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# TARIRO YOUTH DEVELOPMENT TRUST (TYDT)

## BROTHA2BROTHA BASELINE REPORT

**JUNE 2023**



## **ACKNOWLEDGEMENTS**

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## LIST OF ACRONYMS

ABYM	Adolescent Boys and Young Men
AIDS	Acquired Immunodeficiency Syndrome
B2B	Brotha2Brotha
CBO	Community-Based Organization
CLM	Community-led Monitoring
CSE	Comprehensive Sexuality Education
DDC	District Development Coordinator
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
DSA	Drug and Substance Abuse
FGDs	Focus Group Discussions
GBV	Gender-Based Violence
HIV	Human Immune Virus
HIVST	HIV Self Testing
HTC	HIV Testing and Counseling
KIIs	Key Informant Interviews
M&E	Monitoring and Evaluation
MOHCC	Ministry of Health and Child Care
MOPSE	Ministry of Primary and Secondary Education
MOYSAR	Ministry of Youth, Sports, Arts, and Recreation
NAC	National AIDS Council
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PSC	Public Service Commission
PWDs	People with Disabilities
S2S	Sista2Sista
SASA	Start, Awareness, Support, and Action
SOP	Standard Operating Procedures
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TYDT	Tariro Youth Development Trust
TVET	Technical and Vocational Education and Training
UNAIDS	The Joint United Nations Program on HIV/AIDS
VFU	Victim Friendly Unit
VHWs	Village Health Workers
VMMC	Voluntary Medical Male Circumcision
ZNASP	Zimbabwe National AIDS Strategic Plan
ZNNP+	Zimbabwe National Network of People Living with HIV
ZRDC	Zaka Rural District Council

## EXECUTIVE SUMMARY

The baseline study was commissioned by Tariro Youth Development Trust (TYDT) to assess the current situation, gather data and benchmark indicators for the Brotha2Brotha (B2B) Program in wards 19, 7, 8, 2, 4, 3, 20, 30, 32, and 25 of Zaka district in Masvingo Province, Zimbabwe. Through the National AIDS Council's (NAC) social contracting, TYDT is implementing the B2B in 10 Zaka wards to reduce new HIV infections and deaths by increasing access to integrated HIV and AIDS prevention, and sexual and reproductive health (SRH) services for adolescent boys and young men (ABYM) aged 10-24 years. This baseline study report presents the findings, conclusions, and recommendations for implementing the B2B Program.

This baseline study was conducted in June 2023. The baseline employed a mixed-method research approach, combining qualitative and quantitative data collection methods. Data was gathered through focus group discussions (FGDs), key informant interviews (KIIs), surveys, and desk reviews. This holistic approach allowed for a deeper understanding of the current situation of HIV and AIDS and SRH among ABYM in the Zaka district. The survey reached a sample of 225 ABYM in 10 Zaka wards.

### Baseline Results at a Glance

<b>Outcome Result 1: Building a brotherhood culture</b>		<i>Indicator</i>	Baseline (April 2023)
1.1	Boys and young men who are in the B2B clubs.	<i>Percentage of targeted boys and young men who are in B2B clubs.</i>	0%
1.2	Boys and young men who stop using drugs.	<i>Percentage of boys and young men who stop using drugs</i>	38% using drugs
1.3	Boys and young men who speak against gender-based violence (GBV).	<i>Percentage of Boys and young men who speak against GBV.</i>	37%
<b>Outcome Result 2: Self-Awareness</b>			Baseline (April 2023)
2.1	Boys who have accessed HIV testing.	Percentage of boys who have accessed HIV testing.	<b>31%</b>
2.2	Boys referred by B2B mentors for HIV prevention services.	Number of boys referred by B2B mentors for HIV prevention services.	0
2.3	Boys reached with comprehensive HIV prevention packages (course completion).	Number of boys reached with comprehensive HIV prevention packages (course completion).	91
2.4	Boys tested HIV positive as referred by mentors.	Number of boys tested HIV positive as referred by mentors.	0
2.5	Contacts traced.	Number of contacts traced.	0
2.6	People tested for HIV as contacts.	Number of people tested for HIV as contacts.	0

2.7	Boys tested HIV positive tested for a recent infection.	Number of boys tested HIV positive tested for recent infection.	0
2.8	Vulnerable Boys and Young men reached with comprehensive HIV prevention packages.	Percentage of vulnerable Boys and Young men reached with comprehensive HIV prevention packages.	18%
2.9	Vulnerable Boys referred by B2B mentors for HIV prevention services (HTC).	Percentage of vulnerable Boys referred by B2B mentors for HIV prevention services (HTC).	18%
<b>Outcome Result 3: Life skills and entrepreneurship</b>		<i>Indicator</i>	Baseline (April 2023)
3.1	Boys and young men who return to school.	Percentage of targeted boys and young men, who return to school.	<b>35% out of school</b>
3.2	Boys who are aware of and embrace life skills and entrepreneurship.	Percentage of Boys who are aware of and embrace life skills and entrepreneurship.	57% who are not aware

## Recommendations

### Building Brotherhood Culture

- a) Ensure the B2B clubs function effectively, and have a clear sustainability mechanism in place. This is critical to sustaining epidemic control and addressing the unique needs of ABYM who have been left out in HIV programming.
- b) Prioritize educating ABYM about the effects of DSA to help them understand the risks and consequences of abusing drugs, and make informed SRH choices. The B2B should integrate sports to provide a positive outlet for ABYM and cultivate a sense of belonging and purpose, reducing the inclination towards DSA and risky behaviours.
- c) Invest in educating ABYM about their role as partners in ending GBV to reduce HIV infections. ABYM should be empowered to challenge harmful masculinities and gender norms, promote respect, and actively denounce GBV. The B2B should also collaborate with the Sista2Sista to create a collective effort in addressing GBV and its risks of HIV infection. Platforms such as the 16 Days of Activisms against GBV should be leveraged to unite boys and girls against GBV. This is key since addressing GBV is a social enabler to ending AIDS by 2030.

### Self-Awareness

- a) Provide Comprehensive Sexuality Education (CSE) to ABYM to equip them with accurate information about HIV prevention, testing, and treatment. CSE will empower ABYM with comprehensive HIV knowledge, which helps them to make informed decisions, reduce stigma, and create demand for HIV services.
- b) Establish a well-defined referral pathway specifically designed for ABYM to support B2B Mentors' cascading referrals.

- c) The B2B Program should collaborate with the Community-led Monitoring (CLM) Program to increase accessibility to high-quality HIV services among ABYM, as well as create a male-friendly environment.
- d) Invest in contact tracing among ABYM to identify and support those at risk, preventing further infection, and ensure timely access to HIV prevention, testing, and treatment services.
- e) Promote HIV self-testing by providing self-test kits for ABYM in B2B clubs.

### **Life Skills and Entrepreneurship**

- Support out-of-school ABYM to return to school by providing financial support. This should also include supporting ABYM in accessing technical and vocational education and training. Empowering ABYM with education to navigate economic opportunities is key to Ending AIDS.
- Educate ABYM in life skills, while also fostering an entrepreneurial mind. This is critical to equipping ABYM to make informed sexual health decisions, engage in entrepreneurship and reduce their vulnerability to HIV.

## 1.0 INTRODUCTION

### 1.1 Background Context

Zimbabwe has made exceptional progress toward Ending AIDS as a public health threat. The country is estimated to have reached 97–95–94<sup>1</sup> against the Joint United National Program on HIV/AIDS (UNAIDS) targets, putting the country on the verge of epidemic control. The number of annual new HIV infections decreased from 31,600 in 2018 to 22,800 in 2021<sup>2</sup>. HIV prevalence has fallen from 12.07% to 11.58% under the Zimbabwe National HIV and AIDS Strategic Plan 2021-2025 (ZNASP IV) in a downward trend from 13% reported in 2018<sup>3</sup>. Despite these impressive gains, there is a concerning trend of ABYM lagging in the HIV cascades. 4 out of every 10 men have never tested for HIV<sup>4</sup>. In 2016, of the 610,000 new HIV infections recorded among young people (15-24 years), 41% of these were young men<sup>5</sup>. ABYM lacks comprehensive knowledge of HIV and AIDS and its prevention. This knowledge gap contributes to the high rate of new HIV infections among ABYM. Drug and Substance Abuse (DSA) among ABYM has increased from 43% in 2017 to 57% in 2019<sup>6</sup>. The rise in DSA is causing ABYM to engage in risky sexual behaviors, which place them at increased risk of contracting and spreading HIV. Despite Zimbabwe adopting the United Nation's mantra, of "leaving no one behind", ABYM continues to be left out in HIV interventions. Most interventions in Zimbabwe are girl-centered, targeting adolescent girls and young women (AGYW) such as the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS), Start, Awareness, Support and Action (SASA), and Sista2Sista (S2S). ABYM are often overlooked, and only the Voluntary Medical Male Circumcision (VMMC) is specifically designed for ABYM. This gender disparity presents a significant challenge in achieving sustainable control of the HIV epidemic, as new HIV infections among AGYW predominately come from ABYM<sup>7</sup>.

Recognizing the need for male-engagement in Ending AIDS, the Government of Zimbabwe through NAC, initiated the B2B program. NAC implements this peer-to-peer model through social contracting Community-Based Organizations (CBOs). As such, TYDT<sup>8</sup> through social contracting from NAC is implementing the B2B program in Zaka District, Masvingo Province. Using the Peer-to-Peer Model, the B2B aims to reduce new HIV infections and deaths through increasing access to integrated HIV and AIDS prevention, and SRH services for ABYM aged 10-24 years in 10 Zaka wards (i.e. wards 19, 7, 8, 2, 4, 3, 20, 30, 32, and 25). The B2B goal is to groom ABYM into responsible men and reduce HIV incidence and GBV. The overall objective is to improve on responsibility, and SRH knowledge, foster leadership as well as to cultivate capable young men

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<sup>1</sup> Zimbabwe Mid-term Review of the National AIDS Strategic Plan 2021-2025, Technical Report, January 2023.

<sup>2</sup> Zimbabwe HIV Estimates, 2022.

<sup>3</sup> [https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN\\_2021-2025-1.pdf](https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN_2021-2025-1.pdf).

<sup>4</sup> [https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN\\_2021-2025-1.pdf](https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN_2021-2025-1.pdf).

<sup>5</sup> Zimbabwe Demographic Health Survey (2015), <https://dhsprogram.com/pubs/pdf/FR322/FR322.pdf>.

