# Total Health Phase 2 Evaluation Report 2025

**Executive Summary**

In 2024, GRS Zambia scaled its community-based distributor (CBD) model that focuses on delivery of contraceptives through a decentralized and near-peer mentor approach, while strengthening escorted referrals to facility-based services. The model was implemented by 40 trained CBD Coaches between August 2024 and September 2025 in Nyimba and Petauke which are predominantly rural districts in Eastern Province. A mixed-method evaluation, comprising quantitative routine monitoring data and qualitative data, was conducted to explore CBD Coaches 'near-peer mentors' experiences and perspectives of caregivers and GRS staff on the model.

GRS Zambia deployed a service referral form that helped to capture and track adolescents referred and accessing various SRHR services from communities and GRS SKILLZ programs. Data was captured in salesforce and further exported to excel for analysis using pivot tables. CBD Coaches (n=12) were trained in photovoice and provided four thematic questions to capture their experiences, in addition to interviews with caregivers (n=4) and GRS staff (3). The narratives from the photos and interviews were coded and placed in sub-themes under each thematic question.

Through CBD, GRS Zambia provided 3,331 referrals for various SRHR services with the average of at least 118 services referrals per CBD Coach, including for HIV testing services, contraceptives, and STI screening. Among the services provided by CBDs, male condoms were the most accessed with 62% (607/1,083), followed by Sayana Press at 30% (324/1,083), and Depo Injection at 6% (77/1,083). Microgynon and Zinnia F (pills) were the least accessed by adolescents.

Results from photovoice and interviews showed that CBD model provides a promising approach to improve uptake of contraceptives while counteracting the challenges that adolescents in rural areas face such as distance barriers, stigma and teenage pregnancies. However, challenges persist as Coaches often have to bear the cost of long distances to reach adolescents in their communities, and negatively labelled being in their communities as sex promoters. Therefore

there is a strong need to address these challenges among Coaches for successful implementation of this model. Additionally, effective implementation of this model requires strengthening community sensitization efforts to address knowledge and attitudes that inhibit adolescents from accessing contraceptives.

## 1.0 Background

To increase uptake of SRHR services among adolescents in rural areas, GRS Zambia, in 2024, scaled its community-based distributor (CBD) model that focuses on delivery of contraceptives through a decentralized and near-peer mentor approach, while strengthening escorted referrals to facility-based services. As part of the second phase of the Vitol-funded Total Health Project, the CBD model was implemented between August 2024 and September 2025 in Nyimba and Petauke which are predominantly rural districts in Eastern Province located 74.5 km apart. Eastern Province is generally characterized with the highest rate of teenage pregnancy with acute barriers in access to SRHR services. A mixed-method evaluation was conducted with the aim of exploring CBD Coaches 'near-peer mentors' experiences and perspectives of caregivers and GRS staff on the model, including routine monitoring data.

### 1.1. About the Community-based Distribution (CBD) Model

GRS Zambia in partnership with the Ministry of Health (MoH), trained 40 (26 females and 14 males) CBD Coaches to provide family planning commodities, specifically short term injectables, condoms and oral contraceptives to adolescents, including adults, in Nyimba and Petauke districts. The short term injectables (Sayana Press, Depo) and oral family planning (Zinnia F and Microgynon) have a duration of 3 months with Sayana Press being a self injectable injection. Additionally, the short-term injectables were only administered to adolescents who had already been initiated on the injection by the health facility.

The CBD Coaches were attached to 20 health facilities in the two districts (11 Nyimba and 9 Petauke), where they were provided with contraceptives, by the facility, to distribute from homes, healthy facilities and communities, including community events. The CBD Coaches also utilized school and community SKILLZ intervention platforms to create referrals for adolescents. Finally, the CBD Coaches delivered accurate information about contraceptives to adolescents and communities.

### 1.2 Evaluation Objectives

The VITOL qualitative evaluation was guided by the following objective:

i. Explore experiences of GRS Coaches serving as community-based distributors (CBDs) providing services to young people in the community.

## 2.0 Methods

### ***2.1 Quantitative***

GRS Zambia deployed a service referral form that helped to capture and track adolescents referred and accessing various SRHR services including pathways used by the CBD Coaches, which included CBDs and escorted referrals. The CBD Coaches also used the service referral forms to record adolescents who accessed CBD services during and post the integrated programs. Data was captured in salesforce and further exported to excel for analysis using pivot tables.

