



FRONTLINE AIDS 



Pathways to Leadership

A Case Study of Mentors



READY to Lead is a mentoring and advocacy project in Zimbabwe, delivered in partnership by Zimbabwe Young Positives (ZY+), Frontline AIDS (known during the first year of the project as the International HIV/AIDS Alliance) and ATHENA. Through READY to Lead, young women living with HIV develop their leadership skills, through training, mentorship and advocacy opportunities. The project aimed to recruit 100 young women living with HIV, across four districts in Zimbabwe. These young women would become leaders in the project, trained in core advocacy and mentoring skills, with a goal of reaching 1000 young women in their communities to advocate for the sexual and reproductive health needs of young women living with HIV. READY to Lead contributes to the wider READY portfolio, and responds to a specific gap identified by ZY+ in terms of support and opportunities for young women to engage in advocacy.

READY is a movement of youth-led and youth-serving organisations implementing initiatives designed to build resilient and empowered adolescents and young people. We know this is vital because AIDS is the second largest cause of death of adolescents globally, and the first in Africa. Young people all over the world are joining the READY movement to demand their right to a healthy life whatever their circumstances, sexual orientation, gender identity or expression. Young people helped create the READY movement and they remain at its core.

The READY movement is led by the Global Network of Young People Living with HIV (Y+), with support from Frontline AIDS and its partners.

Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.

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READY to Lead Mentors engaging with the Minister of Health at World AIDS Day Masvingo, Zimbabwe © ZY+

About Frontline AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live. As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness. Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

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Acronyms

A&YPLHIV – Adolescents and Young People living with HIV

CATS - Community Adolescent Treatment Supporters

M&E - Monitoring and Evaluation

PITCH - Partnership to Inspire, Transform and Connect the HIV response

SRH - Sexual and Reproductive Health

SRHR - Sexual and Reproductive Health and Rights

UNAIDS - The Joint United Nations Programme on HIV

ZY+ - Zimbabwe Young Positives



◀ Nozipho, READY to Lead Mentor, speaking at the Youth Forum, Harare, Zimbabwe © ZY+

PART 1: Background

HIV continues to devastate the lives of young people, especially young women, across the world.

- HIV is the second largest cause of death of young people in the world, and the first in Africa.
- UNAIDS 2018 data show that four in five new infections among adolescents aged 15-19 years are in girls and that young women aged 15-24 years are twice as likely to be living with HIV than men in sub-Saharan Africa.
- In Zimbabwe has the sixth highest rate of adolescent HIV-related deaths in the world. Only 45% of children and adolescents have access to treatment.
- Young women aged 15-24 years are more affected (5.7%) than young men of the same age (3.2%).

Many are at higher risk during their adolescence but cannot access the health services they desperately need because of age restrictions and needing parental consent. Personal and societal factors make them more vulnerable to HIV and poor sexual and reproductive health (SRH). These include:

- Sexual experimentation
- Unsafe sex
- Physical and emotional changes
- Not having access to important information and health services
- Drug and alcohol abuse
- Poverty

In many parts of the world, the HIV epidemic is framed by gender inequalities and negative attitudes towards young people's sexuality. Some of the issues include:

- Young women being at a much greater risk of infection because social and cultural norms make them more vulnerable
- Young women not being involved in the decisions that shape their lives; females continue to regularly face early and coerced or forced sex from a very young age. This continues into early and forced child marriage, gender-based violence and intergenerational sex
- Adolescent girls and young women living with HIV face a higher risk of violence and stigma, compared to peers who are HIV-negative

Young women with HIV are often stigmatized because of their HIV status, their gender identity and sexual practices. Health workers can be judgmental making it hard for young women to discuss their sexual and reproductive health and the rights (SRHR). In many communities, young people with HIV will find it impossible to be accepted. They face discrimination, making it harder to complete their education, get a job, and build strong relationships.

Zimbabwe Young Positives (ZY+) found young women often let men take the lead and make all the decisions. Young women must be empowered so they can become resilient, confident and effective leaders. They must be supported to build a better future for themselves.

The READY to Lead Project

There are very few youth leadership initiatives in Zimbabwe that target young women and address the cross-cutting issues of HIV, sexual and reproductive health rights, and gender inequalities and how they interact programmatically, legally or socially. There are strong young women leaders mainly in Harare and Bulawayo, the metropolitan cities, but without the opportunity to work with a mentor or to advocate at the community level.