<sup>6</sup> Zimbabwe Civil Liberties Drugs Network. (2019). <https://idpc.net/profile/zcldn>

<sup>7</sup> ZIMPHIA. [https://phia.icap.columbia.edu/wp-content/uploads/2020/02/ZIMPHIA-Final-Report\\_integrated\\_Web-1.pdf](https://phia.icap.columbia.edu/wp-content/uploads/2020/02/ZIMPHIA-Final-Report_integrated_Web-1.pdf).

<sup>8</sup> <https://www.tydt.org/>

who are gender-sensitive, and contribute towards creating a better Zimbabwe. The outcomes are boys who return to school, stop using drugs, speak against GBV, and know their HIV status.

In line with ZNASP IV<sup>9</sup>, the B2B adopts a multi-sectoral approach to fighting HIV and AIDS, ensuring that all sectors play a synergistic role in Ending AIDS by 2030. This means TYDT is implementing the B2B in collaboration with multiple actors to effectively cultivate AIDS-free ABYM in the Zaka district. These actors include NAC, Ministry of Health and Child Care (MoHCC), Ministry of Youth, Sports, Arts and Recreation (MoYSAR), Ministry of Primary and Secondary Education (MoPSE), Ministry of Women Affairs, Community, Small and Medium Enterprises Development (MoWACSMED), Victim Friendly Unity (VFU), Zaka Rural District Council (ZRDC), Zimbabwe National Network of People Living with HIV (ZNNP+), District Development Coordinator (DDC), CARE International (Takunda), and Community leaders. The multi-sectoral approach will cultivate cross-sectoral collaboration to provide comprehensive prevention, treatment, and support services to ABYM in the Zaka district.

## **1.2 Rationale and Objectives of the Baseline Survey**

The overall purpose of the baseline Study of the “B2B” Program in the 10 Zaka wards is to provide an information base against which to monitor, and assess the Program’s progress, and effectiveness during implementation and after the Program is completed. Specifically, the main objective of the baseline is to gather data and benchmark indicators on boys’ experiences with HIV and AIDS, SRH, life skills, and GBV for Program planning, monitoring, and evaluation (M&E). The following are the specific objectives:

- a) Gather relevant baseline data for key Program indicators to depict the actual situation in the Program wards in Zaka district, and to create a benchmark for M&E to measure the Program results and impact throughout and at the end of the Program period.
- b) To ascertain baseline values of key performance indicators through a light rapid assessment in the 10 Program wards.
- c) To provide consistent, clear, and credible information on Program indicators that will enable to set realistic targets to work towards achieving expected results during the Program.
- d) To identify and explore potential information gaps for future planned monitoring exercises, and evaluations.
- e) Identify any potential challenges or barriers to success at the community level that may need to be addressed before implementing the program.
- f) To identify the information needs of individuals and communities as well as their preferred channels for receiving information and providing feedback/complaints.

This baseline study, therefore, provides an information base against which to monitor and assess progress and effectiveness during implementation and after the B2B Program is completed (end-term). This will lay a critical foundation for measuring change, understanding the Program's

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<sup>9</sup> [https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN\\_2021-2025-1.pdf](https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN_2021-2025-1.pdf)

contribution to achieving this change, and drawing lessons learned and best practices for future direction and Program development.

## **2.0 METHODOLOGY AND APPROACH**

### **2.1 Study Approach and Design**

#### **2.1.1 Study Approach**

TYDT utilized a *participatory-based approach*, which considers stakeholders' involvement in all stages of the baseline study. In line with this participatory approach, the team ensured the regular involvement of Program partners, different stakeholders, and target group representatives throughout. This was to enhance the transparency, validity, reliability, and usability of the baseline study results. In addition, the team employed a *mixed-methods approach to data collection*, using primary and secondary data sources, combining both qualitative and quantitative data elements. As such, data collection involved desk reviews of documents and the collection of primary data through surveys, KIIs, and FGDs. These methods enabled the collection of primary and secondary data that has sufficient depth and breadth and gives room for a thorough *triangulation of data* to produce a verifiable body of evidence.

#### **2.1.2 Study Design**

The primary objective of this baseline study was to assess the baseline/current status of key Program indicators before Program implementation (pre-test). The study, therefore, takes the form of a cross-sectional study design – utilizing multiple methods to generate and provide qualitative and quantitative data for the Program. The baseline study is forward-looking; thus, its findings or status (pre-test) set the platform for comparative analysis at endline stages (post-test) to generate a degree of Program achievement on its set targets. A quasi-experimental study design with pre-test and post-test comparison will be used for B2B evaluation, which includes longitudinal tracking to identify changes over time within the same individuals. As such, we will (where possible), use the same individuals that are going to be part of the baseline study to follow up with them at the end-term. This approach gives a true reflection of the changes over time and is appropriate to serve the purpose of accountability and learning of TYDT, NAC, and its partners. All data collected was disaggregated where appropriate, by age, disability status, employment status and location.

#### **2.1.3 Ethical Considerations**

In undertaking the baseline study, TYDT conformed to the 5 major African Evaluation principles and their respective 21 sub-components.<sup>10</sup> As such, TYDT ensured that;

- a. The baseline study empowers Africans,
- b. The baseline study is technically robust,
- c. The baseline study is ethically sound,
- d. The baseline findings are rooted in Africa, yet drawing from across the world; and
- e. The baseline findings show connectedness to the world, with special attention to where humanity's footprints call for new ideas and knowledge for change and transformation

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<sup>10</sup> <https://afrea.org/AEP/new/The-African-Evaluation-Principles.pdf>

The following are some of the principles observed by TYDT:

- i. *Free and informed consent* – all members interviewed provided informed consent. Participants signed Informed Consent forms before they were interviewed. For under 18 boys, their parents/guardians signed consent forms for them to participate in the baseline.
- ii. *Confidentiality and anonymity (stakeholders protection)* – Collected data was held securely, confidentially, and anonymized and data collectors were made aware of this. The Final Report does not contain any propriety or personally identifiable information, such as names, national ID numbers, addresses, birthplaces, facial images, village names; etc.
- iii. *Data protection*: All data collected was submitted to TYDT and will be permanently deleted from the enumeration team’s database once the final report has been signed off.
- iv. *Transparency in research and stakeholder empowerment* – Understanding that research is ‘two-way’, respondents were made aware of what the collected data is used for. The team informed the respondents and participants of the essence and importance of the study and their role in the process. This ensured their buy-in in the study, which is key to obtaining quality and correct information.
- v. *Equity and Inclusiveness* – The TYDT team ensured inclusiveness at all stages of the baseline study. We were cognisant or alive to the fact that the baseline involved issues of disability and poverty, which further strengthened the need for inclusiveness. Our data at all stages is therefore disaggregated by, disability, age, and location.
- vi. *Non-exploitation, Child Protection, and Safeguarding*: TYDT has a zero-tolerance approach to abuse and exploitation. The team adhered to TYDT's policies on Child Protection and Prevention of Sexual Harassment and Abuse in relation to children, vulnerable adults, and the wider community. The research staff and data collectors signed their compliance with the aforementioned policies before data collection. Data collectors were trained on these policies for deeper understanding.

## 2.2 Sampling Approach

Geographically, the sampling frame for the B2B Baseline covered all the 10 wards where the Program is being implemented.

**Sampling for FGDs:** Within sampled enumeration areas for surveys/questionnaires, FGDs were conducted using an FGD guide. Stratified purposive random sampling was used to select participants for the FGD with age being the stratifying variable. Random ABYM from the target B2B clubs were used for FGDs. Each group consisted of between 6 and 15 participants. FGD sample for each ward is shown in the table below;

Ward FGD Sample	15-19 years	20-24 years
2 FGDs	1 FGD	1 FGD

**Survey Sampling Strategy:** A combination of purposive and stratified random sampling was used to select a representative sample of the Program target group to be included in the survey in each of the Program wards.

**Sample size determination:** The baseline made use of the [ActivityInfo sample calculator for the Sample size for baseline and endline surveys](#) based on the formula from [Wang \(2007\)](#). Using this calculation, the final Sample for the baseline was 218 but for equal distribution we used 220. The distribution of surveys for each ward is shown in the table below;

Ward Sample	15-19 years	20-24 years
22 Surveys	11 Surveys	11 Surveys

**KIIs Sampling:** Purposive sampling was used to select a representative sample of Key informants. One representative was chosen from the following stakeholders for the baseline study;

- i. MOHCC
- ii. MOYSAR
- iii. Ward Councilors
- iv. VFU
- v. MoWACSMED
- vi. MOPSE
- vii. ZNNP+
- viii. DDC
- ix. CARE International

### 2.3 Data Collection Methods

The following are the secondary and primary data collection methods used in the study/survey, incorporating the mixed-methodology approach.

- a) **Desk/Literature Review:** The team undertook a comprehensive in-depth desk review of Program documents provided by NAC (including the B2B Standard Operating Procedures (SOPs), and B2B Manual), and other related literature.
- b) **Beneficiary Survey/Questionnaire:** TYDT through local enumerators administered a survey to ABYM between 15 and 24 years to generate quantitative data to populate the baseline indicators. The survey was designed in the KOBO Collect platform and data collection was done using Android-based smartphones. Survey questions captured topics from demographics, personal, economic, and social questions on health, SRH, and SGBV. The survey also captured levels of vulnerability (e.g., disability status, employment status, health status; etc.). Attention was given to special groups (e.g., people with disabilities, child-headed households, ultra-poor households, etc.).
- c) **KIIs:** At all stages, KIIs were facilitated with various key stakeholders at the district level.

d) **FGDs:** FGDs were undertaken to provide in-depth insights on various Program impact, outcome, and output indicators at the baseline stage. Selection of community catchment areas in which FGDs were held as well as the selection of FGD participants was done considering logistics and convenience. The FGDs, potentially, captured the diversity of perspectives from respondents in different settings as well as highlighting some key challenges that may have been missed in designing and implementing the Program. FGDs were undertaken with ABYM. This tool gave critical information on the knowledge attitude and practices of ABYM concerning HIV and AIDS, SRH, life skills, and GBV. Two varied groups were engaged per ward including:

- Adolescent Boys – 15-19 years;
- Young Men – 20-24 years;

Separation of key groups was important to ensure that views from all parties involved in the Program were captured and reduce adult domineering.