### ***2. 2 Qualitative***

GRS Zambia employed a qualitative photovoice method to capture the experiences of CBD Coaches using this model. Twelve Coaches, six from each district (Nyimba and Petauke) were trained in photovoice by the GRS Research team prior to data collection. The GRS MEL team and four trained Research Assistants were also on site to provide field-level support. The experience (photo) capturing was guided by four thematic questions covering; (i) what their role looked like in action, (ii) what inspires them or what they like about their role, (iii) challenges encountered when distributing CBD commodities, and (iv) factors that enable them to effectively deliver commodities to young people in their communities.

Two workshop discussions, led by the Research Assistants, were held in each site during the data collection period where Coaches shared the story behind each photo captured. Lastly, interviews were conducted with two GRS Staff (one in each site) and four facility Caregivers (two in each site) who were directly involved in the program at supervision and field-support level. The Caregivers held various roles: facility incharges, adolescent focal point person, community-based distributor (CBD) or mother-to-child health (MCH) service providers. The photos were analysed by developing codes from the photos presented under each thematic question. The photos were then grouped under each sub-theme and later presented in the evaluation findings.

## 3. 0 Evaluation Findings

### 3. 1 Quantitative Results - Routine Monitoring Data

#### 3.1.1 *CBD Service Provision and Referrals*

Across the two sites with active CBD implementation, 38 GRS-trained CBD Coaches attached across twenty health facilities supported 3,331 referrals for various SRHR services between August 2024 and September 2025. On average, each CBD supported referrals to at least 118 services. On other hand, among the various SRHR services initiated by trained CBD Coaches, referrals for HIV testing services to government health facilities and partners, accounted for the

majority at 59% (1,978). CBDs also provided and completed 33% (1,083) of contraceptive services. While referrals for psychosocial support services accounted for the least at 1% (29), see Table 6. Distribution of SRHR service facilitated by CBDs by sites showed that Nyimba district accounted for the majority of services with 71% ( 2,369) and 29% for Petauke district ( 962), see Table 1.

*Table 1: Distribution of SRHR services through referrals by CBDs by sites*

| CBD Services | Nyimba | Petauke | Total | % of total services |
|---|---|---|---|---|
| HIV testing | 1,466 | 512 | 1978 | 59% |
| Contraceptives | 766 | 317 | 1083 | 33% |
| STI Screening | 135 | 106 | 241 | 7% |
| Psycho-social support | 2 | 27 | 29 | 1% |
| Total | 2,369 (71%) | 962 (29%) | 3,331 | |

In Petauke and Nyimba district, A total of 1,083 contraceptive services were provided to adolescents who underwent GRS SKILLZ interventions. Distribution of contraceptives by type shows that condoms were the most accessed with 62 % ( 607/1,083), followed by Sayana Press at 30% ( 324/1,083), and Depo Injection at 6% (77/1,083). Microgynon and Zinnia F (pills) were the least accessed by adolescents. Variations across sites showed that in relation to type of contraceptives, Deprovera injection was only accessed by adolescents in Nyimba district while Zinnia F was only accessed by adolescents in Petauke district.

*Table 2: Contraceptive services provided by CBDs by type and location*

| Type of Contraceptive | Nyimba | Petauke | Total | % of total services |
|---|---|---|---|---|
| Depo Provera | 64 | 0 | 64 | 6% |
| Female Condoms | 0 | 1 | 1 | 0% |
| Male Condoms | 426 | 251 | 677 | 63% |
| Microgynon Pill | 11 | 0 | 11 | 1% |
| Sayana Press | 265 | 59 | 324 | 30% |

| | | | | |
|---|---|---|---|---|
| Zinnia F | 0 | 6 | 6 | 1% |
| Total | 766 | 317 | 1,083 | |

**Qualitative Results**

**3.2 Experiences of CBD Coaches Providing Contraceptives to Adolescents**

**(i) The Role of CBD Coaches in Action**

***Enhancing Accessibility of Contraceptives Among Adolescents in the Community***

CBD Coaches narrated how they moved with contraceptives every day, ready to distribute to adolescents in different spaces like homes, communities, youth-friendly spaces and during SKILLZ interventions. Some CBD Coaches shared how sometimes they would come across adolescents while moving in the community, and would use that opportunity to talk about contraceptives, which sometimes resulted in adolescents accessing the services.



***"This boy was asking me if I had condoms so that he could access them. I always move with condoms because adolescents always want them even in emergency cases reminding them of their child's next appointment." [Female CBD Coach, Petauke].***

*Photo 1: Photo taken by a Female CBD Coach in Petauke depicting the readiness of CBD Coaches to distribute contraceptives in the community, even in emergency cases.*

As part of their roles, the CBD Coaches also recounted sensitizing adolescents and other community members on contraceptives, ensuring that they provided adequate information to them so that they could make informed decisions on the type of contraceptive to take.

