implementation story:

Providing family planning services through the "Stop the Bus Model" for adolescent girls and young women in six districts in Zimbabwe

AGYW patiently wait for their turn to go inside the bus and receive youth-friendly services in 2017

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Background and Context

Many adolescent girls and young women in rural Zimbabwe see their peers getting pregnant, dropping out of school, and subsequently forced into marriage. They hear of cases of untreated sexually transmitted infections (STIs), including rumors of young people living with HIV. They understand how to prevent pregnancy and STIs, thanks to the work of peer educators and other community health workers. However, a sticking point has remained: How do they access voluntary family planning and reproductive health care?

> "Right now, we are in our own space where we can decide what we want. Here [at the bus], we are not looking over our shoulder to see who is watching because we are of the same age. I enjoy getting services from the bus."
>
> Stop the Bus client

For some, walking to health facilities can take an entire morning. Aside from distance, other significant barriers also exist. Many health workers are known within communities and young people often do not feel comfortable discussing personal issues with them. Beyond this, many health care workers lack the capacity to cater to the unique needs of adolescents and young people. As a result, many young people face judgment and a lack of confidentiality—issues discussed in a clinical setting are sometimes reported to their families, leading to trouble with their parents and guardians. Standing in public queues at local clinics to access voluntary family planning and reproductive health health care also carries a heavy weight of stigma in the community.

In 2014, Zimbabwe's total fertility rate was 4.3 children per woman, and the birth rate among women ages 15 to 19 years was 120 births per 1,000 women (MICS, 2014). Given this backdrop, the government developed the Zimbabwe National Family Planning Strategy (ZNFPS) (2016–2020) to reduce the unmet need for family planning from 13% to 6.5% by 2020 among the general population, and from 16.9% to 8.5% by 2020 among adolescents (ZNFPS).

Unmet need for voluntary family planning has been fueled by various factors including religious and cultural practices, limited youth-friendly health centers, user fees that adolescent girls and young women cannot afford, and lack of access to information. These barriers can limit the demand for voluntary family planning and reproductive health among adolescent girls and young women and ultimately can result in unintended pregnancies.

These challenges highlight the need for innovative ways of reaching adolescent girls and young women in comfortable spaces, where they are free to make informed family planning and reproductive health choices. As such, the Ministry of Health and Child Care through the Determined, Resilient, Empowered, AIDS free Mentored and Safe lives (DREAMS) program adopted the Stop the Bus model to provide HIV and family planning and reproductive health care for adolescent girls and young women.


PHOTO CREDIT: Kumbirai Mazaiwana, FHI360

Additional tent set up to complement services with those offered from the bus in 2018.

The High Impact Practice

The DREAMS program team used the Mobile Outreach Services (High-Impact Practices in Family Planning, 2014) and Adolescent-Responsive Contraceptive Services (2015) high impact practices to provide client-centric and youth-friendly HIV, voluntary family planning, and reproductive health care through the Stop the Bus model. The model—which began in 2016— focuses on mobile outreach to adolescent girls and young women ages 15 to 24, with tailor-made HIV, voluntary family planning, and reproductive health care. The model was designed to address challenges related to access, affordability, and availability of voluntary family planning among adolescent girls and young women who are often faced with stigma and discrimination when seeking voluntary family planning from public health facilities. It was also adopted to increase access to safe spaces for family planning, improve the client experience by reducing the time spent seeking care, and remove user fees, which are often cited as a barrier for adolescent girls and young women. The Stop the Bus model uses staff who are already part of the health delivery system and hence there are no additional costs related to human resources, except fuel and lunch allowances for Stop the Bus staff.

The program, which has been very popular in rural communities, included traveling to areas where adolescent girls and young women frequently visit in order to increase access to and provide health care. DREAMS partners work closely with other civil society organizations and community health staff to implement the Stop the Bus program.