### 2.3 Data Analysis

The following are the qualitative and quantitative data analysis approaches that were utilized;

- a) **Quantitative Data Analysis:** Data validation checks in Kobo Collect, which is the server where all data was posted from the smartphones by the data collectors or enumerators, was utilized to ensure that only valid data was entered into the computer. Data cleaning was done in Excel and SPSS to verify the validity of the data and its completeness. After data cleaning, the dataset was analyzed in SPSS and the outputs are presented in this report as tables, pie charts, graphs, numerical narratives, and related statistical presentations.
- b) **Qualitative Data Analysis:** Through triangulation, evidence from the literature review, documents, FGDs, and KIIs were collated and analyzed in generating the baseline report. There were three stages to analyzing the qualitative data. The first stage was developing and applying the codes. The first phase of the coding was *open coding* where the raw data was organized in a manner that enabled some initial understanding. The next phase was *axial coding* which entailed interconnecting and linking the categories of codes. From there *selective coding* was undertaken; this is where narratives that connect the categories were developed. The second stage in the analysis of the qualitative data was the identification of patterns. Some of the following techniques were used:
  - Checking for words and phrases that are repeated;
  - Comparing the primary data – from KIIs, FGDs, and other data collection *methods* – *with secondary data from the literature and document review* –and examining any differences that emerge; and
  - Identifying missing information that, based on literature and Program documents, the team expected to emerge but was not mentioned.

The third stage was generating a summary of data and developing links to the objectives. The outputs of the qualitative analysis are presented in the report in the form of narratives, verbatim quotes, flow diagrams, and tables.

#### **2.4 Limitations of the Study**

The baseline process was conducted as per the guidance from NAC. District and community-level logistical support was provided by the trained B2B Mentors in the respective wards. The logistical support was adequate. However, there were some limitations that the consulting team managed to mitigate to ensure a smooth collection of credible data. The following were the challenges encountered with their respective mitigation measures.

- The baseline had a zero budget which made it difficult for TYDT to travel to the respective wards during data collection. The TYDT team conducted telephone and online training for the ward-based enumerators and also interviews for some key informants/stakeholders. It also made use of locally-based enumerators residing in the targeted wards. This allowed for data collection to be done by personnel from the targeted areas
- Some of the key informants were not available for the interviews due to their busy schedules. The TYDT team would speak to alternative key informants.

Despite these limitations, TYDT felt that the data collection process was a success and that the sample consulted was valid and representative of the district, and community views regarding various issues which responded to the baseline.

### 3.0 FINDINGS OF THE STUDY

#### 3.1 Socio-Economic Characteristics of the Respondents

This section presents information on survey sample characteristics, and demographic and socio-economic profiles of respondents such as age, location, employment status, and disability status.

##### 3.1.1 Frequency and Location of Respondents

A total of 225 surveys were undertaken in wards 2, 3, 4, 7, 8, 19, 20, 25, 30, and 32 of Zaka district. The minimum sample required for the baseline was 220 and the study recorded a 102% response rate as shown in figure 1.

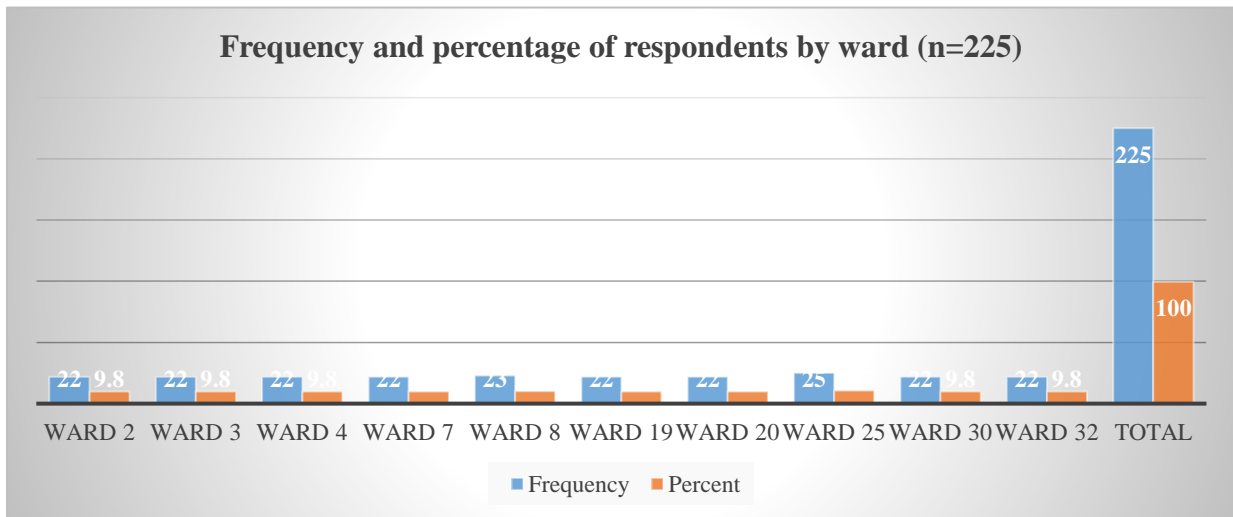


Figure 1: Frequency and Location of Respondents

##### 3.1.2 Age distribution of the respondents

As shown in Figure 2, 49.7% of the respondents were aged between 15-19 years, 48% were between 20-24 years, and 1.3 were above 25 years of age.

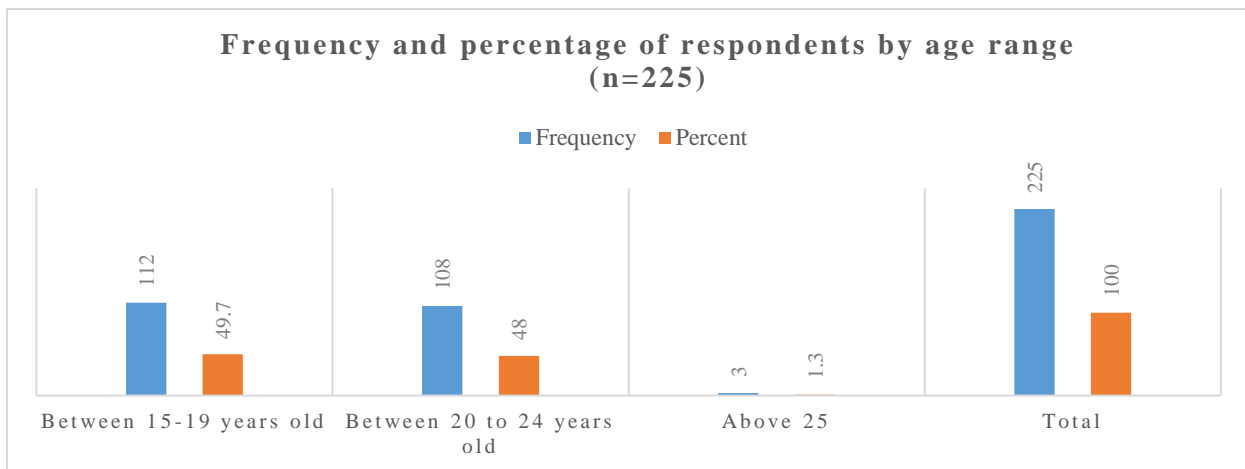


Figure 2: Age distribution of the respondents

### 3.1.3 Employment Status of the respondents

A total of 83% of the interviewees are unemployed, 15% are self-employed and 2% are formally employed, (see Figure 3).

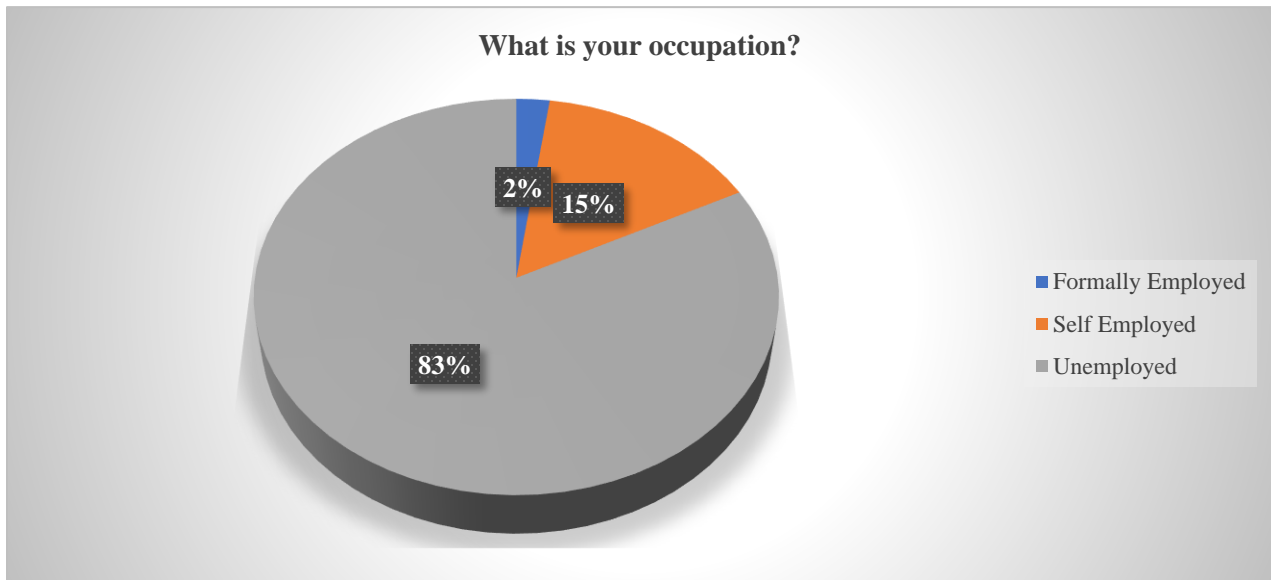


Figure 3: Employment Status of the respondents

### 3.1.4 Disability Status of the respondents

In line with inclusive development principles and practice, the survey had 8% of respondents who are persons with a disability (PwDs). As shown in Figure 4, 6 of the PwDs have physical disabilities, 3 have Learning difficulties, 2 have a hearing impairment, 2 have a visual impairment, 1 have a speech impairment, and 2 have other forms of disabilities.