***Providing Referrals, Follow-ups and Documentation of Services Offered***

Two CBD Coaches in Petauke shared that they provided referrals to health facilities for new acceptors and followed-up on adolescents who were due for contraceptives, as part of their roles. Beyond this, the CBD Coaches also shared that they were required to document demographic information of participants and type of contraceptive provided, which was then shared with the health facility and GRS Zambia.



***"...I had removed the box for condoms and the CBD referral form where we record the number of commodities that a client gets, if they get 3 pieces of condoms you record in the referral form but no one can get above 10." [Male CBD Coach, Petauke]***

*Photo 2: Photo taken by a male CBD Coach in Petauke showing the role of CBD Coaches in distributing contraceptives and documenting services.*

**(ii) What Inspires CBD Coaches to do their Work**

***SRHR Advocacy and Commitment to Adolescents Well-being***

CBD Coaches shared different sources of inspiration, of which some indicated the need to advocate for adolescent well-being because they didn't want to see girls pregnant while others echoed on their drive to help adolescents in their communities. According to the CBD Coaches, a lot of girls in their communities fall pregnant, with some dropping out of schools, this often inspired them to teach and distribute contraceptives to the girls so that they would avoid pregnancy, or sexually transmitted infections (STIs) and ultimately stay in school.



***"The photo shows a young girl who is pregnant and is only 15 years old. The story behind these photos is that I do not want to see young girls getting pregnant, because teenage pregnancies bring many challenges… In our community, a lot of young people get pregnant at a very young age, and parents often do not want their children to access contraceptives." [Female CBD Coach Petauke]***

*Photo 3: Photo taken by a female CBD Coach in Petaule depicting teenage pregnancy which serves as a source of inspiration for CBD work.*

**Positive Relationships and Trust Built with Adolescents and Community**

Some CBD Coaches expressed how they were inspired to do their work because they enjoyed interacting with adolescents, and got inspired when adolescents opened up about the challenges they experienced with regards to their sexual reproductive health and rights, and ultimately access contraceptives.



***"The photo shows me on site with my participants, just interacting with them. I love being around my participants, and they are always comfortable and free around me as well. What inspires me most is seeing my participants, especially those I have taught or interacted with, come to me to request contraceptives or to access commodities." [Female CBD Coach, Petauke]***

*Photo 4: Photo taken by a female CBD Coach in Petauke showing inspiration from positive relationships with adolescents.*

More interestingly, two CBD Coaches in Nyimba narrated how they were inspired to do their work through stories in their communities. One CBD Coach shared how he was inspired by a man who resorted to do piece work to earn money so that he could purchase contraceptives for his wife at the pharmacy since the facility didn't have it. Another CBD Coach shared two stories; one of an adolescent with disabilities and another adolescent who faced age discrimination but were now able to easily access contraceptives. The CBD Coaches had this to share:



***"This adolescent on a wheelchair is one of the adolescents who is receiving contraceptives, she had her first child at a very young age, through the help of a CBD Coach she receives contraceptives at the comfort of her home most of the time and that makes her very happy… She is always happy, and this has led me to create very good communication skills and have a very good relationship even with people with disabilities." [Female CBD Coach, Nyimba]***

*Photo 5: Photo taken by a female CBD Coach in Nyimba showing inspiration from a story of an adolescent with disabilities who now accesses contraceptives conveniently.*

**(iii) Factors that enable CBD Coaches to Successfully Deliver Commodities in Communities**

***Creating a Safe and Supportive Environment in the Community***

CBD Coaches emphasized on the need to create a safe environment for participants to be free with them, in return which motivates them to access the services. In Petauke, two CBD Coaches highlighted that they capitalized on the 10 minutes allocation during interventions to engage participants who would often open up to share their issues. According to the CBD Coaches, the participants were often free and comfortable and the CBD Coaches always had time for them despite some of the challenges they encountered in their role.