The READY to Lead project supports women's leadership at district level, in Bulawayo, Masvingo, Gutu and Chitungwiza. It complements other youth leadership initiatives, such as the READY + programme where adolescents and young people are trained as Community Adolescent Treatment Supporters (CATS). CATS are adolescents and young people living with HIV aged between 18 – 23 years who support their peers in the diagnosis, treatment and adherence journey. READY+ is a programme that provides comprehensive sexual and reproductive health and HIV services to adolescents living with HIV aged 10 -24 years old.

READY to Lead empowers a number of young women already working as CATS to become community leaders through training in advocacy and sexual and reproductive health and rights (SRHR). They get the chance to develop skills and use real-life experiences to support other young women on issues of gender, HIV status and SRHR.

READY to Lead enables young women to:

- Be healthier sexually
- Avoid unwanted and unplanned pregnancies
- Improve HIV treatment adherence
- Increase awareness and understanding of their rights and choices
- Develops leadership consciousness

The trainees will also learn how to challenge negative social norms in their communities and take responsibility for decisions that affect their lives. They get to tackle difficult subjects like sexuality, parental consent to access HIV or sexual services, and how to work together to find the best solution to challenging scenarios. Trainees going through the READY to Lead project will be more resilient and empowered. They will also be able to empower other girls and young women to make healthier decisions and fight for and claim their rights.

PART 2: Methodology

The approach viewed the mentor's experience from all angles to work out what parts of the project were most important. The case studies were collected from districts where READY to Lead was being implemented and mentors were selected because of their experiences and circumstances, for example, being a single parent, being involved in sex work or being unable to complete formal education for different reasons.

In-depth interviews were conducted in local language with the selected mentors. The output was transcribed verbatim and translated into English. The content was thereafter coded.

Data analysis

After reading all the transcripts, the data was coded against project objectives. The researcher also analyzed the demographics of the mentors, including social and economic status, educational background, and how they were recruited. Grounded theory was used alongside an established socio-ecological model to outline the pathway to leadership.

Outputs

The case study discusses how the mentorship unfolded and the impact it had on young women and their communities. It paints a detailed picture of their world, including the challenges, opportunities and barriers they face.

Figure 1 below was developed to illustrate the young women's pathways to leadership.

PART 3: Pathways to leadership

The mentors' journey is structured to be sustainable and replicable:

