunteer, Female, Restless Development*

### **4. Working in partnership with various stakeholders**

The evaluation observed the complementarities between project initiatives and other stakeholder processes. As much as possible, no intervention was implemented on an island. Rather, all partners recognised the importance of working with and through local structures, including schools, government departments and other civil society organisations. Much of the work was based on mutual knowledge and trust for the partners, which was built over years. Several quotations were gathered from Restless Development and Frontline AIDS demonstrating their key strengths in joint working.

*Restless Development is a partner that is complimenting government efforts in socio-economic development in my district. CC, District Development Officer, Female, Restless Development*

*When ZY+ came with the Ready to Lead project, they mobilised young mothers and made sure that relevant stakeholders were engaged. PM, District AIDS Coordinator, Male, Frontline AIDS*

*mothers2mothers is not the only organisation that I am associated with. So, if they should stop, I will continue working with other organisations that I am involved with. IH, Young woman living with HIV, Mothers 2 mothers.*

## 5. Community involvement, acceptance and ownership

An overview of the wide range of project strategies by the different partners shows that all four partners were experts in their own fields. Their individual monitoring and evaluation process clearly demonstrate that all four partners had the experience and expertise in designing, executing and delivering efforts aimed at positive changes for young people. Most importantly, they had the ability to harness community interest and ownership of the project. In general, evaluation respondents reported that the project was well accepted at individual and community level, as they indicated in the interviews and significant change stories. Several participants felt that by involving young people, there was greater buy in and thus ease of project acceptance and implementation.

*Community ownership of the project brought about change for example it involved young women. The involvement of mentors of the same age as the mentees was awesome (TT, Young man living with HIV, Frontline AIDS)*

*We have gained the trust in the Community, when we speak, they listen, even when mobilizing people for a program they come. (AC, Peer Leader and Mentor, Male, Restless Development)*

## Challenges and barriers

### 1. Contextual and environmental challenges

In some areas, issues to do with socio-economic and political challenges were highlighted as a major barrier to the implementation of the project in Zimbabwe. Youth friendly services in such communities are also generally limited, and their accessibility is low. The project also failed to penetrate one of the proposed locations, such as Epworth, due to political issues. However, efforts were made to ensure that in the areas where they operate, they kept key leaders informed. Some activities were also disturbed during election times.

*Ushewokunze is more of a political area and it's a struggle to have a Youth Resource Centre. This would drag everything. (ND, Youth Volunteer, Female, Restless Development)*

*Political instability was a challenge in achieving all this. For example, there were instances when we wanted to mobilize people for a campaign some people would see it as being political. (AC, Peer Leader and Mentor, Male, Restless Development)*

On the other hand, stigma, discrimination and a culture of silence were still high in some communities where the programme has been implemented. This has affected several young people living with HIV who could not be free to disclose their HIV status within such an unfriendly environment.

*There are several challenges that we faced; these are to change the community. It is hard for someone to understand for example in our rural areas people believed that sharing a cup, plate or sharing a blanket with someone who is living with HIV you will get HIV. It is very difficult to address the myths and misconceptions about HIV. MC, Young Woman living with HIV, Frontline AIDS*

*The challenges in the community must be that we really do not have facilities, we do not have spaces for young people. There are few communities that have community halls and entertainment buildings for people to go and meet other youths. MM, Social Worker, Female, CRF*

## 2. The negative effects of Covid-19

The year 2020 has been largely affected by the unexpected rise and spread of Covid-19 which resulted in a halt to project activities, fears and anxieties. Stigma is an important community level factor that has been shown to affect women's ability to adhere to HIV treatment. Participants in both Zimbabwe and South Africa also expressed that Covid-19 affected income generation activities.

*I was also trained to start a small-scale business. Though, because of the lockdown due to Covid-19, the borders are closed and so I cannot go to Messina to buy things to sell. I try local business but the profit is very small. I am also selling, vegetables and tomatoes. (EM, Young woman living with HIV, Frontline AIDS)*

*When the pandemic of Covid-19 hit I was numb, I did not know how I felt. I was lost and depressed. I was interrupted from my job of interacting with people when mothers2mothers said that we need to close till the Covid situation went down because they feared we would bring Corona virus to our families. (SB, Young woman living with HIV, mothers2mothers)*

Attendance in events decreased community network meetings and this could be because of the pandemic normal attendance in activities was highly reduced and ultimately stopped due to Covid. Loss of life in some instances resulted in fear in the community, making people suspicious and less welcoming of peer educators reaching out to them.

*In the community it has been tough because I work with the community ... and people will say that since I work at the clinic, they do not want me in their house because I bring Corona virus and I need to maintain social distancing. (SB, Young woman living with HIV, mothers2mothers)*

## 3. Unmet expectations and financial incentives

A challenge that was specific to Zimbabwean respondents was that of unmet expectations. There appeared a sense of over-dependency on the project, as evidenced by the number of participants reporting that everything will stop after the project has ended. This could have been, in part, due to allowances that were given as incentives during the workshop, described by one young respondent (male) as a "huge influence on their participation." Likewise, some participants expected start-up capital from the project for livelihoods entrepreneurship.