***"...we are able to have enough time with the adolescents, and this really helps them because as you can see in the picture she is in a school uniform happy and proud so that she can finish her education… adolescents are always open to sharing their views and the challenges they are facing because mostly, they don't like going to the nearest local facilities or clinic because they fear to be stigmatized and judged by people around them." [Female CBD Coach, Nyimba]***

*Photo 6: Photo taken by a female CBD Coach in Nyimba depicting a safe space that CBD Coaches create for adolescents when accessing contraceptives.*

CBD Coaches also indicated the role of communities in enabling them to do their work. In view of this, some CBD Coaches shared how the support they received from communities, such as parents, leaders and others enabled them to successfully execute their work. CBD Coaches also employed engagement strategies with communities that often influence uptake of contraceptives among adolescents. One CBD Coach in Petauke had this to share:



***"My bonus photo is of the market, where everything happens; trade, encouragement, discouragement, motivation, beliefs, norms, truths, and lies. I took these photos to show what enables me to distribute commodities. I captured the market especially because it influences people's decisions. Whatever is discussed there is often regarded as the gospel truth. So, if people there encourage someone to access contraceptives, they will most likely give it a try." [Female CBD Coach, Petauke]***

*Photo 7: Photo taken by a female CBD Coach in Petauke showing a CBD Coach utilizing a market space to get buy-in support for CBD.*

*Disclaimer: The content of this image does not in any way represent any political affiliations or views of Grassroot Soccer Zambia*

***Availability of Range of Contraceptive Methods Accessible to Adolescents***

More importantly, CBD Coaches shared how the availability of commodities enabled them to effectively do their work, however, they also felt the availability of adolescents seeking services was equally cardinal. Some CBD Coaches further went on to highlight how availability of a range of options of contraceptive methods made it easy for them to implement their work. CBD Coaches recounted how it was easy for them to distribute contraceptives, especially when adolescents didn't have a preference of method to use, considering the limited contraceptive options they often experienced.



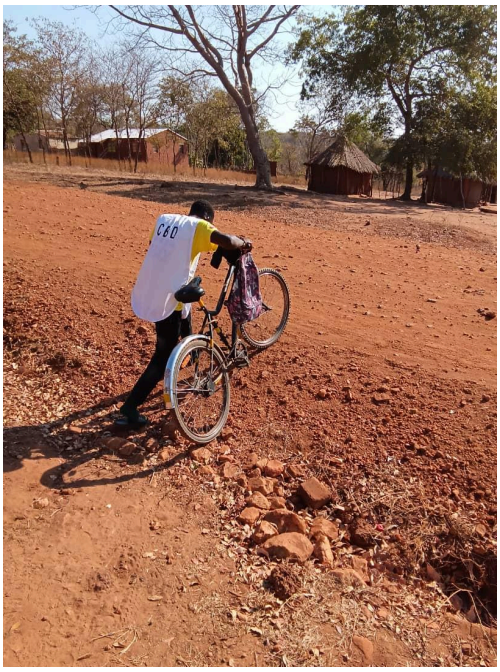

***"The other factor that enables me as a CBD is the availability of the commodities that are in demand by most users. When different commodities are available, it makes it very easy as it lessens the referrals. This also makes it easy for me to win their trust in me as well as rely on my services and get help at their own convenience." [Female CBD Coach, Nyimba]***

*Photo 8: Photo taken by a female CBD Coach in Nyimba depicting availability of a range of contraceptive options which enables effective delivery.*

In instances where CBD Coaches were unable to provide contraceptives, referring adolescents to the health facilities enabled them to continue doing their work as reported by one CBD Coach in Nyimba.

***Access to Transport Mode and Good Road Network***

CBD Coaches in Nyimba emphasized on the availability of transport modes such as bicycles or motorbikes which enabled them to successfully distribute contraceptives, especially to communities which were located far away. For some, finding basic amenities such as water pumps to quench their thirst also made their work easy especially if they had to travel to far places. In a similar case, CBD Coaches echoed that having access to good road networks was also an enabling factor, especially if accompanied with a mode of transport.



***"The photo illustrates the mode of transport that I use to deliver commodities to those participants who are staying from far distances. While understanding that I cannot manage to deliver commodities to participants that are staying as far as 17.8 km on foot. I decided to start using a bicycle, as shown in the picture above." [Male CBD Coach, Nyimba]***

*Photo 9: Photo taken by a male CBD Coach in Nyimba depicting a mode of transport that aids CBD Coaches to deliver contraceptives.*

**(iv) Challenges that CBD Coaches in Providing Commodities to Young People in Communities**

***Transport-related Barriers***

CBD Coaches highlighted several challenges that limited them from effectively distributing contraceptives such as lack of reliable transport mode which resulted in breakdowns with their motorbikes or bicycles while going to distribute contraceptives in the community. Another related challenge that was reported was long distances where CBD Coaches recounted having to travel at least 5 to 20km to distribute the contraceptives and sometimes had to travel to other catchment areas. The long distances were also accompanied by poor road networks which were either stony or too sandy to easily penetrate.