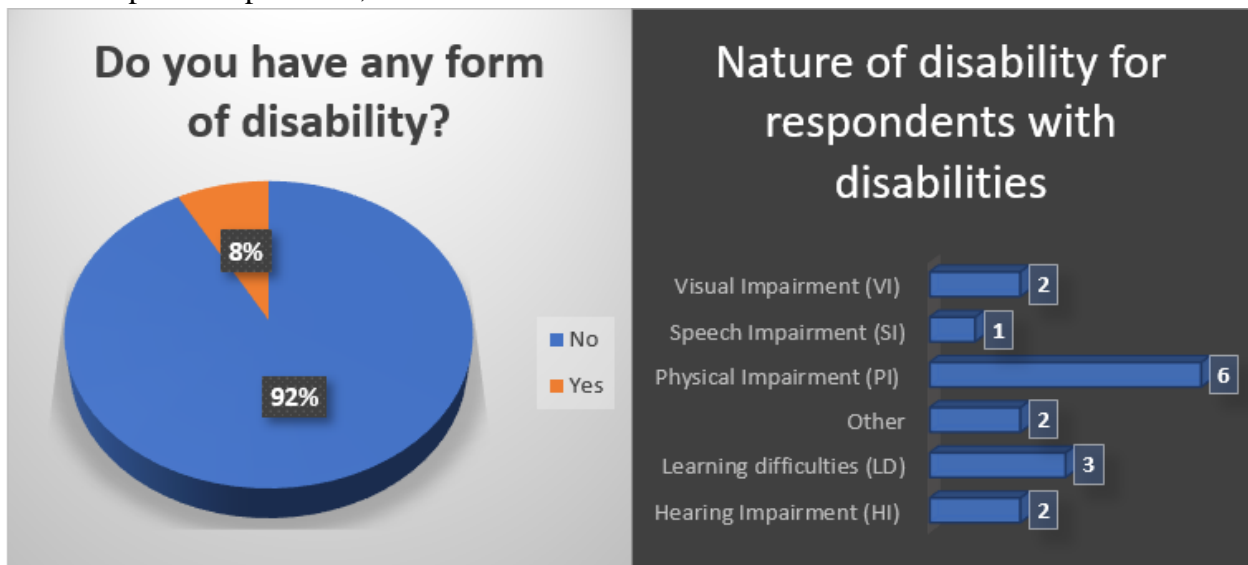


Figure 4: Disability Status of the respondents

### 3.2 Building a brotherhood culture

The baseline study looked at 3 key indicators under this theme to establish the baseline values which will be used to measure progress or lack of it thereof at the end of the B2B Program. Key findings for this theme are presented in the ensuing sections.

#### Outcome Indicator 1: Number of Boys who are in the Brotha2Brotha clubs

Under this outcome indicator, the study looked at the availability of safe spaces for ABYM to discuss HIV, and SRH issues. Findings from the surveys and FGDs indicated that there is a lack of such safe spaces for ABYM in the 10 wards. Figure 5, shows that out of the 225 surveys, 0% of the respondents are part of any club or group specifically designed for ABYM. This finding highlights a significant gap in providing platforms for ABYM to openly and comfortably discuss topics related to HIV and SRH. The reason for this lack of safe spaces is the exclusion of ABYM in HIV programming. Existing platforms such as the SASA, S2S, and DREAMS focus primarily on AGYW, neglecting the unique needs of ABYM. Information gathered through KIIs indicated the need to create dedicated ABYM spaces to attain ZNASP's<sup>11</sup> goal of Ending AIDS as a public health threat by 2030. They further indicated that these spaces should provide a supportive and inclusive environment where ABYM can freely discuss HIV and SRH topics, ask questions, and access accurate information.

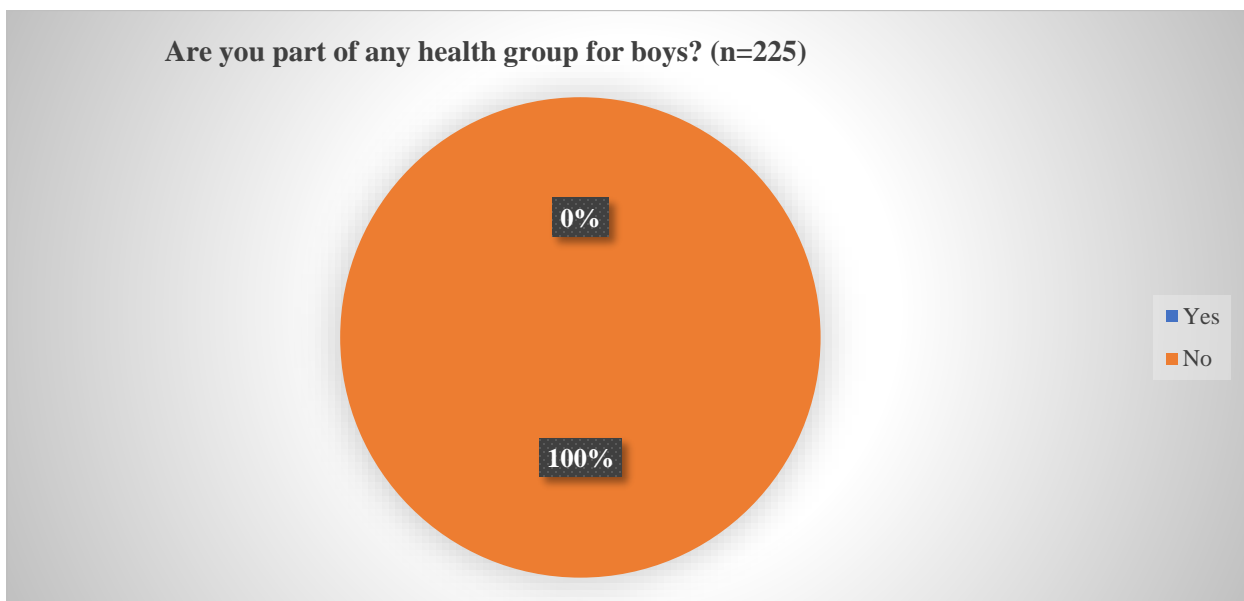


Figure 5: Percentage of boys who are part of health groups

One of the interviewed respondents had this to say during an FGD in Ward 19.

*"I have never witnessed any club designed specifically for boys to address HIV and AIDS issues in our area. We do not have a safe space to openly discuss HIV issues, receive support, and access accurate information".*

**21-Year-Old, Ward 4.**

<sup>11</sup> [https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN\\_2021-2025-1.pdf](https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN_2021-2025-1.pdf).

Adding to the above information, key stakeholders who participated in the KIIs confirmed this gap. The A professional nurse in this study further explained that ABYM are excluded from the existing initiatives, yet this has dire consequences not only for ABYM themselves but also to attain the HIV treatment goals. His expressions are shown in the Box Below:

*“The exclusion of ABYM in HIV programming is having dire consequences in attaining sustainable epidemic control. Therefore, there is a need for platforms specifically designed for ABYM to empower them with knowledge, promote healthy behaviors, and contribute to the overall goal of Ending AIDS by 2030”.*

**Professional Nurse, Ndanga Hospital**

### **Outcome Indicator 2: Boys and young men who stop using drugs**

The study found out that high levels of unemployment in the Zaka district orchestrate a surge in DSA. In trying to find solace from the everyday life struggles brought on by the beleaguered Zimbabwean economy, the majority of Zaka youth have turned to DSA. As shown in Figure 6, the baseline study findings indicate that 62% of the surveyed participants are aware of someone of their age who is currently using hard drugs. This finding highlights the alarming prevalence of DSA among ABYM in the Zaka district. Consequently, DSA drives ABYM to engage in risky sexual behaviors, which place them at risk of contracting and spreading HIV. This indicates the direct link between DSA and increased HIV transmission<sup>12</sup>. As such, B2B program need to provide effective education on the risks of DSA and refer drug addicts for mental health support services and rehabilitation.

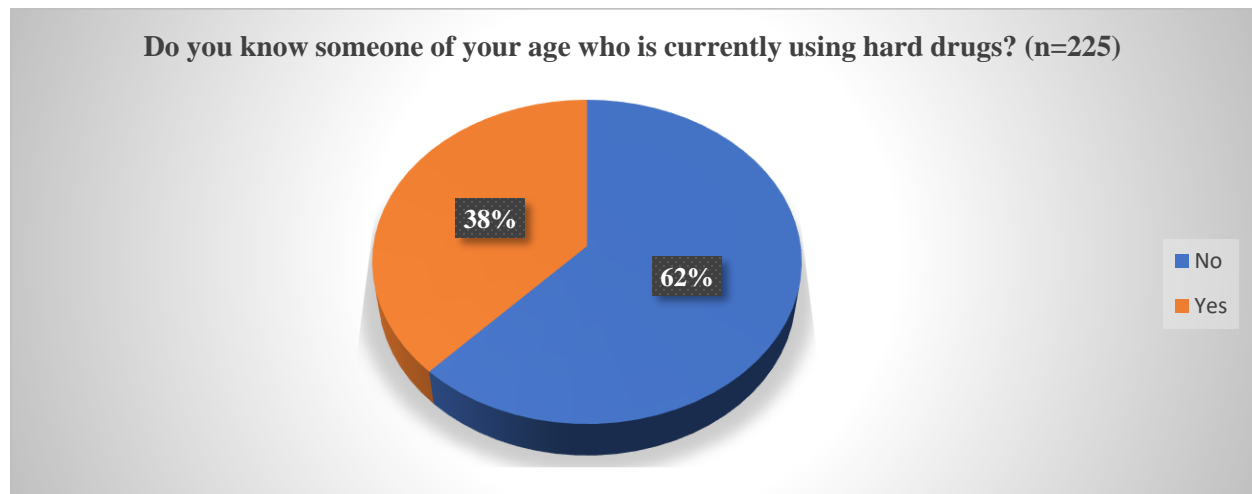


Figure 6: Percentage of boys who are using illicit drugs

The study discovered that there are high levels of DSA among ABYM in the 10 target wards, especially in hotspots such as Jerera Growth Point, and Ndanga, Gumbo, and Chivamba business centers, among others. One FGD participant uttered the following sentiments.

<sup>12</sup> <https://www.cdc.gov/hiv/basics/hiv-transmission/substance-use.html>.

*"DSA among ABYM in Zaka district is alarming. ABYM make their own drugs by extracting liquid in HIV self-test kits, and boiling diapers. They also take crystal meth, hand sanitizer, and other toxic drugs. Consequently, when ABYM are drunk, they engage in unprotected sex, particularly with young sex workers often known as "Zvitokwe Mukosi" in the context of this ward 19 (Jerera Growth Point)".*

**17-year-old, ward 19.**

### **Outcome Indicator 3: ABYM men who speak against GBV**

The findings from the study showed the lack of awareness and engagement among ABYM in fighting against GBV. As shown in Figure 7, 63% of the ABYM are not aware of GBV and have never denounced it on any platform.