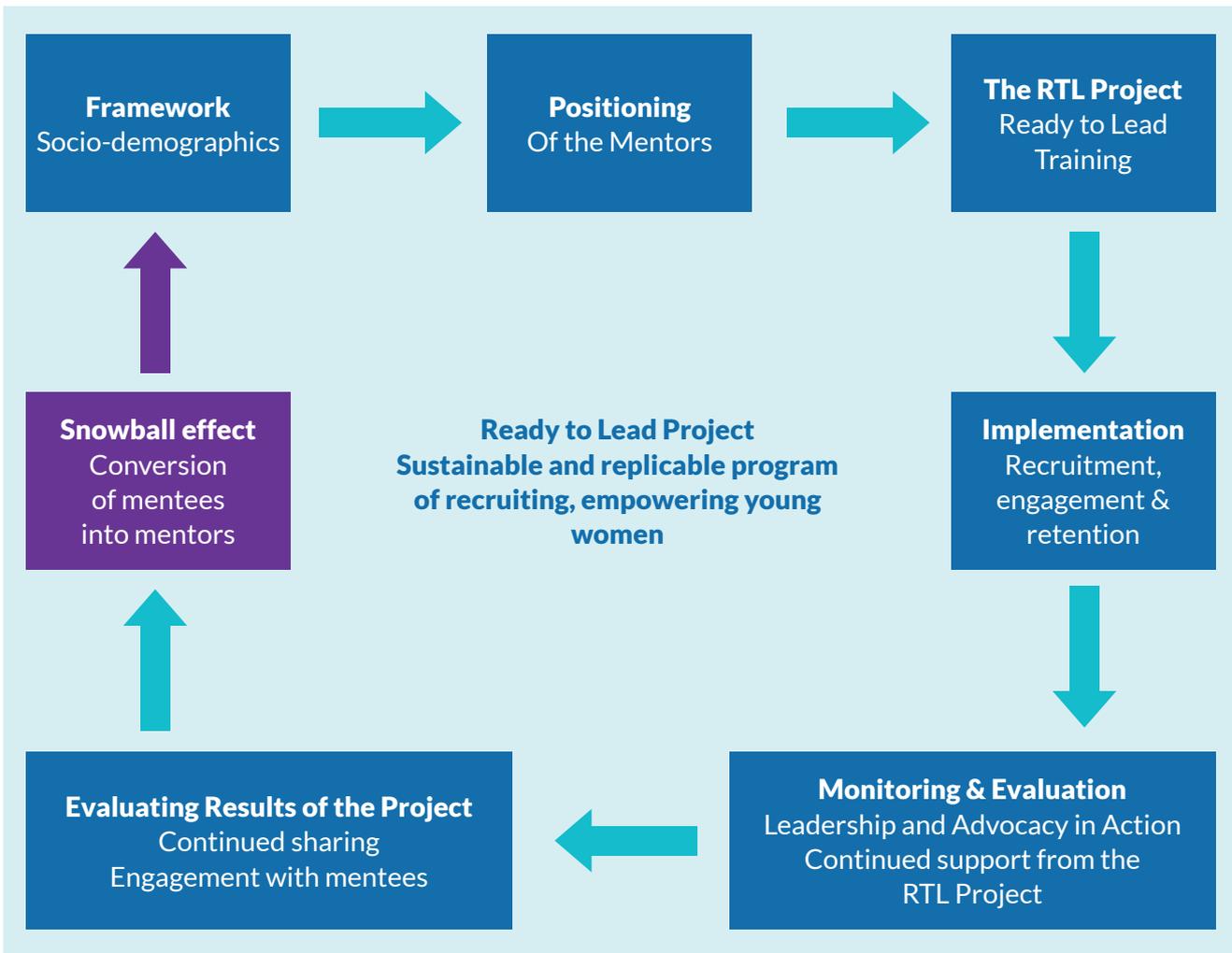


Figure 1:
Pathways to leadership

Pathways to Leadership: A case study

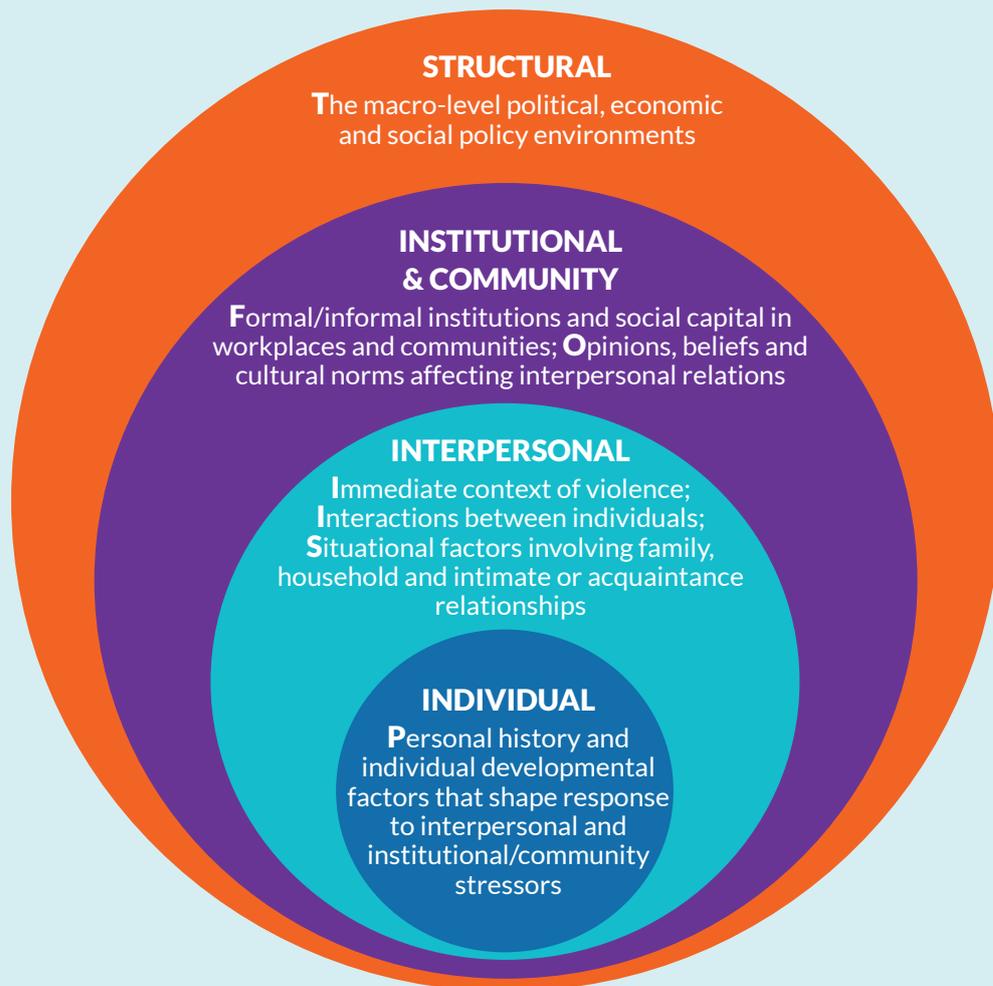


Figure 2:
The Social Ecological Model:
A Framework for Prevention,
adapted from the Centers
for Disease Control and
Prevention (CDC)