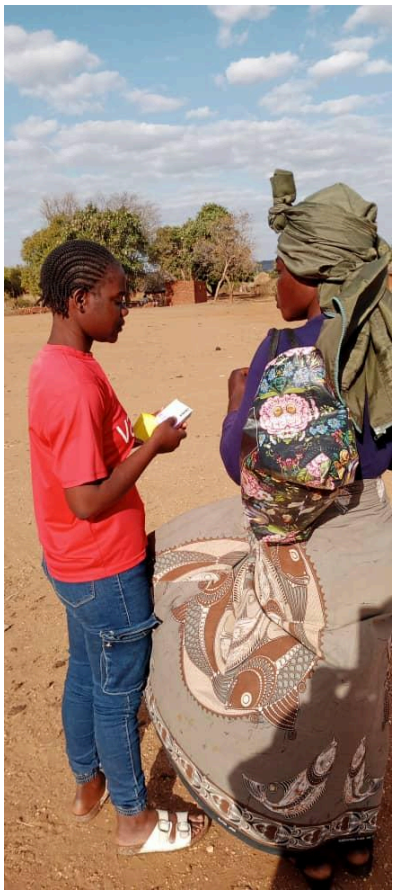
***"One of the challenges that we face in delivering services to our participants is the road network. In the photo I was going to a certain village to go and deliver contraceptives, but unfortunately my back tire for the bicycle was flattened by a sharp crushed bottle that led to the late delivery of commodities to the participants… I live in Sichibende village, and I was going to Nyangu village which is about 17.8 km away from my village...." [Male CBD Coach, Nyimba]***

*Photo 10: Photo taken by a male CBD Coach in Nyimba showing the challenge of transport mode breakdown while headed for distribution.*

Similarly, some CBD Coaches reported having to meet dangerous wild animals or domesticated animals such as cattle or dogs while going to distribute contraceptives. One female CBD Coach in Nyimba shared her experience of when she met unaccompanied cattle that had blocked the way while grazing, causing her to wait for cattle to leave before she could proceed on her journey.

***Commodity-related Barriers***

Another challenge reported by the CBD Coaches was shortages and in some cases, complete lack of commodities by the health facilities, which would limit the quantity of commodities that the CBD Coaches received and ultimately distributed to adolescents in the community.



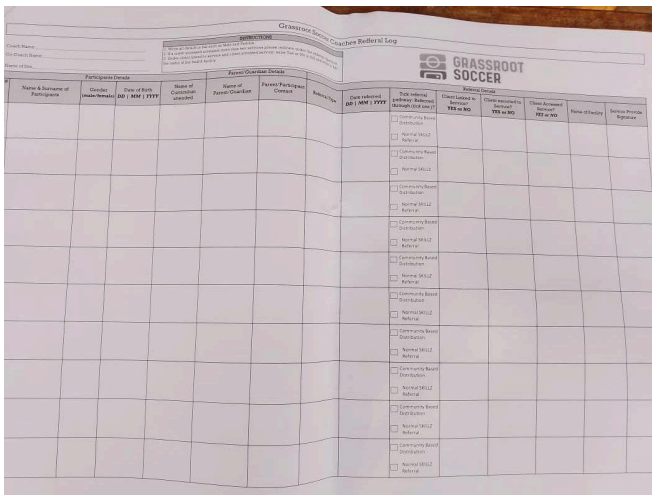
***"My photo shows commodities such as Zinnia F and condoms. I face challenges of shortages, as sometimes they are not enough. We are only given two cycles of Zinnia F, which is insufficient, and just a box of condoms to share among the CBD Coaches, which is never enough for all of us." [Female CBD Coach, Petauke]***

*Photo 11: Photo taken by a female CBD Coach in Petauke depicting the challenges of shortages of contraceptives among CBD Coaches.*

In addition, CBD Coaches also narrated how they often had limited options for contraceptive methods which affected their distribution because adolescents had their own personal preferences. In instances such as this or moments of stock outs, this resulted in CBD Coaches outsourcing within their networks so that they could provide contraceptives to their clients (adolescents) as reported by one CBD Coach in Nyimba.

Finally, one CBD Coach in Petauke, expressed concerns about documents used during distribution such as referral form and stock control card which were often submitted to the health facility with no record on their end. According to the CBD Coach, the referral log also had

missing information required to document important details about the adolescents such as age and number of children that an adolescent had.