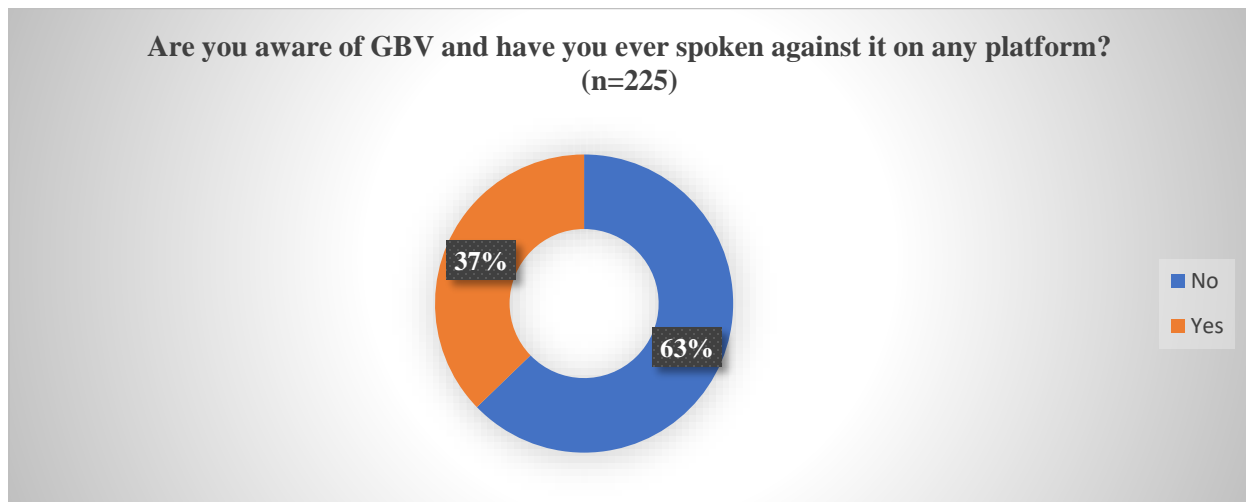


Figure 7: Percentage of boys who have ever denounced GBV on any platform

The results indicate a concerning trend of limited and inaction among ABYM. The findings suggest that there is a need for increased education targeting ABYM so that they can be well-informed about GBV and its devastating impacts. They need to be equipped with information and resources to empower them to speak out and take action against GBV. This is critical for Ending AIDS, as HIV and GBV manifest as twin epidemics. GBV can increase the chances of women and girls acquiring HIV by up to 50%<sup>13</sup>. GBV or fear of it blocks AGYW's access to HIV services, and their ability to negotiate condom use with perpetrators, disclose their HIV status, or stay on HIV treatment<sup>14</sup>. Given that GBV is inextricably linked to HIV vulnerability and ending it is one of the social enablers to Ending AIDS by 2030 under ZNASP IV<sup>15</sup>, there is a need of creating safe spaces and platforms that groom responsible ABYM who speak out against GBV, and inspire, and motivate their peers to be change agents. The findings of the study indicated that platforms for ABYM enable them to freely express their opinions and engage in discussions that counter harmful masculinities and gender norms that perpetuate GBV

<sup>13</sup> <https://www.unaids.org/en/keywords/gender-based-violence>.

<sup>14</sup> <https://www.unaids.org/en/keywords/gender-based-violence>.

<sup>15</sup> [https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN\\_2021-2025-1.pdf](https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN_2021-2025-1.pdf)

One of the key informants reiterated the following sentiments:

*"ABYM often stays silent when it comes to speaking against GBV. Some of these ABYM even perpetrate GBV to ascertain their masculinity and manhood. Unfortunately, some of them transmit and/or contract HIV during the process. There is a need for ABYM's platforms to groom men who speak out against GBV, and defy the destructive stereotypes and gender norms that legitimize the vice.*

**Police Officer – VFU, Zaka District**

### 3.3 Self-awareness

#### Outcome Indicator 4: Number of boys who have accessed HIV testing

The findings of the study revealed a concerning trend of low HIV testing rates among ABYM in the Zaka district. As shown in Figure 8, 59% of the surveyed participants have never been tested for HIV and STIs.

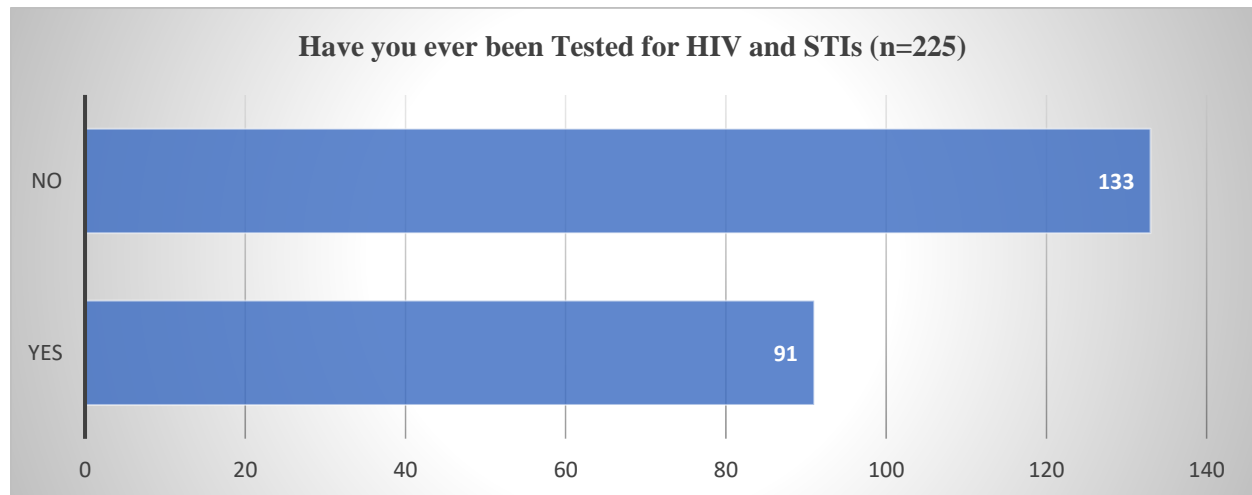


Figure 8: Number of boys who have ever been tested of HIV

Data from FGDs and key informants highlighted that the most reasons for this, include lack of awareness about the importance of HIV, involuntary disclosure, and stigma and discrimination, which is the key hindrance for ABYM seeking HIV services, especially HIV Testing. One of the interviewed participants had this to say during an FGD:

*"I don't want to get tested for HIV because people will judge me, and I don't know where to go for help". I think my colleagues here can testify that we don't want people to judge us or treat us differently. Maybe if there were private testing options, we would feel more comfortable, but going to clinics is not an option for us".*

**23-year-old, ward 25.**

The findings of this study sync with the trend in the ZNASP IV<sup>16</sup>, where 4 out of every 10 men have never been tested for HIV. This indicates a widespread low HIV testing rate among men on a national scale. The ZNASP IV indicated the lack of a supportive environment and services

<sup>16</sup> [https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN\\_2021-2025-1.pdf](https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN_2021-2025-1.pdf)

tailored to the needs of ABYM. The health service providers do not offer male-friendly services. Data from key informants further indicated that gender norms and masculinities prevent ABYM from seeking HIV services. ABYM are considered "vectors" of HIV transmission by their partners, and fear being blamed when the test comes out positive, and hence they shun being tested for HIV. Data from FGDs further revealed that the majority of VHWs are women, making it difficult for ABYM to seek help in accessing HIV testing. They indicated that they are more comfortable seeking help from their fellow men. These findings indicate the need for the B2B to stress more importance on creating demand for HIV testing, improve awareness among boys, address stigma, and ensure easy access to HIV testing, including investing in HIV self-testing (HIVSTs). However, for HIVSTs, ABYM with a reactive self-test should be followed up with an additional test based on the HIV testing algorithm by trained healthcare workers<sup>17</sup>. Getting ABYM tested is key since it is the entry point to prevention, care, treatment, and support services. As such, closing the HIV testing gap among ABYM is critical to the success of the HIV response.

#### **Outcome Indicator 5: Number of boys referred by Brotha2Brotha mentors for HIV prevention services**

The study findings revealed that there is a lack of referrals for ABYM to access HIV prevention services in the Zaka district. Data from FGDs and Key informants revealed that ABYM often face challenges in accessing these services due to the absence of a well-defined referral pathway tailored to ABYM. One FGD participant indicated the following:

*"In this Ward, there is no clear referral pathway for ABYM to access HIV prevention services. We do not know where to go or who to talk to. And the worst part is, we have little knowledge about the available HIV prevention options, except condoms. We need better support and information to protect ourselves against HIV and STIs".*

**19-year-old, ward 32.**

The findings showed that this lack of a structured system for referrals hinders ABYM's ability to access HIV prevention services. This means the B2B should create a tailored referral pathway specifically designed for ABYM. This pathway should include clear guidelines and protocols for health service providers to refer ABYM to life-saving HIV and AIDS services. Establishing this well-defined referral pathway will make it easy for B2B Mentors to refer ABYM to access essential HIV prevention, testing, and treatment services.

#### **Outcome Indicator 6: Number of boys reached with comprehensive HIV prevention packages (course completion)**

The baseline study findings revealed that ABYM lacks access to HIV prevention packages. To support this position, data from the survey shows that 82% of the ABYM do not have access to HIV prevention packages, (see Figure 9).

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<sup>17</sup> [https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN\\_2021-2025-1.pdf](https://www.nac.org.zw/wp-content/uploads/2022/02/ZIMBABWE-NATIONAL-HIV-STRATEGIC-PLAN_2021-2025-1.pdf)