*As for the ladies who stopped sex work, constant workshops helped because at the workshops people got allowances. They then saved that money and started buying and selling things. Therefore, workshops and allowances were of great influence. TT, Young man living with HIV, Frontline AIDS*

*The only other challenge will be financial, since during the project we were being given allowance, helping towards rentals and food. Due to the Covid Lockdown it is a challenge to have jobs. EM, Young woman living with HIV, Frontline AIDS*

## 4. Recruitment of male participants and volunteer participation

Staff and programme beneficiaries highlighted a gap in the lack of meaningful involvement of boys and young men in the project. Some respondents felt that there was more emphasis on girls and young women, which was not enough to influence negative male perceptions and actions. At the same time, other respondents also observed challenges with recruiting some volunteers, in part due to their unwillingness or otherwise due to shortage of time.

*... the project left out men in the society. We were involved as staff but we also needed help as men as there were also no male mentors. Therefore, it must include both genders. TR, Local Facilitator, Male, CRF*

## Sustainability and scalability

### Prospects of sustainability

The general perception of the respondents was that the activities and processes supported by the four projects will most likely continue after ending the project. This was mainly due to the possible continuation of other activities by the same delivery partners, as well as individuals who reported that they had immensely gained from the project in terms of knowledge and skills. Notably, project activities helped increase knowledge and skills levels among young people on HIV and SRHR issues. The evaluation gathered that some project activities will continue even after the projects have come to an end. Young people and community members gained essential knowledge and skills needed to continue advocating for themselves and others. The project activities will continue although with minimal financial support. Some young people who have managed to set up their income generating activities have gone off to focus on these, while some have become full time community workers.

*Since the project is coming to an end, I think it has planted a legacy that we can continue with. TR, Local Facilitator, Male, CRF*

*Should this project come to an end, there is nothing I would stop. I would continue with the tips they gave me like giving my children meals consisting of vegetables, taking my children to the clinic for their check-ups so there is nothing I would stop. LM, Mentee mother, mothers2mothers*

*At a personal level I will continue to adhere to my medication and to stand up for my rights. I will continue to participate in meetings which deal with my health or the health system, and I will continue to say no to lack of services by service providers. EM, Young woman living with HIV, Frontline AIDS*

*With or without the project ending, our support will continue, they will know that even though we are no longer working with mothers2mothers they can come and approach us so that we can help them. We are willing to help them if we see that they are not in a good position. SB, Young woman living with HIV, mothers2mothers*

Many young people felt empowered enough to play their roles and engage young people in their communities, now and beyond the project life. The peer educators were considered to offer the multiplier effect to sustain project activities. While some funded activities, such as monthly meetings may stop, staff reported that the mentoring will continue through other different platforms where the young women will be meeting. As they have now created a network, they will leverage on this to provide support to each other.

*Since the project is coming to an end, I will continue to mentor my mentees and disseminate information on HIV. We will continue with our online entrepreneurship sessions. EM, Young woman living with HIV, Frontline AIDS*

*For m2m, e-service delivery platforms and virtual mentor mother platforms will continue, even under COVID restrictions, enabling young people to keep accessing different resources using their phones (Key informant, m2m).*

The buy-in of these various stakeholder groups meant that the influence of some of the key barriers in programme implementation were reduced. All the four partners worked very closely with various other agencies and institutions to achieve the changes reported in this report. Moreover, these collaborations provided opportunities for increasing the sustainability of the programmes after the end of the programme. Restless Development worked very closely with schools, government departments and organisations to support programme activities. A District Development Officer also commended the organisation for training community youth leaders and volunteers, who carry on doing what they learnt.

*Out of all this, I managed to start a Community Based Organisation of my own, which is going to be there and continue serving the community when the project ends. It will continue to support SRHR, create a safe environment for young people, and increase services. AC, Peer Leader and Mentor, Male, Restless Development*

*We will also continue with guidance and counselling sessions with our kids. We did not remove those slots from our timetables. Some teachers will pick up with the sessions from where Restless Development left. SM, Headteacher, Male, Restless Development*

## Prospects of scale up and replication

Some of the key factors that could make a project scalable have been identified in this project. These factors include fiscal support; political support; community involvement, integration, buy-in, partnerships; supportive policy, regulatory, and legal environment; building and sustaining strong organisational capacity and decentralization. Key informants from CRF felt the entire project, model and methodologies are scalable. For instance, this has been successfully replicated in Zambia and they also work with minority groups such as LGBTQ plus groups and a group in DRC Congo for their podcast, which is Kwiya radio podcast. CRF staff mentioned that SRHR has been built into CRF model and youth reporters will continue producing shows and outreaches regularly. Youth reporters are also fascinated by sexual health issues, so it will continue in their shows. A key informant from Frontline AIDS also added that their activities are easily scalable as they depend on available resources, and young people who led them are engaged in other professional or income generating activities.