Implementation Story

"Bringing services to us is the only way for us to utilize the services. We don't want to be judged according to our ages or marital status! We deserve family planning methods of our choice—married or not. It is our choice, our right." –Anonymous girl, 17 years

In the Stop the Bus program, a mobile bus moves from one community to another, guided by a schedule that is communicated to the respective communities in advance. To select communities to take part in the program, the team conducts district-level data analysis through the Ministry of Health and Child Care's DHIS2 system. They consider key indicators—such as number of adolescent pregnancies, STI cases, and new

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HIV infections—and then determine "hotspots" to prioritize for the Stop the Bus schedule. This model is currently being implemented in six districts in Zimbabwe: Mazowe, Makoni, Chimanimani, Bulawayo, Chipinge, and Mutare.

The team involves key community partners and stakeholders in planning—including young people. A mobilization team visits each community one week before the bus arrives. They create awareness through creative entertainment education and by distributing materials related to voluntary family planning and reproductive health. A youth-friendly nurse travels with the mobilization team and informally administers a brief questionnaire to youth on their needs. This ensures a client-centric approach—when Stop the Bus comes to that community, the team is fully prepared to provide appropriate care to adolescent girls and young women, based on their specific needs. To encourage program acceptance and buy-in, the team also engages religious and cultural leaders before the Stop the Bus visit, and trains select leaders as Stop the Bus champions.

Each Stop the Bus team includes a bus driver, who also acts as a mobilizer when not driving; at least two nurses trained in HIV testing, pre-exposure prophylaxis, voluntary family planning counseling and care and youth-friendly care; a nurse counselor; and community health workers, including youth DREAMS ambassadors who assist in continuous education and mobilization during each outreach. The DREAMS ambassadors are adolescent girls and young women residing in the districts being served who are trained on voluntary family planning, reproductive health, and other HIV-related topics. All health care providers in the bus are trained using the World Health Organization's Family Planning Global Handbook for Providers (WHO, 2018). The training includes approaches for initiating discussions with young people, ensuring confidentiality, and creating a supportive environment for adolescent girls and young women. This training has helped change providers' attitudes and make them more supportive of voluntary family planning and reproductive health among adolescent girls and young women.

PHOTO CREDIT: World Education

One of the branded buses used in the Stop The Bus model (2017).

Care provided through Stop the Bus includes youth-friendly health counseling; short-acting contraceptive methods, including male and female condoms (distribution as well as demonstration on correct use); long-acting reversible contraceptives; support for any adverse reactions to family planning methods; postabortion counseling and integrated voluntary contraceptive counseling referrals; cervical cancer screening; referral and documentation of sexual abuse; HIV testing (including provision of HIV self-test kits); initiation of pre-exposure prophylaxis; syndromic management of STIs; and referral to other DREAMS partners for additional follow-up activities. For communities needing additional support, the bus can return the next month. For immediate follow-up, clients are linked to the nearest health facility to see a trained youth-friendly provider.


PHOTO CREDIT: Kumbirai Mazarura, FHI360

Resupply of oral FP methods done from another vehicle to allow consultations to happen in the privacy of the bus.

During the campaign, the branded bus parks at one central place for the day—usually a shopping center or market place where young people convene. An accompanying vehicle (usually a pickup truck with a sound system and music player) provides entertainment to mobilize clients. This includes loudspeakers to announce the coming of the bus, music and dance shows, and drama skits on voluntary family planning and other issues. The Stop the Bus team also conducts short life skills sessions for the gathered young people, which include key messages on voluntary family planning and reproductive health.

implementation story

In the six districts where this intervention is being conducted, a total of 8,570 adolescent girls and young women were reached with different voluntary family planning methods from 2016 to 2019. The Stop the Bus team links their reporting to nearby health facilities. For example, the numbers of voluntary family planning methods distributed are reported as part of the national health reporting system through DHIS2.