The narrative of the case study reflects the socio-ecological framework.

The socio-ecological framework provides an overview of the systemic and contextual factors that can lead to young women having less agency, and a lack of knowledge and access to their SRHR. These factors contribute to poor decisions:

- On sexual and reproductive health
- That lead to increased vulnerability to sexual exploitation
- That lead to limited choices to financial freedom

The framework demonstrates how critical protective factors and risk factors can interact in their households, within interpersonal relationships, in the community, in institutions and at the national level to impact on broader health. It highlights how young women can be equipped with the knowledge and confidence to make the right decisions for themselves as they mature into adolescence and adulthood.

In utilizing the socio-ecological framework, the researcher has delineated the different phases (Individual, Interpersonal, Institutional & Community and Structural) the young woman engages with as different stages for ease of reference.

Included in the sections referring to Stages 3 and 4 are examples of the meaning of leadership to young women in their communities, and the ways they gained trust and confidence in their communities.

Four case studies were collected from four READY to Lead mentors to help us to understand how young women are supported according to the socio-ecological framework to:

- a. Be resilient and empowered leaders: **Stage 1 and 2**
- b. Gain the knowledge and agency to make healthier choices: **Stage 3**
- c. Speak up on the needs and rights of adolescents and young people living with HIV (A&YPLHIV): **Stage 4**
Support other young women to express their rights as A&YPLHIV: **Stages 4, 5 and 6**

STAGE 1: Socio-demographics

The four mentors were all orphans raised by extended family members. Two became parents in their late teens and early twenties and are single parents. One of them became a mother resulting from sexual assault. They all live in low income residential areas and have a basic or lower level education. This means it is difficult for them to gain independent incomes or be financially stable.

Quotes within the texts are verbatim comments from each young woman.



Young women gather for a condom demonstration and SRHR talk © Gemma Taylor for the International HIV/AIDS Alliance



READY to Lead Mentor 1:

Mercy

Mercy is 25 years old. She's a single parent with a 10 month old daughter. Her educational attainment is just above average. She was raised by her aunt after her father died and doesn't know her mother. She was unable to continue with her education after completing her secondary school education and looked for work as a housemaid in Harare.



READY to Lead Mentor 2:

Spiwe

Spiwe is 25 years old and had a child just after she finished her fourth form Ordinary level education. She lives with her partner. Spiwe has a history of sex work.



READY to Lead Mentor 3:

Vengayi

Vengayi is 24 years old and a single parent. Her husband left her when she was six months pregnant. She lives in her grandmother's house with her younger brother and sister in Hopley, an urban district located on the outskirts of Harare. Her grandmother and mother are both deceased.



READY to Lead Mentor 4:

Nozipho

Nozipho is 26 years old and has three children. Nozipho completed her Advanced level education. She didn't go to university because she couldn't afford it, but she took on a post-high school course.

STAGE 2: Positioning of the women within their community

Background / context

The mentors' stories span before, during and after they took part in READY to Lead, focusing on their experience as leaders in the project.

Vengayi lives in a community where it's common for children as young as 12 years to be sex workers. The intersection of children heading the households and child sex work is high.

Nozipho's community believes a HIV positive diagnosis is 'the end of your life'. In Nozipho's words: 'yes people are being taught but they don't know the full information, they don't understand so sometimes they just don't believe that being HIV positive you can do something with your life'.

Recruitment into the READY to Lead project

READY to Lead recruited against a set criteria including:

- How candidates were connected and networked with other HIV/SRHR organisations
- Level of education
- Willingness to mentor other young women
- Willingness to advocate for increased access to SRHR for young women living with HIV

Each mentor had experience of being a leader and advocate of SRHR within community organisations. For example, Mercy volunteered with and advocated through an organisation called Africaid¹. Spiwe started working on a community-based programme through a local organisation, CESHAR Zimbabwe². Vengayi, like Mercy, also worked with Africaid³ as a Community Adolescent Treatment Supporter⁴ (CATS). Nozipho was already part of the support groups at her local clinic, facilitating the meetings and planning related activities.

