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Innovations with a Game-changing Effect in the Lives of Young People

A Teen-led Transformation

Creating vibrant, multisectoral Health and Innovation Spaces for adolescents in rural Zimbabwe

By Laura Ruckstuhl, Cordelia Kunzekwenyika, Kudakwashe Madzeke and B. Dhlandara

In rural Zimbabwe, cultural norms and policy deficiencies hinder adolescents' access to sexual and reproductive health and rights (SRHR) services. To address this, SolidarMed launched a unique initiative called Teen Health Information and Innovation Spaces (THIIS). Developed by adolescents for adolescents, THIIS aims to create safe, engaging, and informative spaces for adolescents in health facilities and communities. The initiative's success was evidenced by the enthusiastic participation in the first THIIS community event, setting a promising precedent for future community health interventions. By empowering young people and fostering community support, THIIS aims to create a brighter, healthier future for Zimbabwe's adolescents.



Adolescents participating in engaging discussions about SRHR at a community Teen Health Information and Innovation Space (THIIS) event. They embraced the openness of the event and felt comfortable to ask the questions they haven't had the opportunity to ask before. Photo: © Winston Musorowembudzi

Identifying SRHR gaps from the voices of adolescents

Rural Zimbabwe faces significant challenges in providing adolescents with access to Sexual and Reproductive Health and Rights (SRHR) services. Cultural norms often restrict open discussions about sexual health, and policy shortcomings limit the availability of adolescent-friendly services. Yet, the needs are high. Studies indicate a reluctance by parents and providers to provide contraceptive counselling and condoms to adolescents since they fear this may promote early sexual activity (Remez et al., 2014). Not surprisingly, the 2015 Zimbabwe Demographic Health Survey reported high teenage pregnancy rates (22% of female adolescents aged 15-19 in Zimbabwe have already given birth). A 2021 study by Ndowa FJ & Mullack S, also identified a high Sexually Transmitted Infection (STI) prevalence among the 15-24 age group in Zimbabwe (16.5%), with most of those infected exhibiting no symptoms, emphasising the need for increased awareness building, infection prevention and proactive testing to stop the silent spread.

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Following a decade of implementing projects to improve quality care for people living with HIV and enhancing maternal and neonatal health outcomes, SolidarMed launched a new project in 2023 that focuses on improving adolescent health and well-being. It targets adolescents aged 10-19 in three rural districts of Masvingo Province. A comprehensive, mixed methods baseline survey conducted in 2023, evaluated the performance of 10 health facilities against the WHO global standards for quality health care services for adolescents. The project team ensured that the voices and opinions of adolescents were captured through interviews and focus group discussions with a total of 272 adolescents. This was in addition to a quantitative assessment at 10 health facilities involving interactions with 231 health facility staff members.

The findings of the baseline survey echoed the challenges detailed in published literature. Adolescents expressed a lack of community support and the pressing need for inclusive health service planning in which they have a say in the care they receive. An adolescent in the 15-19 age group shared, "...we want intermediators who will advocate for us". They expressed often feeling judged when seeking SRHR services and feeling isolated due to having to keep it a secret from their parents. Concerning Healthcare Workers, one adolescent in the 10-14 age group noted: "They (parents and health care workers) don't want me to collect family planning methods like condoms because they said it is better to abstain from sex". Ultimately, the adolescents expressed the desire for a safe space. The findings led to the development of innovative solutions tailored to meet these specific needs.

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Adolescents discuss issues during a FGD of the baseline survey, March 2023. Similar meetings take place monthly in the supported communities where adolescents discuss future interventions. Photo: © Rudo Mandabva

Adolescents' lead the development of solutions

Responding to the identified needs of their peers, adolescents have stepped up to drive change in their communities. With the guidance of the SolidarMed project team, adolescents in the catchment area of the ten supported health facilities selected 5 to 6 adolescent representatives to champion adolescent health issues. With SolidarMed's support, these young leaders meet monthly to discuss issues and brainstorm solutions. Their innovative ideas are then presented biannually by a representative at hospital management board meetings or directly to the SolidarMed community team.

One standout idea from these discussions was the creation of their own dedicated spaces, now known as Teen Health Information and Innovation Spaces (THIIS). These spaces are designed by adolescents for adolescents to offer essential adolescent-friendly care and information on SRHR, menstrual health, mental health, and substance use. The adolescents are also advocating for workshops to learn new practical skills such as making soap or sewing reusable sanitary pads. But these spaces are more than just health and information spaces, they are lively, engaging spaces where adolescents can have fun and connect through sports, dance and music. The initiative embodies the spirit of adolescent empowerment, turning health care into a community-driven, multifaceted experience that truly resonates with them.

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Successful launch of THIIS in Chiredzi District

Over 2,200 adolescents aged 10-19 actively participated in the first THIIS event in Chiredzi town on November 24, 2023. The project team were encouraged by the large community support that was encountered for this initiative. It included the local Government, who offered the use of the local stadium free of charge; the Ministry of Education who gave a directive for schools to close early on the day so that students could participate; a famous musician in the town who came to perform at the event; the hospitals from the surrounding communities who sent 28 staff to offer services and the local radio station who advertised the event and shared key educational messages with their listeners. At the event, branded tents were set up in a central community location for one day. The tents included parallel clinics on SRHR and mental health, and dynamic side events such as quizzes on health topics, music, dance, and sports activities.

In the SRHR tent, 282 adolescents sought advice, 16 received support for menstrual pain management and family planning, and 42 were screened for STIs, with four positive cases started on treatment. Nearby, in the mental health tent, 212 adolescents were screened for depression and anxiety with 128 screening positive and being referred to specialist mental health nurses for follow-up. In parallel to this, hundreds of adolescents engaged in education sessions run by peers and attended ad-hoc support group sessions with the potential for follow up in their communities. These numbers underscore the high demand for accessible and adolescent-friendly health services.