## Challenges to sustainability and scaling up

Despite the positive prospects of sustainability, the challenges, needs and problems that the projects were addressing continued to exist after the end of the project. In the absence of similar support, some of the existing processes might have limited continuity. Thus, the delivery partners have a mandate to pursue similar objectives in the future. There is still great need for the project in some communities, yet services are still limited. Financial resources for similar programmes are dwindling and local systems may not take up the programmes to the next level without external support. Some respondents felt that the geographic reach of the programme was limited, and others reported that more time would have been required in order to sustain the activities and outcomes of the project.

*However, NAC is only doing the project in Mupandawana and one other health facility that is fifty kilometres from Mupandawana growth point only. The rest are not benefiting and yet we need to cover all the areas, especially areas with artisanal mining going on. Continued support is needed so that it can be cascaded to all the surrounding areas. PM, District AIDS Coordinator, Male, Frontline AIDS*

*Southlea Park and Ushewokunze, if resources permit, they should not stop. There are no information centres which you find in developed suburbs like Budiriro and there are no clinics. Therefore, when the project ends, there is going to be a negative impact. CC, District Development Officer, Female, Restless Development*

*Instead of stopping, I think this programme should expand and help more mothers, especially young mothers that are not able to handle a new-born. They should expand and not stop. LM, Mentee mother, mothers2mothers*

*Now that the Youth Alive programme is ending, I think it is going to be bad for the progress that we have made in fighting HIV. This is going to have a negative impact as young people relied heavily on m2m for support, especially because they provided a safe space for us, it is really going to be difficult for us. IP, Young woman living with HIV, mothers2mothers*

*Also, community dialogues will be affected as we will not be able to provide some of the things that need money. SM, Headteacher, Male, Restless Development*

*Now that the project is coming to an end some of the gatherings are going to stop for example, we travelled to Mazoe and Masvingo to attend the WAD (World AIDS Day). Those activities, due to an end of the project, are going to have financial problems due to lack of financial support to travel around. MC, Young Woman living with HIV, Frontline AIDS*

## Conclusions, lessons and implications

### Summary of findings

Using a qualitative research paradigm through MSC stories, this evaluation reveals that the 'Think Afresh: Youth and HIV' Programme has impacted on the lives of young people in target communities of South Africa and Zimbabwe. The study supplements information in regular project monitoring and evaluation processes by highlighting key changes described by young people who participated in, or key actors who witnessed, the activities of the four projects. Some of the young people had been identified as having persistent challenges around living with HIV, adhering to treatment, acceptance in the community and confidence to speak out. So, 64 stories were collected from consenting young people and other actors, generating rich and comprehensive insights about the initiatives implemented by the four partners funded by Comic Relief and the M.A.C. AIDS Foundation, i.e., Children's Radio Foundation, Restless Development, mothers2mothers and Frontline AIDS.

The evaluation process was intentionally participatory, allowing participants to assess how the projects reached out to its primary beneficiaries; report the changes that took place following the interventions; discuss what they regarded as most significant changes; as well as highlight the enablers and challenges that could have affected the delivery of the changes. Most of the change stories pointed to significant transformation narratives across four domains of change, i.e., knowledge, attitudes, and skills; the empowerment and amplifying voices; changes in behaviours and practices; as well as access to HIV/SRHR services. Each of the domains of change has been described in this report, and supported by relevant quotations.

Based on close analysis of all the selected stories, it is plausible to conclude that the 'Youth and HIV: Think Afresh' Programme made fundamental investments and progress in the target communities of South Africa and Zimbabwe. The programme was designed, and was successfully implemented, by a group of four well-established and capable project delivery partners. Most importantly, it was considered highly relevant, addressing both emerging and long-standing HIV/SRHR issues that affect young people, especially adolescent girls and young women, within the region in which activities were conducted. Results show that the investment have certainly resulted in notable changes, as clearly expressed by participating young people and other actors such as key workers, through the change stories gathered during this assignment.

Each of the four programme partners had their unique contributions to the achievement of this initiative, thanks to the range of approaches that they used within their settings. Underlying these approaches was a shared set of commitments toward equity and inclusion of young people and especially vulnerable groups; individual voice and agency; gender equality and women's empowerment; community acceptance, participation and ownership; as well as focus on peer-to-peer support and the role of youth mentors.

Evidence from consultations with programme staff and management indicated that a critical gap in the implementation of this programme was a lack of collaboration amongst the four delivery partners within the programme. The absence of a shared and clearly articulated theory of change for the full programme was shared despite they were meant to be working towards the same overall goal. Having more than one partner in each of the two countries could have been an opportunity for lesson sharing and tapping into each other's innovative strategies.