1. Africaid is a community based organisation in Zimbabwe which, through its Zvandiri programme, seeks to ensure that children, adolescents and young people living with HIV have the knowledge, skills and confidence to live happy, healthy, safe, fulfilled lives: <https://www.africaid-zvandiri.org>

2. The Centre for Sexual Health and HIV/AIDS Research Zimbabwe an organisation that conducts high quality, relevant and ethical research, delivers innovative programmes, and strengthen research and programmatic capacity in order to inform evidence-based sexual and reproductive health and HIV programming and policy making: <http://ceshhar.org/who-we-are/>

3. Africaid is a community based organisation in Zimbabwe which, through its Zvandiri programme, seeks to ensure that children, adolescents and young people living with HIV have the knowledge, skills and confidence to live happy, healthy, safe, fulfilled lives: <https://www.africaid-zvandiri.org>

4. CATs provide information, counseling and support for other children, adolescents and young people living with HIV through home visits, clinic visits, support groups and MHealth: <https://www.africaid-zvandiri.org/programmes-1>

STAGE 3: The Project

100 young women leaders were selected to take part in READY to Lead from ZY+. They targeted participants who were leading within other youth led programmes including READY+ and the Partnership to Inspire, Transform and Connect the HIV response (PITCH) a programme that focuses on advocacy for increased access to SRHR by marginalized populations. PITCH is led by AidsFonds in Zimbabwe, with READY+ being led by Frontline AIDS through a multi-disciplinary consortium of partners.

The young women receive leadership, mentorship and advocacy training, using tools such as the '**Step Up, Link Up, Speak Up**' guides which helps them to identify and expand knowledge, leadership and abilities that they feel will be important in order to meaningfully participate and advocate for their priorities. Lessons and tools for the training were developed and adapted by Frontline AIDS, ATHENA and ZY+, the three partners delivering the READY to Lead work.

Each trainee mentor worked with at least ten adolescents and young people who are already CATS in the READY+ programme. The READY to Lead mentors act as role models showing them how to provide support for each other and how to lead in community discussions around SRHR and HIV, by using videos with messaging targeted at religious leaders and community members, for example. They share their expertise using tools such as a treatment literacy guide for adolescent girls and young women to show them how to consolidate and use HIV/ SRHR knowledge to make the case for what they are advocating for. They also showed the young trainees how to carry out budget monitoring to assess the allocation and implementation of HIV/SRHR budgets in their districts to make sure enough is allocated to supporting HIV and sexual reproductive health rights for adolescent girls and young women.

The young women on the project also act as powerful advocates, highlighting the issues and evidence from clinics and their communities, and raising them at local, national and international level. They have a unique opportunity to put forward their arguments at influential events, advocating for comprehensive sexuality education, changes to parental consent laws, and the end of gender violence and early child marriage.

The trainees have access to safe spaces and clinical settings to work through issues with adolescents and young people living with HIV, and other READY+ CATS not in the READY to Lead project are always on hand to help.

Lessons learnt by the four respondents:

Leadership

Leadership training increases self-awareness and highlights the need for more mentoring roles. Self-awareness leads to increased self-agency and the confidence to advocate for change and stand up to verbal and physical abuse. The young women discussed how they felt able to do something practical and positive, such as advocate for specific health and support services. They learned core leadership skills such as needing to be open-minded, approachable and a good listener.

Mercy sees herself as ‘someone who can share even in trainings, teaching other mentors’ like herself. She dedicates two days a week to the mentees within her community, discussing with them sexual and reproductive health and rights. The process is flexible and informal, as Mercy describes it, ‘I just walk as if I am visiting my friends, as we are one people’. She also takes these opportunities to speak to the mentee’s parents, showing them ways that they as the caregivers can support people living with HIV.

Before the training, Vengayi thought leadership was ‘dictatorial, without giving others chances of giving ideas’. She has now had the opportunity to practice the fundamentals of effective leadership, such as collaboration, inclusivity and sharing information, knowledge and actions. Vengayi learnt that leadership ‘can start at home, being a mother’ and learnt how to ‘listen to other people’. The mentors now know to encourage questions and discussion, because, as Spiwe says, to be a leader, ‘does not mean you dictate what you want but you can listen and adopt ideas from others... you do not know everything, you are a leader who should listen to ideas from others and not dictate.’ Mercy’s understanding is similar, ‘If I am your mentor, it does not mean you will listen to everything I say; you as a mentee, can bring out your ideas on the issue at hand’.