***"The photo shows a referral log. One challenge we face is recording clients' details and the commodities we use because we don't have a permanent book of our own. Instead, we report all our information to the clinic. The current CBD form lacks vital sections, such as the clients age or the number of children they have. However, this information is expected to be known, even if we are unsure of it." [Male CBD Coach, Petauke]***

*Photo 12: Photo taken by a male CBD Coach in Petauke showing limitations of CBD referral form which is used to document details of adolescents who access services.*

***Community-related Barriers***

Most communities in Petauke and Nyimba hold strong misconceptions and beliefs about contraceptives, especially on side effects, which often made them resistant to the program. Some of the side effects believed by community members reported by CBD Coaches included infertility, damage to the womb and giving birth to children with disabilities. For some parents and other women in the communities, this caused them not to provide consent for their children to access the contraceptives and labelling CBD Coaches as sex promoters and promoters of prostitution.



***"In the photo, I went to seek consent for a participant who was below the age of access. The photo shows the parent refusing to give consent for her child." [Female CBD Coach, Petauke]***

*Photo 13: Photo taken by a female CBD Coach in Petauke showing a parent refusing to provide consent for her child to access contraceptives.*

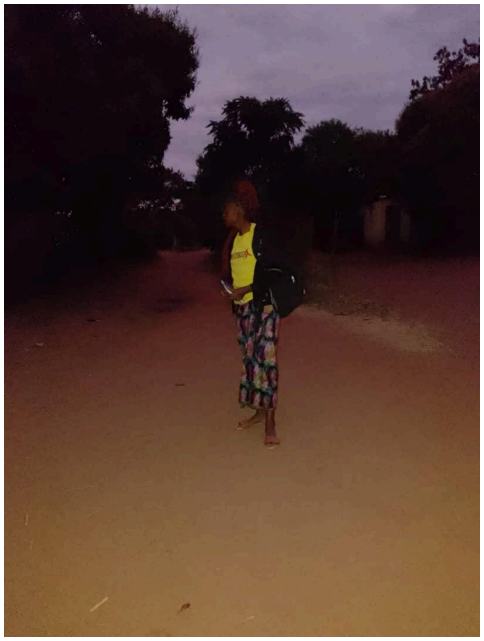
In addition, oneCBD Coach in Nyimba narrated how there were places in the communities that had restrictions around contraceptive uptake such as mission hospitals and churches, which made it difficult for them to distribute contraceptives in such places. Another CBD Coach in Nyimba also highlighted how cultural practices, beliefs and teachings held by communities contradicted what CBD Coaches taught adolescents on contraceptives owing to beliefs around side effects.



***"This picture illustrates the house where an initiation ceremony takes place. These initiation ceremonies take place when a girl is of age called Mooye. These ceremonies teach these young girls opposite of what we teach them as CBDs; they teach them that contraceptives delays one to conceive as well as damages the womb. As a result, they are forced to follow what they're taught by their elders overlooking the information we deliver. Hence as a CBD, I find it difficult to implement community-based distribution." [Female CBD Coach, Nyimba]***

*Photo 14: Photo taken by a female CBD Coach in Nyimba showing a place of initiation ceremony where girls are discouraged from accessing contraceptives due to misconceptions around side effects.*

Due to the strong negative beliefs about contraceptives held by some community members, including stigma, the CBD Coaches reported that some adolescents preferred to access contraceptives in the night due to fear of being judged or stigmatized, which would be inconveniencing at times for some CBD Coaches.



***"The photo shows me standing. As I mentioned earlier, clients often do not want to access commodities during the day because they fear being judged. I have to wait for them in the evenings to distribute the commodities." [Female CBD Coach, Petauke]***

*Photo 15: Photo taken by a female CBD Coach in Petauke showing a CBD Coach waiting to distribute contraceptives to adolescents in the night.*

***Health Facility-related Barriers***

Some of the facility-related barriers highlighted by the CBD Coaches included limited availability of infrastructure to distribute contraceptives in a conducive or safe environment, especially in Nyimba where one CBD Coach shared a photo of a log where she often sat with adolescents when distributing contraceptives.



***"This is where adolescents sit when they come to youth friendly space because we don't have enough space and chairs. In this photo we also learn that it's not a free space for adolescents to have a one-on-one talk with them, so as a CBD I can't have a good interaction with them." [Female CBD Coach, Nyimba]***

*Photo 16: Photo taken by a female CBD Coach in Nyimba showing a log used where the CBD Coach meets adolescents at the health facility.*

In addition, the CBD Coaches shared how adolescents sometimes experienced long waiting times, especially when waiting for commodities thereby causing queues. Lastly, one CBD Coach in Petauke mentioned how they had limited authority to provide certain services such as depo, including restart for those who once withdrew, which often made adolescents unhappy.