The evaluation presents a rationale, and an identified need, for further funding towards scaling up and replicating similar HIV and sexual reproductive health and rights programmes for young people, especially young men and women, sex workers, LGBTI and adolescents/youth people living with HIV in the future. Without exception, a consistent message from the stories and consultation with evaluation participants was that the programme timespan was rather limited. The ending of this project within two years was conceived as too early. Changes in behaviours and practices would certainly require a longer time to realise. Implementing a two-year programme only would appear like a drop in the ocean.

The realities of the HIV and SRHR situation in the target communities reveal a greater need and demand for scaling up similar projects and services. Programme staff felt that the strategies implemented could easily be used to reach out to the multitude of young people who have not been reached by the project. Key informants clearly expressed that a lot of younger people in South Africa and Zimbabwe could benefit from similar services, only if resources were to be made more available. At the level of the implementing partners, they felt that they had tried and tested interventions that would achieve impact in similar settings.

It is positive that all four project partners worked in collaboration with key stakeholders, including government, school staff, community leaders and other service providers. However, even though all four partners expressed their desire to continue implementing programmes in the target areas, they recognised the inevitable constraints of dwindling resources. Furthermore, the emergence of a global pandemic, i.e., Covid-19, has presented complex challenges for young people and for youth serving organisations. Whilst the knowledge gained and skills attained through the project will remain vital at community level, most participants re-emphasised the need for bringing the work to scale. They all admitted that the local infrastructure and settings in project specific areas are still weak. There is need for the partners to identify ways to build on, and sustain, the gains that were made by the project during the time of the project.



## Lessons learnt, considerations and implications

- 1) Capacity building initiatives are crucial for developing young people, enabling them to amplify their voices on issues that concern them most. Nonetheless, it is not enough to build young people's capacity to engage decision makers without increasing leaders' understanding of youth participation/engagement.
- 2) Apart from working with service providers in public institutions, there is a need to also engage service providers in private institutions as they also have interface with a considerable number of young people. This was echoed by CRF who emphasised that in addition to educating young reporters, health workers should also be involved throughout the process from training to producing radio.
- 3) In the light of Covid, project partners identified opportunities to creatively access and disseminate information and resources through digital technology. All partners felt that there is need to consider more technologies in future programmes, whilst at the same time, maintaining a balance with traditional ways of engaging people who may not have access.
- 4) Implementation times for initiatives such as the "Youth and HIV: Think Afresh" Programme should be long-term to achieve greater impact and increase prospects of sustainability. Almost every respondent agreed that this programme is still needed in all communities. Key informants also felt that the "programme should not be introduced in short phases, but take at least three to five years at a time.
- 5) The evaluation considers that sharing cross-cutting activities and deliverables in a programme such as this (involving multiple partners) would have improved knowledge-sharing and efficiency. While it could have possibly entailed additional resources, this could have been best addressed during project design to make it an integral part of the programme arrangements.
- 6) The "Youth and HIV: Think Afresh" Programme activities must continue to reach and support more underserved groups in target communities, especially young mothers and young people living with HIV. There is a growing need to give more attention to adolescents, adolescents living with HIV.
- 7) Consider engaging private sector institutions in programming, as they play a crucial role in the lives of young people. They can also provide resources to sustain youth led programme initiatives within their local settings.
- 8) Invest efforts to increase male involvement in Youth and HIV activities. The progress made by the "Youth and HIV: Think Afresh" Programme in engaging girls and young women in its activities is evident and commended by most stakeholders. However, the need to focus on boys and men as part of the activities was also highlighted. In order to reduce gender disparities and address gender-based violence amongst young people, it is insufficient to primarily focus on girls and women alone.
- 9) There is a clear demand, need and scope for developing a clear plan for expanding the Youth and HIV approach beyond the target communities that were reached by the programme. Even if Comic Relief and their other funding partners may not be able to provide further funding, the evaluation recommends that the partners should continue to seek for more funding to scale up and/or replicate the efforts to date.
- 10) Project partners should ensure that they set up clearly laid out exit strategies and sustainability plans from the onset of the project. Having highlighted sustainability as a major challenge to the "Youth and HIV: Think Afresh" Programme, it is important to ensure that future initiatives are supported by an exit strategy and a sustainability plan, which are set in consultation with partners at all levels, right from project onset.