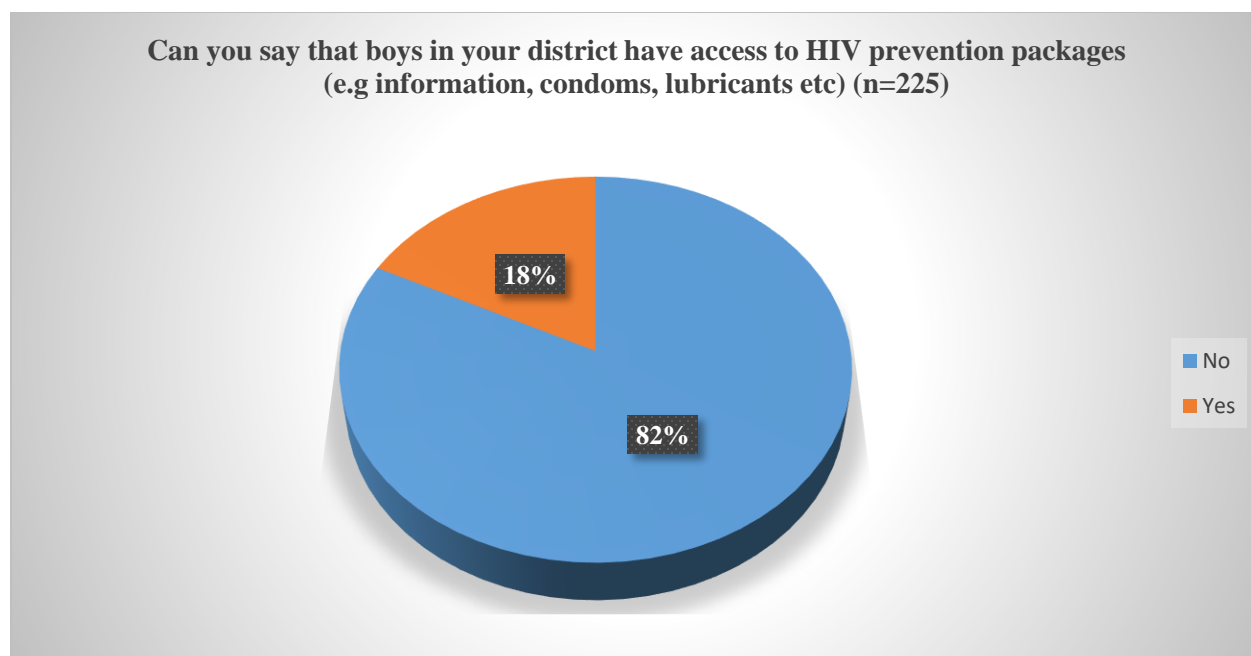


Figure 9: Percentage of boys who have access to prevention packages

Key reasons given during FGDs include the lack of awareness and knowledge about HIV prevention services among ABYM, which leads to a reluctance to seek out these services. ABYM showed that, except for condoms, they are not aware of other HIV prevention options, particularly Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). This finding aligns with the ZNASP IV Review which indicated that there is inadequate knowledge and awareness among clients who could benefit from PrEP and PEP<sup>18</sup>. In the context of ABYM, the lack of comprehensive sexuality education (CSE) and awareness interventions specifically targeting boys contribute to this lack of knowledge. Without proper knowledge and information about HIV prevention packages, ABYM may not prioritize seeking out these services. Data from the study further showed that stigma and societal norms surrounding discussions about sex and HIV pose barriers to accessing prevention packages. ABYM feel embarrassed or judged when seeking condoms or other resources, leading to reluctance in accessing them. Additionally, the study revealed the limited availability and distribution of HIV prevention packages in schools, communities, and health facilities further hinder access. The B2B program should address these challenges, and ensure ABYM have access to HIV prevention packages. B2B clubs should provide a safe and supportive environment where ABYM can learn about HIV prevention methods, receive accurate information, and discuss their concerns openly. The study discovered that B2B needs to reduce stigma by promoting a culture of acceptance and understanding. Lastly, the B2B program should collaborate with local clinics and other health service providers to facilitate access to HIV prevention packages by ABYM. By empowering ABYM through CSE, support, and access to resources, the B2B can significantly contribute to increasing access to HIV prevention services, and reduce the percentage of boys lacking access.

<sup>18</sup> Zimbabwe Mid-term Review of the National AIDS Strategic Plan 2021-2025, Technical Report, January 2023.

### **Outcome Indicator 7: Number of boys tested HIV positive as referred by mentors**

As highlighted already, there is a lack of a clear referral pathway for ABYM in the Zaka district to access HIV testing services, resulting in the majority of them not knowing their HIV status. This highlights the need for the B2B program to establish an effective, tailored referral system to ensure that ABYM in the Zaka district can easily be referred by B2B Mentors to access HIV testing and receive appropriate care.

### **Outcome Indicator 8: Number of contacts traced**

The study findings revealed no contact tracing among ABYM. As indicated earlier, ABYM is less likely to be tested for HIV and receive follow-up care, spearheaded by stigma and discrimination, lack of awareness, and limited access to healthcare. Data from key informants also revealed that the absence of a robust contact tracing system hinders efforts to identify and notify ABYM who may have been exposed to HIV. One of the key informants uttered the following sentiments:

*"There is a lack of robust contact tracing for ABYM in Zaka district, and this lack of contact tracing contributes to the ongoing transmission of the virus among ABYM, increasing their risk of infection and hindering timely access to testing and treatment services.*

**Professional Nurse, Ndanga Hospital**

The findings of the baseline showed the need for the B2B program to prioritize contact tracing for ABYM, deploying holistic and innovative strategies that ensure the identification, testing, and support for ABYM who may have been exposed to HIV. These contact tracing efforts will help the B2B to effectively reduce the spread of HIV and improve HIV outcomes among ABYM in the Zaka district.

### **Outcome Indicator 9: Number of ABYM tested for HIV as contacts**

As indicated above (indicator 8), the study found out that no ABYM are being tested for HIV as contacts traced. This entails that when individuals who test positive for HIV are identified, contact tracing, herein, among ABYM is often inadequate. Consequently, this absence of contact tracing contributes to a significant number of ABYM remaining untested for HIV, which increase their vulnerability to the virus and hinders early detection and treatment. The baseline study highlights the need for the B2B program to invest in contact tracing efforts among ABYM to ensure they are identified, tested, and provided with the necessary support, and services to prevent further transmission of HIV.

### **Outcome Indicator 10: Number of contacts who tested HIV positive**

The study discovered that since there is no contact tracing among the ABYM, there are no statistics on the number of contacts who test HIV positive as a result of being traced as contacts. Under this indicator, B2B will focus on getting contacts from boys who test HIV positive and start recording the statistics of all contacts who also test HIV positive. The B2B will prioritize contact tracing for

ABYM to ensure early detection, timely treatment, and prevention efforts to curb the spread of HIV among ABYM and their partners.

**Outcome Indicator 11: Number of boys who tested HIV positive tested for recent infection**

Information on new infections among ABYM is not available because most of them have not been tested and are unaware of their HIV status. Under this indicator, B2B will focus on massive testing of ABYM who are part of the groups and account for all new infections.

**Outcome Indicator 12: Percentage of vulnerable ABYM reached with comprehensive HIV prevention packages**

The lack of ABYM accessing HIV prevention packages is a recurring issue, as previously mentioned under indicator 6. The study highlighted factors such as stigma, limited knowledge and awareness of available services, and the absence of tailor-made interventions targeting ABYM. This is resulting in lower utilization of HIV prevention packages. As already recommended, the B2B should address these challenges, and create demand for HIV service uptake among ABYM.

**Outcome Indicator 13: Percentage of vulnerable ABYM referred by B2B mentors for HIV prevention services (HTC)**

As indicated earlier, under indicator 5, the absence of a well-defined referral system for ABYM to access HIV testing services means the indicator has no data to report on referrals. As such, the B2B will establish a referral pathway so that ABYM can easily access HTC. This investment will be key in reducing missed opportunities for early diagnosis, and treatment.

### **3.3 Life skills and entrepreneurship**

**Outcome Indicator 14: ABYM men who return to school**

As shown in Figure 10, 35% of the ABYM interviewed indicated that they know at least one boy of their age who is not in school but should be. This finding highlights a concerning trend of school dropout among ABYM in the Zaka district. The baseline study found that high levels of poverty and DSA, are associated with school dropout among ABYM in the Zaka district. Without access to formal education, ABYM may lack CSE, including information about HIV prevention and safe sexual practices. The baseline study also revealed that school dropout lead to increased vulnerability, such as engaging in risk behaviors, DSA, and involvement in high-risk sexual behaviors. These findings mean that the B2B program should invest in strategies that help school dropouts to return to school and keep ABYM in school. The program should also focus on providing support systems, such as Technical and Vocational Education and Training (TVET), to keep ABYM in education. TVETs provide training opportunities and career advancement avenues for those who are unable to access formal education. In addition, the B2B should focus much on CSE to ensure that ABYM receive accurate information about HIV prevention and SRH. This will help to reduce some of the drivers of school dropout, hence supporting the reduction of HIV infection among ABYM, and promoting their overall well-being.

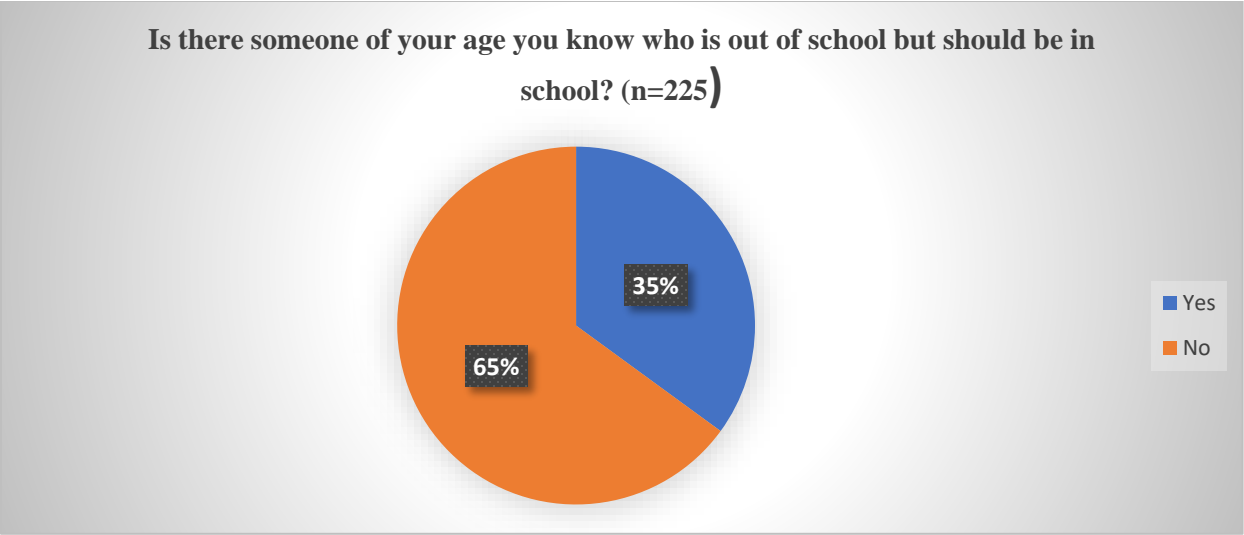


Figure 10: Percentage of boys who are out of school.

When asked about school dropouts, the following reasons came out the most from the FGDs.

*“I know a number of my friends in our area who dropped out of school because of financial challenge”. Most of them end up engaging in DSA, which pushes them to engage in risky sexual behaviors such as unprotected sex. Without education, they lack knowledge about HIV prevention, and are more susceptible to HIV infection”*

**16-year-old, ward 3.**

**Outcome Indicator 15: Number of ABYM who are aware of and embrace life skills and entrepreneurship**

The baseline study found that a significant number of ABYM in the Zaka district lack awareness and embrace of life skills and entrepreneurship. As shown in Figure 11, 57% of ABYM surveyed were not aware of what life skills and entrepreneurship entail.