***"The image shows two females who wanted contraceptives, but the type of commodity they requested was not available. They needed restarts, which we usually do not provide. The type of contraceptive they wanted was the Depo injection, but as a CBD I was not trained to give Depo injections, hence the sad expression." [Female CBD Coach, Petauke]***

*Photo 17: Photo taken by a female CBD Coach in Petauke showing two adolescents who were unhappy upon knowing that the CBD Coach was not qualified to administer the type of contraceptive they wanted.*

### 3.2.1 Perspectives of CBD Model from Caregivers and GRS Staff - Interviews

***Thoughts and Familiarity with CBD Model***

Despite three Caregivers highlighting that they were not very familiar with the program, all the respondents were able to share the key concept of the CBD model. They also described the model fitting into the Ministry of Health (MoH) goals of increasing new acceptor rates, reducing teenage and unwanted pregnancies, reducing sexually transmitted infections (STI's) and taking services closer in the communities.

***"...we moved from 13% quarter 4 2024, now we are at 17%, which one of the reasons we can attribute to is the CBD engagement because as facility in-charge, you will not see me in the community looking for new acceptors but with CBD's, I'm going to ask them give it (contraceptives) to continuous and they will come and give me a report. So the new acceptor rate means more girls in school, new acceptor rate means no more abortions, new acceptor rate means no unwanted pregnancies." [Male Caregiver, Nyimba]***

Both GRS staff and caregivers were in agreement that the model helped address gaps because there was increased uptake of contraceptives by adolescents, reduced distance barriers and queues at the facility owing to availability of CBD Coaches who were specifically assigned to distribute contraceptives to adolescents, both at the facility and in communities. One GRS Staff in Nyimba also shared how there was improvement in re-access of contraceptives because services were now being provided to adolescents conveniently, including mission-led catchment areas that restricted provision of contraceptives to adolescents.

***We have one of the catchments here which is the mission catchment for Catholics and Catholics don't allow contraceptives to be given by their hospitals… so when our Coaches have interventions in those communities, then you know that's a privilege where a lot of adolescents have actually shown up to get the service than maybe going for 40 kilometers, to just maybe get condoms or Depo, so that has really worked quite well and also lessening the queue the congestion in the health facilities. We are seeing people not actually going to the health facility but depending on the CBDs to do that. "[Female GRS Staff, Nyimba]***

***Delivery of Contraceptives using Coaches***

Both Caregivers and GRS staff appreciated the use of Coaches to distribute contraceptives mainly because the Coaches are young people and come from the communities where they are well known by young people. Beyond the peer-to-peer approach, the caregivers also narrated that the model allowed for distribution of contraceptives from the communities or separate from other people at the health facility, especially adults.

***"...The use of CBDs to deliver commodities in the communities is just okay because not everyone would want to be seen at the facility and be seen that they are getting family planning, but if they are being followed, they would be free with that person because they are from their community and free to talk to them it tell them what they want." [Female Caregiver, Nyimba]***

There were several factors that enabled Coaches to effectively distribute communities as reported by the caregivers and GRS staff which included Coaches having a strong relationship with the facility, having someone from the facility to report to and support them and good relations with community leaders such as headmen and schools to make them aware of the distribution. Coaches on the other hand also echoed the knowledge they gained from CBD training and the content on contraceptives from SKILLZ curricula which they were previewed to, as enabling factors. GRS staff were of the view that it was because the Coaches had branded themselves as CBD's in communities, were self-motivated and passionate about their work and understood the demand of contraceptives among adolescents who appreciated the services and.

***"Even after being called names in the community such as promoters of sex, Coaches have managed to stay strong and go about their activities, they also have passion, such that others even testify that the commodities that they are giving are able to help young people because of the passion they have and also they market their products……Coaches also understand the demand of the commodities that they have because if they don't market their products they may not be able to have clients." [Male GRS Staff, Petauke]***

***Institutional and Community Factors to Consider when implementing CBD in Rural Areas***

When implementing CBD, there are several community and institutional factors that need to be considered. Among the key issues reported by both GRS Staff and caregivers included misconceptions and beliefs on side effects of contraceptives, such as infertility or delayed conception, especially among people who have not conceived before. While other community members were of the belief that contraceptives are for married people, therefore young people should not access them.