## List of appendices

### Annex 1. Reflections on the use of the MSC stories approach for the evaluation

#### Strengths and opportunities

Evaluation studies for interventions that rely on quantitative outcome measures to demonstrate effectiveness are one of the cornerstones of evidence-based practice.<sup>7</sup> However, such measures frequently fail to capture the users' desires for subjective changes in their quality of life.<sup>8</sup> To capture diverse information related to the focus and impact of the four projects under the "Youth and HIV: Think Afresh" programme, we used a qualitative approach to collect significant change stories from young people, local facilitators and mentors, community leaders, civil society actors, government officials, etc. The use of the MSC approach in evaluating this programme enabled programme participants to express what happened in the different project areas. The stories also helped key stakeholders to assess changes in consideration of the beneficiaries' perspectives. The different perspectives of significant changes from beneficiaries and stakeholders have been elaborated through key domains of change which were well aligned to the outcomes of the project. The main lesson from using the MSC approach to evaluate the outcome of the Think Afresh – Youth and HIV programmes is the value added by the involvement of the people who benefited from the project and stakeholders. Having access to individual stories brings new perspectives to the stakeholders' (program implementers and local decision makers) on the programme training.

#### Limitations and challenges

There were a few limitations to the implementation of this study. First, the collection of significant stories that are included in this report was only conducted at one point in time. Second, stories were collected from only a small number of participants who were readily accessible. This limits generalisability of findings. Third, the findings identify changes considered to be most significant and may not identify all areas of change or areas where no change occurred. The lack of face-to-face interaction due to Covid-19. As could be expected, several people with possibly very strong stories were not reachable by phone and we may have missed on them. To an extent, this could potentially impede the generalisability of the current study.

To address these limitations, we recommend: first, apply MSC repeatedly so that stories can be collected and analysed at more than one-time point. Second, increase the number of interviewed participants as a larger number of participants can increase the confidence in generalisability of the findings. Third, specifically asking about negative changes would increase the breadth of change identified and assist surface potential problems. Inclusion of secondary analysis of data would also enable broader analysis of change, areas of no-change and the mechanism that facilitated change.

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<sup>7</sup> Campbell, M., Fitzpatrick, R., Haines, A., Kinmonth, A. L., Sandercock, P., Spiegelhalter, D. And Tyrer, P., 2000, Framework for design and evaluation of complex interventions to improve health. *British Medical Journal*, 321, 694– 696.

<sup>8</sup> Simmons-Mackie, N. and Damico, J. S., 2001, Intervention out- comes: a clinical application of qualitative methods. *Topics in Language Disorder*, 21, 21–36.

## Annex 2. Eligibility criteria used during selection of stories

Establishing inclusion and exclusion criteria for the selection process of the stories was an integral process of the delivery of this work. Inclusion criteria was defined as a key feature to help identify the stories that would be eligible for selection at the next level of identifying the most significant change stories to include for this study. In contrast, exclusion criteria were defined as features of the potential study participants who meet the inclusion criteria, but their stories presented with additional characteristics that were less relevant to the project outcomes, outputs and activities. The following criteria were used in this study.

| Inclusion Criteria  | Exclusion Criteria   |
|---|--|
| Population: The story should focus on adolescents and young people, especially age 10-24 years who were involved in one of the four “Youth and HIV: Think Afresh” programme interventions in RSA and/or Zimbabwe. The inclusion of other participants and age groups is permitted, if young people remain the primary target of intervention. | Not related to adolescents and young people<br>Outside one of the programme interventions<br>Young people are not the primary focus of the project |
| Intervention: Any type of intervention, method, technique, or strategy, including individual and group activities where the main component was youth and HIV or SRHR  | Interventions not related to HIV/SHRHR or young people   |
| Outcomes of interest: Stories with at least one of the following outcomes were preferred for inclusion: knowledge, attitudes, and skills; the empowerment and amplifying voices; changes in behaviours and practices; as well as access to HIV/SHRH services. Other project related outcomes also accepted.                                   | Outcomes that do not relate to HIV, SRHR issues for young people.  |
| Timing: The changes would have happened between the period 2017 and 2020  | Changes happening before the launch of the project in 2017   |
| Setting: Specific settings where the various projects were implemented, both rural and urban, as well as in homes, communities and institutional settings.  | Outside any of the project areas   |
| Other issues: the participant has given consent to their story being reported   | Other issues: the participant has not given consent to their story being reported  |