Stop the Bus has had a huge impact on voluntary family planning and reproductive health access and use, as adolescent girls and young women could visit the bus without fear of stigma. This opened an opportunity for them to access other forms of care they needed, including male and female condoms to protect against STIs and HIV. Adolescent girls and young women were able to make informed choices through high-quality voluntary family planning and reproductive health counseling. This initiative also reduced the distance that adolescents had to travel to seek youth-friendly care, and the program found that adolescent girls and young women encouraged one another to go and access care.

Implementation of Stop the Bus has been an evolving process, allowing for continued improvements to the model to meet the needs of adolescent girls and young women. At the beginning of the intervention, the program experienced challenges, for example, community backlash about providing voluntary family planning and reproductive health to adolescent girls and young women. To address this issue, we engaged community gatekeepers to discuss the model and how it would help adolescent girls and young women in their communities. Another challenge was that it was not always possible to travel to hard-to-reach areas. Therefore, continuous resource mobilization was important to increase the frequency of outreach activities.

Involving youth in program implementation was very important as it gave the program direction in terms of identifying where in the community voluntary family planning and reproductive health is needed (including suggestions on where to park the bus).

Engaging community gatekeepers helped ensure their buy-in and address some of the traditional and religious barriers.

Training adolescent girls and young women as DREAMS ambassadors empowered them to reach out to their peers with voluntary family planning and reproductive health educational materials. This helped adolescent girls and young women share their experiences with each other and enabled Stop the Bus to reach more adolescent girls and young women.

Empowering and involving adolescent girls and young women in community mobilization efforts helped to reach more girls and women and share their experiences with one another.

Bringing voluntary family planning and reproductive health care closer to areas frequented by adolescent girls and young women—such as markets and shops—helped increase demand and uptake of the program, and also reduced the time they had to spend traveling to health facilities.

The use of an outreach model helps reach adolescent girls and young women in hard-to-reach areas—such as rural areas where facilities are far away from where they live.

The outreach model created a safe space for adolescent girls and young women to choose the modern voluntary family planning method of their choice.

Providing voluntary family planning and reproductive health care through this model helped reduce the amount of time adolescent girls and young women spent going to facilities and addressed challenges concerning the need to seek permission to receive voluntary family planning, which breaks confidentiality.

recommendations

01 During program rollout, **involve adolescent girls and young women** who can reach out to their peers in the community and increase voluntary uptake and use of voluntary family planning and reproductive health care.

02 While engaging adolescent girls and young women is important, it is also critical to **engage other members of the community**—for example, parents often affect their access to health care.

03 **Think beyond voluntary family planning and reproductive health**. Mobile services can be a good opportunity to integrate a range of health areas into voluntary family planning and reproductive health programs, such as cervical cancer screening, STI/HIV testing, and pre-exposure prophylaxis.

04 **Use entertainment education**—these approaches are generally effective in mobilizing young people in rural communities.

REFERENCES

High-Impact Practices in Family Planning (HIPs). (2014). Mobile outreach services: expanding access to a full range of modern contraceptives. USAID. http://www.fphighimpactpractices.org/briefs/mobile-outreach-services

High-Impact Practices in Family Planning (HIPs). (2015). Adolescent-friendly contraceptive services: mainstreaming adolescent-friendly elements into existing contraceptive services. USAID. https://www.fphighimpactpractices.org/briefs/adolescent-friendly-contraceptive-services/

Zimbabwe National Statistics Agency (ZIMSTAT) and United Nations Children's Fund (UNICEF). (2019). *Zimbabwe Multiple Indicator Cluster Survey 2019, Survey Findings Report*. Harare, Zimbabwe: ZIMSTAT and UNICEF.

Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. (2012). *Zimbabwe Demographic and Health Survey* 2010-11. Calverton, Maryland: ZIMSTAT and ICF International.

Zimbabwe National Family Planning Strategy (2016-2020).

World Health Organization (WHO). (2018). *Family Planning – A Global Handbook for Providers*. Geneva: WHO.

Example of one of the many different messages on the Stop The Bus Model (2017).