**"I will give you a situation where one of my CBD's where I sent them, there was a meeting at a specific school, so I sent them, I asked them to go and preach the news for family planning among adolescents. When they finished, they were strongly objected by an induna {Chief subordinate} who preached the message that if an adolescent starts using contraceptives, they will not be able to give birth. So, here is a CBD who is 20 years old, and an induna - a highly prestigious man who is a clergyman… , so this one (CBD Coach) can preach but when this man (induna) talks… it means you have killed the whole message because he's the bearer of the law and people will prefer listening to him than the CBD." [Male Caregiver, Nyimba]**

***Implementation Barriers***

During interviews, the caregivers and GRS staff highlighted implementation challenges which were centred around transportation challenges among Coaches that inhibit them when delivering contraceptives, parents refusing their children to access contraceptives and lack of engagement by some community leaders as reported by caregivers. In addition to these, GRS staff recounted how sometimes the district did not have enough commodities despite the high demand in the districts. Other challenges reported included CBD's distributing commodities to adolescents in other catchment areas making it difficult to reconcile commodities, adolescents accessing commodities at unfavorable times (night), communities labelling CBD's as sex promoters and facilities hesitant to release Depo to CBD Coaches due to required skills to administer it.

***The only restriction that we had was around the Depo-Provera... It takes time for someone to master the art of doing the injection. It was something that some health facility staff were a bit reluctant to give to the CBDs. So, for health facilities where they feel like a CBD Coach can't provide Depo, for now they can provide Sayana… But with support from the health facility we said since these people come into the health facilities on a weekly basis continue monitoring and continue supporting them until you feel they are fit to even provide Depo jab away from the health facility." [Female GRS Staff, Nyimba]***

### *3.3 Recommendations for Improvement of CBD Model*

To address some of the implementation challenges, caregivers and GRS staff recommended effectively engaging community leaders, members and parents by educating and making them aware of the program. To address reconciliation issues and distribution of contraceptives to other catchment areas, GRS staff recommended lobbying for more contraceptives and restricting distribution of contraceptives to catchments that are covered by the facility only, even if a Coach has gone to do an intervention in another catchment area: ***"...if we have the CBD in {name of border town}, let them distribute it to that particular group (intervention) so that we don't deny participants the service." [Female GRS Staff, Nyimba]***

In addition, caregivers also recommended GRS Zambia to select and train CBD Coaches from each catchment for wide distribution, train CBD Coaches in counselling and testing for on-spot services and provide accurate and adequate info on side effects of contraceptives to CBDs during training.Finally, GRS staff recommended the Ministry of Health (MoH) to provide different options of contraceptives methods to avoid infringing on the right of adolescents to choose their preferred method.

***"If the Ministry of Health can have the preferred kind of options for people because from what we were told client has the right to choose which kind of contraceptive they want so if only give them what's available, then we're kind of not respecting their right because if I have that right then it's the***

***responsibility of the ministry to ensure that when I want the service that is my right and I should be able to access it when I want to." [Female GRS Staff, Nyimba]***

## 4. 0 Conclusion and Recommendations

The CBD model is a promising model to improve uptake of commodities among adolescents in rural areas. In Eastern Province, despite the high rate of teenage pregnancy and early marriages, most young girls fail to access contraceptives due to distance barriers, age related stigma, and institutional level challenges. By utilizing a community and near-peer mentor approach, GRS directly addresses these gaps. However, Coaches often have to bear the cost of long distances to reach adolescents in their communities and the cost of promoting uptake of contraceptives among adolescents, with some being negatively labelled in their communities as sex promoters. While GRS Zambia seeks to address community barriers that impede service uptake among adolescents, there is need to ensure that the CBD Coaches are well supported by providing reliable transport and deepening community engagement to denounce the stigma that's passed on to Coaches.

### *4.1 Recommendations*

*Implementation*

- Consider providing reliable transportation for CBD Coaches so that they can easily navigate bad terrains and long distances for effective distribution of contraceptives.
- Strengthen community outreach programs to fully sensitize the community and remove stigma around contraceptive uptake and distribution among adolescents.

*MoH and Health Facilit*y

- There is a need to procure enough commodities that match the current contraceptive demands among adolescents and women in the community, especially for provinces like Eastern which records highest teenage pregnancies in Zambia.
- Health facilities should devise a plan on how to continue supporting adolescents who have preferences for contraceptives that are stocked in low supply such as short-term injectables.