## Annex 3. Sixteen MSC Stories selected for qualitative analysis by domain of change

### Domain 1: Changes in knowledge, attitudes and skills

| Story teller  | Gender | MSC Story title                                   | Reasons for selecting this as a significant change story   |
|---|--------|---|--|
| 104 - Young woman living with HIV (Frontline AIDS)            | Female | I learnt not to blame others for their HIV status | This story portrays a young woman growing up as an orphan born and living with HIV. She was forced by circumstances and got involved into sex work leading to an unplanned pregnancy. Her story demonstrates the relevance of the Ready to Lead project in enhancing young women's resilience and empowerment to make their sexual health choices. Changes were explained well in the story and they were personal to the story teller. The most significant change is clear, based on the background of the story teller. There is a shift in her mindset and financially. Beyond her personal life, she starts mentoring other young people, which is inspiring and it is vivid evidence of how she has changed. The story is captivating and really aligning with the project objectives. |
| 604 - Youth reporter, (Children's Radio Foundation)           | Female | A space to be creative and show my creativity     | It's a nice youth reporter's narrative about learning skills and finding creativity through the Future Positive Project. The story has a good context and background information. There is a personal touch to it which makes it unique. It demonstrates a broader understanding of HIV and how the story teller's life was also changed due to this information. It also shows the effectiveness of the methodology as well. The changes in her life are also clear and sustainable.  |
| 608 - Young woman living with HIV (mothers2mothers)           | Female | Accepting my status and comfortable with it       | The story is good and personal. One can really see the change due to the Youth Alive project. It has a perfect length not too long or too short hence very captivating. The story has a personal touch to it, it carries good background information, and context, the changes are also clear. This story demonstrates the power of peer support. The Mentor Mother/Peer Mentor facilitated support groups felt like a safe space, provided a gradual journey to disclosure as well as gradual improvements in adherence to treatment which she had struggled with. Lastly, it is refreshing that as a young girl living with HIV, she is not only in a relationship but is also open about it to her boyfriend and that the boyfriend is supportive.  |
| 103 - District Development Coordinator (Restless Development) | Female | Positive changes in terms of uptake of services   | The story clearly outlines how the Peak Youth Tackling HIV project contributed in imparting knowledge to young people and the changes that happened at personal and community levels as a result of the knowledge gained. The story personalised the changes. This story was a rare type because it is unusual when part of the administrative team becomes a beneficiary as well. She gained knowledge that helped her on a personal level as a young mother. She also expanded sufficiently on the impact of the changes. This story has a personal touch that reveals how the government admin department had helpers that got heavily involved within the project, it has a sense of involvement and passion.  |



## Domain 2: Youth empowered & voices amplified

| Story teller   | Gender | MSC Story title                                     | Reasons for selecting this as a significant change story  |
|--|--------|---|---|
| 901 - Young woman living with HIV (mothers2mothers)  | Female | Living positively with HIV                          | <p>This story is heart-warming and insightful. It clearly demonstrates how the Youth Alive project played a role in the story teller's life. This story is vivid and carries a personal touch to it. Her story demonstrates the power of knowledge, towards empowerment. Once she became educated about HIV, she took control of her health and she reframed it as positive living, rather than dwell on negative perceptions. It appears that with improved knowledge, came self-esteem, confidence and the drive to become an advocate for other young people living with HIV. She got empowered and took it upon herself to give back to community. She shared what she got in the support group to other adolescents and young adults.</p>  |
| 701 - Youth reporter (Children's Radio Foundation)   | Male   | Talking with confidence when I talk about something | <p>The introduction from this story clearly shows the goal of the Future Positive Project; and at a personal level, the participant shows that it really helped him. This story has a personal touch to it, making it enjoyable and the changes are clearly stated out. It has a good background information. We like the surprise and honesty in this one when suddenly he realizes his work is having an impact on his community. The introduction clearly shows the goal of the project and at a personal level the participant shows that it really helped him. The story has a personal touch to it, making it enjoyable and the changes are clearly stated out. It has good background information.</p>   |
| 501 - Young woman living with HIV (Frontline AIDS)   | Female | I now advocate for my community                     | <p>The story has impressive background information that puts the context of the changes into perspective, making the issues more alive and touching. The story captures the real experiences of an HIV+ young person who has shifted from self-blame and suicidal thoughts to become an empowered individual. Of all stories, this was the most vulnerable for us. It is a story of being raped, of being an orphan, of living with HIV, of migrating, and of fighting suicidal urges. The turnaround in the story is personal, touching and inspiring. This story enabled us to look at challenges that adolescent girls and young women face in terms of gender-based violence and at the same time addressing one of the issues that the Ready to Lead project aimed to address i.e. societal stigma towards young people living with HIV.</p> |
| 102 - Young leader and mentor (Restless Development) | Male   | I became a leader                                   | <p>The storyteller managed to articulate how he was empowered as a young person through his involvement in the Peak Youth Tackling HIV Project. The notion that he is going to carry on the work he was doing under the project says a lot about an empowered young person. He has shown through the story that he has become a role model in the community all because of engagement with the project. He is a voice for many young people in the community through the CBO he established as well as the reputation he has accumulated in the community.</p>  |