Side activities aimed to educate and engage adolescents in topics as broad as climate change's impact on health, reinforcing our holistic approach to adolescent well-being.



Adolescents crowded around the tents to be part of the discussions about their health and wellbeing. Photo: © Winston Musorowembudzi

The steering by peer educators and the adolescent committees ensures that the services provided are not only relevant but also deeply engaging for the adolescent participants. Their leadership and firsthand understanding of the challenges their peers face make them the perfect ambassadors for this transformative initiative.

Peer-educators at the forefront of support

At the heart of this initiative are 30 passionate peer educators (11 male, 19 female). These dedicated young individuals included adolescents both in and out of school, adolescent mothers and adolescents living with HIV. Trained by SolidarMed project staff in SRHR education as well as communication skills, they were well equipped to support their peers during and after the event. Since the event in Chiredzi, these peer educators have also been trained in mental health counselling based on the friendship bench model, a proven approach previously implemented by SolidarMed in Masvingo (Haas et al., 2023). This new skill set ensures that mental health support will be a key component of future THIIS events.

The role of these peer educators is pivotal. They act as bridges between the adolescents and healthcare services, providing relatable, trustworthy support. However, to ensure the sustainability of this initiative, it's crucial to integrate these peer educators into the health

system alongside Village Health Workers. Working closely with the Ministry of Health and Child Care, we are mapping out how to effectively incorporate peer educators into the formal health system, ensuring they receive ongoing training, mentoring and support. Looking ahead, it will be important to establish a process for graduating peer educators out of the programme and bringing in new ones. This will maintain the dynamism and sustainability of the initiative, ensuring that every generation of adolescents has peers they can rely on for support and guidance.

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Two dynamic peer educators passionate about connecting their peers to the support they need. Photo: © Winston Musorowembudzi

Building on success for future interventions

The enthusiastic response to the first THIIS event underscores the importance of adolescent participation in health service provision. By fostering a sense of ownership and community among adolescents, THIIS has the potential to significantly improve health outcomes and overall well-being. The overwhelming community support for the intervention laid a strong foundation for sustainability, but there is more to be done to ensure THIIS becomes a regular, sustainable part of adolescent's lives. One idea is to integrate future community-level THIIS

events with already planned community activities, such as school sports days and competitions that gather multiple schools. This not only helps reduce costs but also ensures a large turnout, maximising reach and impact.

In parallel to the community THIIS events, the project team, with active participation from the adolescent committees, will set up 10 fixed THIIS sites within supported health facilities. The first has now been inaugurated at Bota Rural Health Clinic while fundraising is ongoing for the others. It will provide young people with medical counselling and treatment delivered by specially trained healthcare professionals. The large space, similar to a youth club, will also host information events on health as well as self-help groups. The teenagers from one of the self-help groups for young mums suggested installing an oven to bake rolls that can then be sold. This has been done and the proceeds will be used to maintain the building. Other young people interested in art participated in a painting workshop, learning valuable skills before contributing to the painting of the new building.

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After. The before and after photos of the first fixed Teen Health Information and Innvotion Space at Bota rural health facility. The painting was done by adolescents under the guidance of local artists. Photo: Mutsa Gwatinyana

SolidarMed plans to expand the initiative by including a digital information hub, allowing more adolescents to provide timely feedback and access reliable health information through this digital platform. In the meantime, committees of adolescents continue to meet monthly under the support of an adolescent-focal nurse to plan future interventions in both the communities and health facilities.

Conclusion

The THIIS approach emphasises adolescent involvement, ownership, and engagement in SRHR services. The initial success in Chiredzi demonstrates the potential of this model to be replicated elsewhere, with the longer term aim to contributing to improved health outcomes and well-being for adolescents. By empowering adolescents to steer the services they receive, SolidarMed is nurturing a generation that is more resilient, knowledgeable, and confident in making informed health decisions. This initiative not only addresses immediate health needs but also paves the way for a proactive, informed, and healthy future generation.

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Dr Cordelia Kunzekwenyika is a dedicated health project manager and researcher at SolidarMed, focusing on adolescent health, HIV, and early childhood development projects. She is a medical doctor with extensive clinical experience, particularly in managing complex HIV-related paediatric and adolescent conditions. Cordelia has played a key

role in leading and implementing health projects in rural areas of Zimbabwe, and she is also actively involved in operational research and as a site principal investigator for HIV-related studies. She holds a master's degree in public health- international, a postgraduate diploma in Child Health, and an MCHB degree. In her free time, Cordelia enjoys reading, hiking, playing basketball, and volunteering for local medical charitable causes.



Dr Kudakwashe Madzeke is a demographer and health specialist with over 16 years of experience in the humanitarian development sector, is the country director for SolidarMed in Zimbabwe. His career mainly focused on improving the mental and physical well-being of children, adolescents, and young people living with HIV in Zimbabwe.

Kuda designs scalable youth-focused health interventions and strategies to enhance mental health and HIV outcomes. His expertise in implementation science and cluster randomized controlled trials ensures that research translates effectively into practice. Kuda is committed to creating a healthier future for young people in Zimbabwe, believing that every individual deserves the chance to thrive.



Dr B. Dhlandhlara (MBChB,MPH) has an extensive background in healthcare management, policy and public health. Before his appointment as District Medical Officer for Chiredzi, he served as Medical Superintendent for Matibi Mission Hospital and also Public Health Officer in the National TB and Leprosy Control Program in the

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