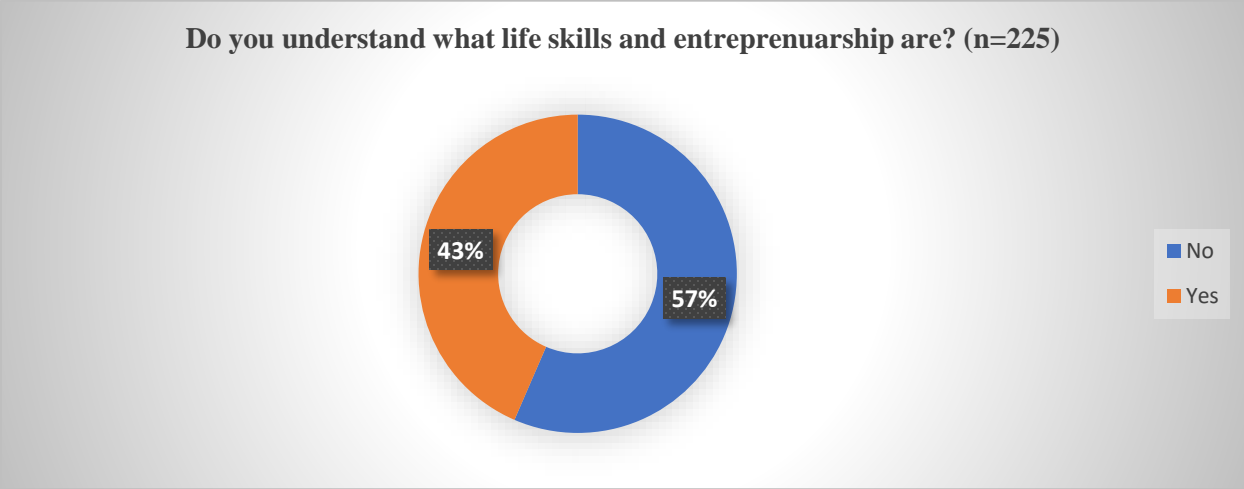


Figure 11: Percentage of boys who understand what life skills and entrepreneurship are  
 One FGD participant highlighted the following key points under this indicator;

*“I can assure you that most of my colleagues are not aware of life skills and entrepreneurship. Boys in our community need more education, and support to embrace these opportunities”*

**24-year-old, ward 3.**

This finding highlights a gap in providing ABYM with the necessary knowledge and skills to navigate life and pursue entrepreneurship opportunities. This means that the B2B should prioritize training ABYM in life skills and entrepreneurship. Life skills training such as communication, problem-solving, and critical thinking will help ABYM to develop the confidence and resilience needed to succeed in various aspects of life. Whilst providing entrepreneurship training can empower ABYM to explore business opportunities, enhance innovation, and contribute to employment creation. Ultimately, life skills and entrepreneurship can help curb new HIV infections among ABYM. Empowering them with skills and knowledge will help ABYM to make informed decisions about sexual health, and engage in economic opportunities that reduce their vulnerability to HIV. The B2B should invest in comprehensive training in these areas to empower ABYM to become self-reliant, productive members of the Zaka society, and reduce the risk of HIV infection among them.

## **4.0 CONCLUSIONS AND RECOMMENDATIONS**

### **4.1 Conclusions**

The baseline study concludes that, besides being the main contributors to new HIV infections, ABYM lag in the HIV cascades. The majority of ABYM lack comprehensive HIV knowledge, which makes them more susceptible to HIV infection. The baseline study further highlighted that ABYM in the Zaka district is engaging in DSA, which further exposes them to the risk of contracting HIV. Another key finding is the absence of HIV programs specifically designed for ABYM, except the VMMC. This shows a gap in addressing the unique needs and challenges encountered by ABYM concerning HIV prevention, treatment, care, and support. The existing programs, such as SASA, S2S, and DREAMS primarily target AGYW, leaving ABYM without the necessary support, and resources to protect themselves against HIV. The exclusion of ABYM from HIV programs contributes to their limited access to HIV testing, treatment, and prevention packages. This further perpetuates the cycle of new HIV infections among ABYM and their partners and hinders efforts to sustainably control the HIV epidemic. The study also concludes that ABYM dropping out of school increases their vulnerability to HIV. Lastly, the baseline concludes that ABYM in Zaka lacks awareness of, and does not embrace life skills and entrepreneurship. This calls for comprehensive HIV education integrated with life skills and entrepreneurship training to empower ABYM and reduce their vulnerability to HIV.

## **4.2 Recommendations**

### **4.2.1 Building a brotherhood culture**

- a) Ensure the B2B clubs function effectively, and have a sustainability mechanism in place. ABYM have been left out of HIV programming, and there are limited programs designed specifically for them. Therefore, investing in the sustainability of the B2B clubs is essential to sustaining epidemic control, and to continually addressing the unique need of ABYM in the fight against HIV.
- b) The B2B program should prioritize educating ABYM about the effects of DSA to close the tap of new HIV infections in Zaka. This will help them to understand the risks and consequences of DSA, and make informed choices to protect themselves and their partners from HIV infection. The B2B should also embrace the power of sports in fighting DSA and HIV. Sports will provide a positive outlet for ABYM, and promote physical health, teamwork, and discipline. Engaging ABYM in sports will cultivate a sense of belonging and purpose, and reduce inclination towards DSA and risky behaviours.
- c) Reducing GBV incidence is a social enabler to Ending AIDS by 2030. As such, it is critical to invest in educating ABYM about their role as partners in ending GBV to reduce new HIV infections. ABYM should be empowered to challenge harmful masculinities and gender norms, promote respect, and actively participate as agents of change in creating a GBV-free Zaka. B2B should also support ABYM during the 16 Days of activism against GBV to publicly speak out against GBV. More importantly, the B2B should collaborate with the S2S to create a collective effort in addressing GBV and reducing the risk of HIV infections.

### **4.2.2 Self awareness**

- f) B2B clubs should invest much in CSE to equip ABYM with accurate information about HIV prevention, testing, and treatment. This will enhance comprehensive HIV knowledge among ABYM, which empowers them to make informed decisions, reduce stigma, and create demand for HIV services uptake.
- g) Establish a well-defined referral pathway specifically designed for ABYM. This referral system should outline the process of referring ABYM to local clinics and other service providers for HIV testing, treatment, and other life-saving services. However, there is also a need to forge partnerships with local clinics to facilitate seamless access to HIV services and ensure that boys receive the support they need in a male-friendly environment.
- h) The B2B program should collaborate with Community-led Monitoring (CLM) to address barriers that hinder ABYM from accessing HIV services. The B2B will support the demand side, and the CLM the supply side, as well as ensure increased access to high-quality HIV services, and create a male-friendly environment in health facilities.
- i) Invest in contact tracing among ABYM to identify and support those at risk, prevent further infection, and ensure timely access to HIV prevention, testing, and treatment services.
- j) Promote HIVST by providing self-test kits for ABYM in clubs to increase the number of HIV testing among this population group. However, those with a reactive self-test must be

followed up with an additional test based on the HIV testing algorithm by trained healthcare workers.

#### **4.2.3 Life skills and entrepreneurship**

- a) Support out-of-school ABYM to return to school through financial assistance. For ABYM who fail to navigate formal education, there is a need to support them to enroll in TVET to receive practical skills that empower them for employment and enhance their economic prospects. Keeping ABYM in school will help to promote education, knowledge, and empowerment, which are key factors in the fight against HIV and AIDS.
- b) Educate ABYM in life skills, such as communication, decision-making, and problem-solving, while also fostering an entrepreneurial mindset. These skills will equip ABYM to make informed sexual health decisions, engage in entrepreneurship, and reduce their vulnerability to HIV. Through this, the B2B will play a crucial role in empowering ABYM to become self-reliant, productive members of society, and contribute to the overall goal of Ending AIDS as a public health threat by 2030.

## ANNEXES

### Results Framework

<b>Goal</b>		To improve on responsibility, and SRH knowledge, foster leadership as well as creative capable young men who are gender sensitive and contribute towards creating a better Zimbabwe.			
<b>Objective 1</b>		To increase their agency to make good reproductive health choices and act on them.			
<b>Objective 2</b>		To groom the adolescents into responsible men and reduce HIV incidence and GBV			
<b>Outcome Result 1: Building a brotherhood culture</b>		<b>Building Block Activity</b>	<i>Indicator</i>	Baseline (April 2023)	Target (March 2024)
1.1	Boys who are in the Brotha2Brotha clubs	<ul style="list-style-type: none"> <li>Identify, screen and recruit 500 ABYM to join B2B clubs in 10 Zaka wards.</li> </ul>	Percentage of targeted boys and young men who are in B2B clubs	0%	100% which is the targeted 500
1.2	Boys and young men who stop using drugs	<ul style="list-style-type: none"> <li>Conduct sessions on the effects of DSA with 500 ABYM and engage them in sports.</li> </ul>	Percentage of boys and young men who stop using drugs	38% using drugs	Reduce this to 15%
1.3	Boys and young men who speak against GBV	<ul style="list-style-type: none"> <li>Conduct sessions with 500 ABYM to groom them as agents of change.</li> <li>Support ABYM during the 16 Days of Activism and create collaboration with the S2S club members to speak with a unified voice</li> </ul>	Percentage of Boys and young men who speak against gender-based violence	37%	70%
<b>Outcome Result 2: Self Awareness</b>		<b>Building Block Activity</b>		Baseline (April 2023)	(Target March 2024)
2.1	Boys who have accessed HIV testing	<ul style="list-style-type: none"> <li>Conduct sessions with 500 B2B club members on the importance of HIV testing and how to access such services.</li> <li>Distribute HIV self-testing kits among B2B clubs.</li> <li>Collaborate with local health facilities to offer on-site HIV testing services at B2B clubs.</li> </ul>	Percentage of boys who have accessed HIV testing	<b>31%</b>	80%
2.2	Boys referred by Brotha2Brotha mentors for HIV prevention services	<ul style="list-style-type: none"> <li>Strengthen referral support, including setting up a new referral system designed for ABYM.</li> </ul>	Number of boys referred by Brotha2Brotha mentors for HIV prevention services	0	205
2.3	Boys reached with comprehensive HIV prevention packages (course completion)	<ul style="list-style-type: none"> <li>Organize sports tournaments and distribute HIV prevention packages.</li> <li>Collaborate with local health facilities to include HIV prevention packages in B2B club activities.</li> <li>Distribute HIV prevention packages through B2B Mentors.</li> </ul>	Number of boys reached with comprehensive HIV prevention packages (course completion)	91	500
2.4	Boys tested HIV positive as referred by mentors	<ul style="list-style-type: none"> <li>Strengthen referral support and follow-up on referred ABYM.</li> </ul>	Number of boys tested HIV positive as referred by mentors	0	205 <sup>19</sup>
2.5	Contacts traced	<ul style="list-style-type: none"> <li>Conduct sessions on HIV prevention, testing and contact tracing with 500 B2B club members</li> <li>Collaborate with local clinics to ensure prompt</li> </ul>	Number of contacts traced	0	205

<sup>19</sup> Assuming that 41% of new HIV infections in the 10 wards come from young men according to ZDHS 2016.