### Domain 3: Changes in behaviours and practices

| Story teller   | Gender | MSC Story title   | Reasons for selecting this as a significant change story   |
|--|--------|---|--|
| 902 - Local facilitator (Children's Radio Foundation)            | Male   | Young people speak out about their HIV status and advocate for change   | This story is powerful. We love how he starts from a very personal account towards community impact. The transition that happened to Tate as he experienced changes was remarkable. The background is well explained and fit well within the Future Positive Project. The change is aligning with the project's objective and fits well within the expected outcomes of the organisation. The story is also detailed in the explanation of the changes and provides insights on the most significant change on both the personal and community level.  |
|  |        |   |  |
| 306 - Simbarashe Musabengana, School head (Restless Development) | Male   | Changes in character  | Simbarashe's narrative captures the situation before the introduction of the Peak Youth Tackling HIV project and the interventions implemented to address identified challenges. The School Head articulated the change in behaviour of the kids and teachers from his school as well as the community members which was one of the aims of the project-behaviour change. We feel that having such feedback from the School Head is good as he knows the kids and community very well such that he can testify on the changes brought about by the project. The story involves changes on a personal and a community level. It also zooms in on the youth, which were the main target, but it also overlaps to the parents and the community coming to seek help and information at the school (quite rare compared to other stories). The challenges mentioned in this story are also relevant. |
|  |        |   |  |
| 705 - Young woman living with HIV (mothers2mothers)              | Female | Knowledge and openness between mothers and their children   | This is an interesting journey showing how she got involved with the Youth Alive project and ended up as an employed for mothers2mothers. The narrative provides an excellent example of empowerment through positively changing her current journey as a young woman who is HIV positive with an unplanned pregnancy, towards hope for a bright future for her unborn baby. She has gained confidence to disclose and empowered to support others in similar situation when she took up a position as a Peer Mentor. She contributed in building relationships between the mothers and their daughters, changing attitudes of parents towards their children.   |
| 101 –Male, Young men living with HIV (Frontline AIDS)            | Male   | Better treatment adherence  | This story highlights gaps identified through the Ready to Lead project, especially around the exclusion of male counterparts – who also play a vital role in addressing issues of gender inequality. In this story, the story teller clearly highlights the exclusion of LGBTI community. The story was very relevant and the changes happened in the past three years. The story teller managed to articulate changes, both positive and negative changes very well. He also managed to bring out personal changes and changes at community level which happened in the past 3 years. The story captivated us and made us see the life of a man who was not taking treatment but changed. He talks about what enabled him to change and what may have hindered that change.  |

## Domain 4: Improved access, utilisation and quality of services

| Story teller  | Gender | MSC Story title   | Reasons for selecting this as a significant change story   |
|---|--------|---|--|
| 206 - District AIDS Coordinator (Frontline AIDS)            | Male   | Courage to go and access health services by sex workers   | The storyteller clearly demonstrated the impact of the Ready to Lead project whereby adolescent girls and young women are enabled to seek health behavioural change, economic empowerment, learn to stand up for their rights through advocacy and being resilient and empowered to make right choices. The background of the teller and how he fits in the project is well articulated. Factors that positively and negatively affected the change were well explained. Overall, the story is interesting. The story is informative and is clear. There is context and good background information. The target population is empowered thus, addressing some of the objectives of the project. The information is good and clearly shows areas that needed improvement. The story teller also shows how effective the project approaches were in assisting the target population. |
|   |        |   |  |
| 802 - Social worker (Children's Radio Foundation)           | Female | We saw a decrease in pregnancies  | The story shared addresses the main elements and objectives of the Future Positive Project. It cuts across all of them. It has a personal touch to it and good context and background. The MSC narrows the impact to an individual, thus making it very effective. There is a great description of project impact from the story teller's own day to day experience as a social worker working with teenage pregnancy – then how they accessed services.   |
| 605 - Female, Young woman living with HIV (mothers2mothers) | Female | I got equipped through M2M  | An excellent story and classic example of an integrated PMTCT/ RMNCH programme and partnership with other programmes is here described. The story confirms the utility of technology when engaging young people in the uptake and utilisation of services and is particularly relevant in the current context of the COVID-19 pandemic. m2m has taken the use of technology further through its new e-service delivery and virtual Mentor Mother Platforms. It is an example of how young people can be champions, giving hope and positively influencing the lives of their peers in low resources settings. Good introduction and she managed to give the goals of the Youth Alive project which really helped her.  |
| 106 - Young leader and mentor (Restless Development)        | Female | As volunteers, we were the youth centre   | This story spells out what young people did through the Peak Youth Tackling HIV project to ensure that their peers would access services at their doorstep. Her story shows that young people had become the resource centres in their communities. The story teller managed to outline the most significant changes around empowerment, research skills, access to resource utilisation and uptake. For example, through referral pathways that is the involvement of police in issues of GBV, access to family planning methods condoms and HIV testing. People in the community were now involved in entrepreneurship thereby earning a living.   |

## Annex 4: Final list of MSC Stories selected included in the final report

| Story teller | Title of Story  | Their role                  | Gender | Domain                                      | Supporting partner                                    |
|--------------|---|-----------------------------|--------|---|---|
| 104          | I learnt not to blame others for their HIV status       | Young woman living with HIV | Female | Knowledge, attitudes and skills             | Ready to Lead Project, Frontline AIDS                 |
| 901          | Living positively with HIV                              | Young woman living with HIV | Female | Youth empowered & voices amplified          | Youth Alive Project, mothers2mothers                  |
| 902          | Young people speaking out and advocating for change     | Local facilitator           | Male   | Changes in behaviour and practices          | Future Positive Project, Children's Radio Foundation  |
| 306          | Changes in character                                    | School head teacher         | Male   | Changes in behaviour and practices          | Peak Youth Tackling HIV Project, Restless Development |
| 206          | Courage to go and access health services by sex workers | District AIDS Coordinator   | Male   | Access, utilisation and quality of services | Ready to Lead Project, Frontline AIDS                 |