Nozipho describes leadership as ‘not about walking in front but walking at the back seeing if everybody is in the right lane doing the right thing’. She understands active listening and empowering mentees as important skills for a successful mentor. ‘Being a mentor does not mean I make decisions for you, I will have a conversation with you, provide information and advise you on the challenges involved then you decide on your own’. She sees the aim of the READY to Lead project as ‘empower [ing] young women to be able to make healthier choices for themselves, to make them able to decide what they want, and also to be leaders and advocates in their communities’. Nozipho has learnt that the community watches to see how you behave as a leader and feels to help others, you need to believe in yourself, ‘so being a leader you are judged differently... you face challenges... leadership has made me strong’.

“ Being a mentor does not mean I make decisions for you, I will have a conversation with you, provide information and advise you on the challenges involved then you decide on your own. ”

Nozipho, READY to Lead Mentor

Advocacy

The advocacy space provides the young leaders and their mentees a place connect to health providers to speak on the gaps between local health policy and the actual practice and how this is experienced by the young women:

Being HIV positive, Mercy had to take prescribed medicine to prevent mother to child transmission of HIV, but she was not told the name of the pills. Mercy had to break the pill in half and dissolve it for her child. The challenge was that the pill - cotrimoxazole - was very difficult to break in half. Mercy had to return to work and left her child in the care of her neighbour. But Mercy wasn't sure the neighbour was diligent enough to bother breaking the pill in two and dissolving it before feeding the baby. By learning the value of advocating for herself, her household and community, Mercy felt empowered to speak up to a person in authority and leadership at the local health facility, who listened to her problems and promised they would see how they could help.

In Mercy's words, 'before the READY to Lead training, we thought the Ministry of Health staff were unapproachable but to date I have been in the Sister in charge's office a number of times discussing our concerns. She has been very supportive and listened to our issues. I have been to the National AIDS council office advocating for provision of pediatric cotrimoxazole.'

The READY to Lead project has shown Vengayi the need for her and others to advocate for themselves, their households and people in their communities. Nozipho uses her role as a mentor to guide, empower and encourage her mentees. For example, she talks about, 'a lady who went to the youth friendly center, she had an infection. She went the first time and was asked many questions and she went home and left it for a few days and now she was itchy. We went together to the center, the sister did understand, she got help.' In the process of guiding her mentee through these processes, Nozipho enabled her to see where and how she could help herself to find the medical attention she needs.

Empowering the young women leaders

The young women on the READY to Lead project talk directly to health service providers, sharing the lived experience of young women with HIV. This means more young women get access to the health services they need, and the service providers can develop tailored, more effective services.

The training Spiwe received developed her skills around advocacy, holding community meetings, the process of introducing the topics to the community, and recruitment and engagement of potential mentees. Confidentiality was essential in gaining the trust of the mentees and allows the mentors to share their knowledge of SRH rights to a receptive audience. Record keeping and documentation were also part of the skills gained, equipping the mentors with tools they need to succeed in real life,

“ Before the READY to Lead training, we thought the Ministry of Health staff were unapproachable but to date I have been in the Sister in charge's office a number of times discussing our concerns. She has been very supportive and listened to our issues. I have been to the National AIDS council office advocating for provision of pediatric cotrimoxazole. ”

Mercy, READY to Lead Mentor

The mentors are paid to take part in the READY to Lead project, improving their social-economic standing and the ability to lead and advocate for themselves. The stipends they received validated the work they do in the community, giving them status and greater agency and awareness of their rights and how to use them. Spiwe, who had no awareness of her rights or how to claim them, used the new skills in advocacy to obtain better treatment for her child as she began to understand what she was entitled to. She became confident enough to approach the sisters in charge, whereas before she felt they were unapproachable.

Like Spiwe, Vengayi also learnt how to mobilise people for meetings, an example of the type of knowledge they can share between each other and with wider communities and networks. Other topics included shared entrepreneurial ventures, debunking myths around the effects of contraceptives, and reducing their vulnerability.

Lessons in economic empowerment and better family planning helps reduce early and unwanted pregnancies, increased self-agency and self-reliance. As Vengayi tells her mentees, 'work on building yourself...look after yourself and your health...wait and do your things because there is nothing to rush [for] into marriage. Sex will always be there so do not rush, wait for the right time'.