		<p><i>testing and treatment for identified contacts.</i></p> <ul style="list-style-type: none"> <li>• <i>B2B Mentors identify signs of HIV and refer club members for testing and contact tracing.</i></li> </ul>			
2.6	People tested for HIV as contacts	<ul style="list-style-type: none"> <li>• <i>Strengthen referral support to ensure timely testing.</i></li> </ul>	Number of people tested for HIV as contacts	0	205
2.7	Boys tested HIV positive tested for recent infection	<ul style="list-style-type: none"> <li>• <i>Follow-up on referred contacts.</i></li> </ul>	Number of boys tested HIV positive tested for recent infection	0	205
2.8	Vulnerable Boys and Young men reached with comprehensive HIV prevention packages	<ul style="list-style-type: none"> <li>• <i>Organize sports tournaments and distribute HIV prevention packages.</i></li> <li>• <i>Collaborate with local health facilities to include HIV prevention packages in B2B club activities.</i></li> <li>• <i>Distribute HIV prevention packages through B2B Mentors.</i></li> </ul>	Percentage of vulnerable Boys and Young men reached with comprehensive HIV prevention packages	18%	80%
2.9	Vulnerable Boys referred by B2B mentors for HIV prevention services (HTC)	<ul style="list-style-type: none"> <li>• <i>Strengthen referral support, including setting up a new referral system designed for ABYM</i></li> </ul>	Percentage of vulnerable Boys referred by B2B mentors for HIV prevention services (HTC)	18%	80%
<b>Outcome Result 3: Life skills and entrepreneurship</b>			<i>Indicator</i>	Baseline (April 2023)	(Target March 2024)
3.1	Boys and young men who return to school	<ul style="list-style-type: none"> <li>• <i>Provide support for ABYM to return to school or enrol in TVET.</i></li> </ul>	Percentage of targeted boys and young men, who return to school	<b>35% out of school</b>	Reduce out-of-school boys to 20%
3.2	Boys who are aware of and embrace life skills and entrepreneurship	<ul style="list-style-type: none"> <li>• <i>Conduct sessions on life skills and entrepreneurship with 500 B2B club members.</i></li> </ul>	Percentage of Boys who are aware of and embrace life skills and entrepreneurship	57% are not aware	Reduce this to 20%

## Survey Questionnaire

Hi, my name is \_\_\_\_\_, I am working with **TARIRO YOUTH DEVELOPMENT TRUST (TYDT)**, which is implementing the Brotha2Brotha (B2B) Program in Masvingo Province, Zaka District. The Program is supported by the National AIDS COUNCIL (NAC) through the social contracting initiative. Using the Peer to Peer Model, the Program is meant to increase access to integrated HIV&AIDS prevention and Sexual Reproductive Health (SRH) services for adolescent boys and young men (ABYM). I have a few questions that normally take about 20 minutes to answer. We will not record your name. You can also skip any questions you would like to or stop the conversation at any time. Would you be willing to answer a few questions about the services at this facility? To this end, we are undertaking a baseline study to deepen TYDT and NAC's understanding of the current state of access to integrated HIV&AIDS prevention and SRH services for ABYM to enable them to coin appropriate and effective responses that will unequivocally address the problems.

You will not be paid monetarily for taking part in this study. You should not have any negative effects from being a part of this study. You may find it a positive experience because you may understand more about issues affecting ABYM in accessing HIV/AIDS services and SRH.

Deciding to answer these questions is entirely up to you. You can stop at any time, for any reason. You can also decide not to answer any question you do not want to answer. If you decide not to take part, it will not change your relationship with peers or leadership or us, or any of the organizations or people involved in this research project, now or later. If you decide you want to stop, we will remove any information we have about you.

Everything you tell us during the Study will be kept private. Your name will not be used in any report of the research unless you tell us that you wish it to be used. Your answers to these questions will be entered into a computer that is protected by a password. Your privacy and the confidentiality of your information will be protected as much as is legally possible. Do I have your permission to proceed with the interview?

YES

NO (if no discontinue and move to the next respondent)

<b>Identification</b>	
<b>Province</b>	Masvingo
<b>District</b>	Zaka
<b>Ward</b>	
<b>Interviewer's Name</b>	
<b>Time and Date of Interview</b>	

<b>RESPONDENTS' CHARACTERISTICS</b>			
<i>Question</i>	<i>Response code</i>	<i>Response</i>	<i>Skip pattern</i>
What is your most preferred gender identification	1=Female 2=Male 3=Transgender 4=Non-binary 5=Other 6=Don't know		
Age in completed Years	1=Under 10 years old 2=Between 10 to 14 years old 3=Between 15-19 years old 4=Between 20 to 24 years old 8=Don't know 9=Prefer not to answer		
Which group do you identify with	1=Boys 2=Young men		
Education category	1=In School 2= Out of School		
Level for in school	1=Primary 2=Secondary 3=Tertiary		
Occupation for out of school	1=Unemployed 2=Self-employed 3=Formally employed		
Do you have any form of disability	1=Yes 2=No		
If yes, what is the nature of disability?	1 = Albinism 2 = Hearing Impairment (HI) 3 = Intellectual Impairment (II)		

	4	= Multiple Impairment (MI)		
	5	= Physical Impairment (PI)		
	6	= Visual Impairment (VI)		
	7	= Speech Impairment (SI)		
	8	= Learning difficulties (LD)		
	9	= Epilepsy		
	10	=Other		

<b>THEME 1: BUILDING A BROTHERHOOD CULTURE</b>	
<b>QUESTION</b>	<b>ANSWER</b>
1. Are you informed about HIV/AIDS and SRH transmission? If Yes where did you get the information?.....	1=Yes 2=No
2. Do you understand the drivers of HIV transmission? If Yes list them.....	1=Yes 2=No
3. Do you ever ask for assistance or helpful advice from your peers concerning HIV/AIDS and SRH? If Yes what advice? If no why?	1=Yes 2=No
<b>THEME 2: SELF AWARENESS, WHERE AM I GOING</b>	
4. Have you ever been tested for HIV and STIs? If Yes where? If no why?	1=Yes 2=No
5. Have you ever received information on protection against HIV Transmission? If Yes where do you get it from?	1=Yes 2=No
6. Are you aware of ways of protecting against HIV transmission? If Yes How many are you aware of?	1=Yes 2=No
7. Have you ever got information on ways of HIV transmission? If Yes where/from who?	1=Yes 2=No
8. Are you aware of ways of HIV transmission? If yes, how many are you aware of?	1=Yes 2=No
9. Are you aware of what has been causing HIV transmission in your District? If Yes list what you know?	1=Yes 2=No
10. Can you name at least four types of STIs? If yes List them	1=Yes 2=No

11. Can you list signs or symptoms of an STI? If yes list them	1=Yes 2=No
12. Do you understand the excuses that people make to avoid using condoms? If yes What are some of the excuses?	1=Yes 2=No
13. Have you ever tried to access condoms	1=Yes 2=No
14. If yes from where?	1=Youth Friendly Facilities, 2=Health Centers, 3=Local NGOs, 4=Social services, 5=Village Health Workers 6=Counsellors
15. Do you know what Voluntary medical male circumcision is and are you aware of the benefits associated with the procedure?	1=Yes 2=No
16. Are you circumcised? If no why?	1=Yes 2=No

### **THEME 3: LIFE SKILLS AND ENTREPRENEURSHIP**

17. Do you understand what life skills and entrepreneurship are? If yes what are they?	1=Yes 2=No
18. Are you aware of how life skills and entrepreneurship enhance livelihoods? If list the skills you think enhance livelihoods	1=Yes 2=No
19. Name the effects of alcohol and substance abuse that you know?	1=Increase in risk of STIs, 2=HIV infection, 3=Unintended pregnancy (fatherhood), 4=Dependence on substance and 5=Poor conduct/crime.

## FGD Guide

Hi, my name is \_\_\_\_\_, I am working with **TARIRO YOUTH DEVELOPMENT TRUST (TYDT)** which is implementing the Brotha2Brotha (B2B) Program in Masvingo Province, Zaka District. The Program is supported by the National AIDS COUNCIL (NAC) through the social contracting initiative. Using the Peer to Peer Model, the Program is meant to increase access to integrated HIV&AIDS prevention and SRH services for boys and young men. I have a few questions that normally take about 45 to 60 minutes to answer. I will not record your names. You can also skip any questions you would like to or stop the conversation at any time. Would you be willing to answer a few questions about the services at this facility? To this end we are undertaking a baseline study to deepen TYDT and NAC's understanding of the current state of access to integrated HIV&AIDS prevention and SRH services for adolescent boys and young men (ABYM) to enable them to coin appropriate and effective responses that will unequivocally address the problems.

You will not be paid monetarily for taking part in this study. You should not have any negative effects from being a part of this study. You may find it a positive experience because you may understand more about issues affecting ABYM in accessing HIV/AIDS services and SRH. Deciding to answer these questions is entirely up to you. You can stop at any time, for any reason. You can also decide not to answer any question you do not want to answer. If you decide not to take part, it will not change your relationship with peers or leadership or us, or any of the organizations or people involved in this research project, now or later. If you decide you want to stop, we will remove any information we have about you. Everything you tell us during the Study will be kept private. Your name will not be used in any report of the research unless you tell us that you wish it to be used. Your answers to these questions will be entered into a computer that is protected by a password. Your privacy and the confidentiality of your information will be protected as much as is legally possible. Do I have your permission to proceed with the interview?

YES

NO (if no discontinue with the FGD)

<b>FGD Group Identification</b>	
<b>Total Number</b>	
<b>Sex of Respondents</b>	
<b>Location/Place</b>	
<b>Name of Facilitator</b>	
<b>Date</b>	

**NB\* Use probes to solicit more information on each question**

**1. Have you ever received information on HIV transmission? 1. Yes 2. No**

If yes state which information -----  
-----  
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**2. Which are the key drivers of HIV and AIDS you know**

.....  
.....  
.....  
.....  
.....

**3. Have you ever been tested for HIV? 1. Yes 2. No**

If yes when and where?

**4. Have you ever received information on protection against HIV Transmission? 1. Yes 2. No**

If Yes, where do you get it from?

**5. How many ways of protecting against HIV transmission are you aware of?**

**6. Have you ever got information on ways of HIV transmission?**

**7. How many ways of HIV transmission are you aware of?**

**8. What do you think have been causing HIV transmission in your District?**

**9. What is your understanding of life skills and entrepreneurship?**

**10. Which life skills and entrepreneurship do you think will enhance livelihoods**

.....  
.....