## Annex 5: Key informants consulted

|    | First name | Surname     | Country      | Your organisation           | Role / position                                 |
|----|------------|-------------|--------------|-----------------------------|---|
| 1  | Agnes      | Ronan       | South Africa | mothers2mothers             | Senior Technical Advisor                        |
| 2  | Amelie     | Guyot-Staal | South Africa | Children's Radio Foundation | Senior Monitoring Evaluation & Learning Manager |
| 3  | Annah      | Sango       | Zimbabwe     | Frontline AIDS              | Partner representative                          |
| 4  | Arsene     | Ngombe      | South Africa | Children's Radio Foundation | Programmes Head                                 |
| 5  | Busi       | Gentour     | South Africa | Children's Radio Foundation | Eastern Cape Regional Trainer                   |
| 6  | Catherine  | Hobbs       | UK           | Comic Relief                | Partnerships Manager                            |
| 7  | Chengetai  | Dziwa       | South Africa | Frontline AIDS              | Monitoring and Evaluation Lead                  |
| 8  | Giancarlo  | Angelucci   | UK           | Comic Relief                | Evaluation and Learning Manager                 |
| 9  | Gladys     | Gumbo       | Zimbabwe     | ZY+                         | Programmes Officer                              |
| 10 | Maxwell    | Changombe   | Zimbabwe     | Restless Development        | Program Coordinator                             |
| 11 | Melissa    | Wallace     | South Africa | mothers2mothers             | Evaluation and Operations Research Specialist   |
| 12 | Mellisa    | Perekwa     | Zimbabwe     | Restless Development        | Programmes Manager                              |
| 13 | Mxolisi    | Chamane     | South Africa | Children's Radio Foundation | KZN Regional Mentor                             |
| 14 | Nomonde    | Tengwa      | South Africa | mothers2mothers             | Programme Manage                                |
| 15 | Romeo      | Maduma      | Zimbabwe     | Restless Development        | Monitoring, Evaluation and Learning Officer     |
| 16 | Xolani     | Kondile     | South Africa | Children's Radio Foundation | Programme Associate                             |

## Annex 5: Evaluation questions for MSC Stories

| Question for evaluation participants  | Purpose of the question  |
|---|--|
| 1. Please share a little bit about how you got involved in this project   | This introductory question aims to establish the story teller's knowledge and experience the project under review.   |
| 2. Looking back over the last few years, what do you think were the main changes resulting from your participation in / support for this project?                               | To capture a range of changes or the difference made by the project in the lives of the young people and women, as experienced or witnessed, by the story tellers.   |
| 3. Of all the great changes that you mentioned, which one is the most significant change and why? (Focus on <i>one most significant change</i> even if there are a few changes) | This question focuses on the story teller's personal judgment on what was the most significant change of all stated changes. This question reflects the participatory approach that empowers respondents to have a voice on what they consider was the most important change. These changes will be considered against the domains of change identified during the workshop. |
| 4. What do you think helped bring about the changes that you describe?  | To identify good practices and methodologies that are effective when working with and through young people in raising awareness around HIV and sexual health   |
| 5. What challenges did you, the community or the project face that could have affected the achievement of the changes that came out of this project?                            | To highlight challenges and barriers that were faced by the story tellers or the project to the achievement of the changes that came out of this project   |
| 6. Now that the project has come (or is coming) to an end, what is likely to happen? What will stop and what will continue? Please explain your response.                       | To assess the scalability, replicability and sustainability of the approaches in order to assess the feasibility and effectiveness of scale up or use of similar approaches elsewhere  |

## Annex 6: Questions for key informant interviews

We will conduct in-depth interviews with project management and representatives from the partners. Individual interviews are useful for the purpose of gathering the perspectives of people about the project interviews will be held over Zoom for a period of less than an hour and will seek to ask the following questions:

1. Which two of the identified domains of change do you feel that your organisation made the most impact and why?
2. Were there any unintended positive or negative results or changes? Please explain.
3. What strategies (practices and methodologies) were most effective for working with and through young people in raising awareness around HIV and SRHR?
4. What were the main challenges and barriers faced by the project? How were they addressed?
5. Now that the project has come (or is coming) to an end, what is likely to happen? What will stop and what will continue? Please explain your response.
6. How scalable were the approaches used by the project, and are they replicable to other settings?
7. What were your three key lessons from this project? (Please refer to your lessons to your learning questions)
8. Any recommendations for the future?