Nozipho describes the training process as '**sister to sister**'. It is familiar, informal and relatable. The training enables her to provide young women the support they need to express themselves. In her words, it is about 'being able to help other women, to be their advocate also so that they can fend for themselves, to be able to speak out, young women to be able to know what is wrong and right'. She finds the information relatable because she lives the same challenges as the young women she mentors. Shared stories help gain trust and create relationships. As Nozipho points out, '[the]mentees go through some of the issues that we [the READY to Lead project mentors] also go through'.

Because of READY to Lead, Nozopi is more knowledgeable on SRHR, sanitary related issues and family planning – and so her mentees become more knowledgeable too. She has seen how her role in the project has helped her gain a higher status in her community. She can save the money she receives from the project, for university and her future, and has the skills and confidence to try setting up a business selling second hand clothes. She says, 'I am now empowered, I am now doing my own business of selling second hand clothes; the stipends are helping to save so that I can go to University next year'. Her journey to becoming a leader and being able to use her experiences with mental health to empower other young women has been her greatest achievement.



I am now empowered, I am now doing my own business of selling second hand clothes; the stipends are helping to save so that I can go to University next year.



Nozipho, READY to Lead Mentor

STAGE 4: Implementing the READY to Lead project elements

Community entry can be at individual, familial (friendship), household, community, institutional or national level, and so be both formal and informal.

Formal community entry

Formal community entry is through government and non-governmental public health structures, such as local health care facilities and local, community based organisations. According to Vengayi, it helps to have a mentor 'who is already in the community', and tap into resources provided by other organisations. For example the organisation Population Services International⁵ comes to their community every three months to talk to women about family planning.

Vengayi says the role of the young mentors in READY to Lead provides a space to discuss the 'problems they will be facing in the community' with a focus on improving the situation for young women. This created a sense of community, social connectedness and a platform for them to share their experiences and thoughts on what they are learning.

Informal community entry

Creating rapport with community members is crucial in getting more young women involved in READY to Lead. Spiwe used the soccer field where she takes part in sport to talk about SRHR issues. The informality of the environment makes it more accessible and encourages people to attend discussions. The young leaders share stories from their own lives, as examples of how it's possible to make better choices, despite facing challenges. Friendships are built, creating trust and sharing knowledge. With increased rapport, mentors would disclose their status, introduce the project, share more related information, begin to develop friendships and what they describe as *sisterhood*.

5. PSI/Zimbabwe collaborates with the Ministry of Health and Child Care to develop, market and scale health innovations which empower families to lead healthier lives. With local and international partnerships, these innovations have helped to normalize previously stigmatized health seeking behaviors in Zimbabwe: <https://www.psi.org/country/zimbabwe-2/#about>

Sisterhood

Sisterhood, explains Spiwe, is about 'helping each other on issues of adherence...building each other [up] and giving [to] each other'. It is a support system, easy to access, based on trust and confidentiality. Nozipho sees the sister to sister aspect of READY to Lead as a fundamental to engaging with more young women. Sisterhood creates trust more quickly and speaks to a sense of 'family', which is still important to communities throughout the country.

Because of the high death rates of working age (18-65) adults in Zimbabwe, grandparents are the main caregivers. But in cases where both grandparents and parents are not around, children find themselves as heads of households, with no relatives to support them. In these cases, sisterhood is a vital proxy and promotes openness, sharing and the chance to discuss personal issues in a 'family' setting. In Nozipho's words 'maybe you are the only child in the family and you don't have your biological parents and maybe you don't feel like sharing with the people that you live with but here you have someone who you can relate to.'

Connecting via social media

Online channels, such as Facebook, Twitter and email are widely used to recruit young women to the READY to Lead project. These platforms enable mentors to quickly share information, communicate with people and organisations, and reach more young women than face to face methods. It's important - as Nozipho indicates - that 'a person [can] receive the information in real time instead of going through the Village Health Worker, health care worker, District Nursing Officer and District AIDS Coordinator'.

Social media helped Nozipho right from the beginning of the project. She used Facebook to post pictures of a project discussion, where she was wearing a READY to Lead t-shirt. This promotion helped engage people and they could quickly connect with Nozipho through Facebook, where she was able to immediately show them more about the project and build on their initial interest. She says, 'Social Media helped to draw attention it helped me so after the training we were posting pictures on threads such as the #WhatWomenWant campaign.'

“ [Sisterhood is about] helping each other on issues of adherence... building each other up and giving to each other. ”

Spiwe, READY to Lead Mentor

STAGE 5: Monitoring & Evaluating the Project

Lessons in leadership and advocacy

The mentors skills are constantly tested by the communities they live and practice in. Mercy feels that role modelling real life situations, such as trying to access healthcare, is critical because it teaches them advocacy, self-reliance and decision making. The role modelling helps the young women create positive relationships with each other and the communities they're living and working in. As Mercy says, 'without good behavior people might look down upon you' before you get to share information with them.

Stigma & harmful social norms

There is still a lot of stigma around HIV in the communities. One young leader shared her personal experiences, discussing how she was raped, contracted HIV, and had an unwanted and unplanned pregnancy. She feels the national systems let her down, and wanted to demonstrate how, despite the challenges she experienced, what happened to her didn't stop her from making good health choices. She could show how she was now using her experience to help other young women - even in the face of abuse and criticism from some members of the community.

Affiliation with the READY to Lead project

Alongside developing direct leadership and advocacy skills, being associated with the project raised the mentors' standing and gained them respect within their communities. This led to a positive knock-on effect of even more young people seeking advice and information from them.

READY to Lead project Advisor support sessions form an important social support network for the leaders, supporting them as they grow in their roles, and as they face challenges within their communities. Continued guidance and support helps them stay focused and provides professional, social and emotional support.

In Vengayi's words: 'the ladies from ZY+, teach us continuously, they give us information when we are stuck, they help us with ideas and they are so free on their phones'.

STAGE 6: Evaluating the Results Of The Project

The mentors have become knowledgeable and powerful advocates for improved healthcare and support systems. The project has enabled them to make better decisions on SRHR, and show others how to make choices that are right for them, even in difficult situations.

As Mercy says, ‘the moment I teach my mentees, they will teach their friends who are not in the project’. As the effect snowballs through communities, the hope is that the knowledge and skills that are shared will help reduce HIV, STIs and unwanted pregnancies. Nozipho sees some of the real world benefits on the girls she works with, ‘seeing them [mentees] going back to school shows that what I say does not go down the drain’.

Some benefits for the mentees take longer to be realised than others. For example, Nozipho says, ‘[when a mentee engages in harmful behavior] I feel as if I didn’t use the right approach’. Nozipho’s ability to self-reflect and review what she’s learnt shows her personal development is continuing to flourish. She has developed a flexible attitude that enables her to look for better and better solutions for the mentees. Nozipho’s approach means new and established mentees continue to benefit from the information and knowledge she shares with them. In her words: ‘when new mentees ask questions [in group meetings], I let the old mentees respond which means they will have grasped what I would have taught them in our group discussion so they know what to do and what to say’.

As the mentors get recognised for their work in the community it has positively helped Nozipho’s social status and personal growth. She sees that ‘being recognized as somebody, being known for the kind of work that you do... it feels good... it has helped me be a better mother; I come with solutions to different things... it has helped me to be a better person and have a bigger picture for my future.’

As the mentors’ stature grows, so does their influence. They become increasingly important to their communities, and are invited to talk to more people in different situations. For example, Nozipho tells how she ‘was called to church to talk to young women. The Priest said please come to my church because the young pregnant mothers are not registering well in good time... some of them are not being tested in good time’.

“ The moment I teach my mentees, they will teach their friends who are not in the project.

Mercy, *READY to Lead Mentor* ”

“ Being recognized as somebody, being known for the kind of work that you do... it feels good... it has helped me be a better mother; I come with solutions to different things... it has helped me to be a better person and have a bigger picture for my future.

Nozipho, *READY to Lead Mentor* ”

Conclusion

The READY to Lead and other related community-based projects help young women understand more about and act upon their SRHR. The project highlights the challenges experienced at all levels of society when providing healthcare information and support for young women.

With proper community entry, proper use of leadership and mentorship processes, the young women leaders can succeed in engaging young women, families, the community and healthcare workers around SRHR. The young women are already giving talks to different gatherings throughout their communities - a sure sign of their - and the project's - success.

The next stage of project analysis would be to collect data from the mentees to monitor and evaluate how the mentorship is:

- Contributing to their own resilience and empowerment
- Providing them with the knowledge and self-agency to make healthier choices
- Helping them express the needs and rights of adolescents and young people living with HIV
- Helping them support other young women to express their rights as adolescents and young people living with HIV



READY to Lead strengthens the leadership and advocacy skills of 100 young female peer supporters in Zimbabwe. The project focuses 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 become mentors and role models to other young women.



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