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April 11, 2023

Meaningful Adolescent Youth Engagement and Insight on the USAID DREAMS Ambassador  
Program: A Special Studies Project

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## **Abstract**

Meaningful Adolescent Youth Engagement and insight on the USAID DREAMS Ambassador Program: A Special Studies Project

By: Aderayo Soyemi

**Introduction:** Although progress has been made in the global response to the epidemic, HIV among young women ages 15 to 24 in Sub Saharan African countries remains a serious problem and a critical global health issue. Increased vulnerability of HIV/AIDS can be attributed to structural, social and biological factors that have disproportionately affected HIV/AIDS rates among AGYW living in Sub-Saharan Africa. To address the disproportionate vulnerability and impact of HIV on AGYW, PEPFAR announced the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) program in 2015. PEPFAR, Johnson & Johnson, The Bill & Melinda Gates Foundation, Girl Effect, Gilead Sciences, and ViiV Healthcare began its partnership to create DREAMS and deliver a Core Package of evidence-informed interventions to 10 countries in Southern and Eastern Africa. Since 2015, DREAMS has expanded from its original 10 countries to 16 countries in Africa and in Haiti.

**Purpose:** Recognizing the importance of youth perspectives, experiences, and innovation, meaningful adolescent and youth engagement is an important principle that should be practiced across USAID and PEPFAR programs. Meaningful adolescent and youth engagement (MAYE) is an inclusive, intentional, mutually-respectful partnership between adolescents, youth, and adults within programming (Family Planning 2020, 2021). Gaps exist in capturing how youth engagement within the USAID DREAMS Ambassador program is defined and positively impacts AGYW.

**Methods:** A DREAMS Ambassador Activity was created in the interest of better understanding the strengths and challenges of the USAID DREAMS Ambassador program to enhance existing program activities, share lessons learned, and strengthen USAID's overarching approaches to youth engagement across countries known as Operating Units (OUs). A descriptive research study consisting of a survey and focus group discussions was conducted on behalf of the USAID Office of HIV/AIDS (OHA) and its Youth Branch.

**Discussion:** Through the DREAMS Ambassador survey and Focus Groups, DREAMS Ambassadors and IPs identify Ambassadors as a positive influence on AGYW engagement, retention, and visibility of the program. DREAMS Ambassadors not only provide technical leadership through supporting DREAMS activities but also learn from their AGYW peers through sharing different views, challenges, and ways to overcome such challenges

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All glory to God for the victory and this major milestone.

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## **Chapter 1: Introduction/Background**

The 1980s marked the first documented case of HIV/AIDS in Africa although sporadic cases of HIV/AIDS were seen before 1980 through evidence from molecular genetic studies (Kagaayi, 2016). Stigma and the perceived fear of consequences delayed the recognition of HIV/AIDS as an epidemic within the continent of Africa. Many African health practitioners had little knowledge of the disease and its transmission, therefore believing AIDS was limited to the North America region within homosexual males. In 1983, while seeking medical attention in Belgium, a group of Congolese immigrants were diagnosed with AIDS (Kagaayi, 2016). Researchers began to focus more on the transmission and epidemiology of HIV/AIDS in Africa. Evidence revealed that the epidemic was rapidly spreading across African countries. By 1986, HIV prevalence grew from 10% to 24% in about a year and a half in Kampala, Uganda (Carswell, 1987).

Increased HIV transmission can be attributed from rural-to-urban migration and political instability in the 1960s and 1970s in Central and East Africa (Anglewicz, 2012 ; Kagaayi, 2016). Increased sexual contact spread the disease from local remote geographical areas to more urban settings and increased the incidence of new HIV infections across Africa. In 1994, an estimated 41,930 U.S. residents had died of HIV infection and HIV became the leading cause of death among men aged 25-44 years old (CDC, 1996). By 1998, over two-thirds of all people living with HIV lived in Sub-Saharan Africa and 80% of all women that had HIV were living in Africa (UNAIDS & WHO, 1998). Women in Africa became more greatly affected by HIV/AIDS during sexual contact between men and women than during initial high frequency transmission among male-to-



male sex and drug injecting in the U.S. (UNAIDS & WHO, 1998). AIDS quickly became the leading cause of death for adolescent girls living in Southern and Eastern parts of Africa. In 2021, women and girls accounted for 63% of all new HIV infections in 2021 (UNAIDS, 2022).

Although progress has been made in the global response to the epidemic, HIV among young women ages 15 to 24 in Sub Saharan African countries remains a serious problem and a critical global health issue. Continued stigma has reduced the urgency to address the rapid spread of HIV/AIDS across the continent, negatively impacting vulnerable populations including women and youth. Adolescent girls and young women (AGYW) in Sub-Saharan Africa are eight times more likely to be infected than their male counterparts and AGYW contribute to 30% of all new infections 5-7 years earlier than their male peers (Dellar et al.,2015). Increased vulnerability of HIV/AIDS can be attributed to structural, social and biological factors that have disproportionately affected HIV/AIDS rates among AGYW living in Sub-Saharan Africa. Engagement of age-disparate and transactional sexual relationships, reduced years of schooling, food insecurity, gender-based violence, and the increased effects of transmission co-factors can all be associated with greater vulnerability among AGYW (Dellar et al.,2015).

In 2003, to combat the rapid global spread of HIV, President George Bush, through strong bipartisan support, enacted the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR aims to help countries achieve HIV epidemic control by addressing gender-related factors that influence the HIV epidemic and response (Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs, 2013).PEPFAR is the largest funding entity, by any nation, to address a singular disease. PEPFAR has invested over \$100 billion to the global HIV/AIDS response and contributes to saving and preventing millions of lives from HIV

infections. To address the disproportionate vulnerability and impact of HIV on AGYW, PEPFAR announced the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) program in 2015. PEPFAR, Johnson & Johnson, The Bill & Melinda Gates Foundation, Girl Effect, Gilead Sciences, and ViiV Healthcare began its partnership to create DREAMS and deliver a Core Package of evidence-informed interventions to 10 countries in Southern and Eastern Africa. Since 2015, DREAMS has expanded from its original 10 countries to 16 countries in Africa, including Botswana, Côte d'Ivoire, eSwatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Sudan, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe and Haiti (Saul et al., 2018).

With young women bearing the disproportionate burden of HIV, the DREAMS Core Package goes beyond the traditional health sector by addressing structural drivers of HIV, including gender issues, socio-cultural, and economic disadvantages that place adolescent and young African women at greater risk of HIV transmission. DREAMS aims to address the structural drivers of the HIV epidemic through evidence-based interventions that strengthen families, reduce the risk of sex partners, mobilize communities for change and that empower girls and young women (Saul et al., 2018).

Addressing the structural drivers of the HIV epidemic including poverty, gender inequality, sexual violence, and lack of education, are all protective factors for women and girls living in Africa's HIV high prevalence regions. DREAMS builds upon the U.S. Agency for International Development's (USAID) experience empowering young women and advancing gender equality across the sectors of global health, education, and economic growth. USAID DREAMS, partners

with community, faith-based, and non-governmental organizations to mobilize AGYW to address the structural inequalities impacting their vulnerability to HIV. The DREAMS Core Package aims to: empower adolescent girls and young women and reduce risk through youth-friendly reproductive health care and social asset building. DREAMS works to reduce the risk of sex partners through intentional programming which includes increased HIV testing, treatment, and voluntary medical male circumcision. Through mobilizing communities for change with school- and community-based HIV and violence prevention, DREAMS has helped strengthen families with social protection interventions such as education subsidies, parent/caregiver programs and other socio-economic approaches. Since 2019, DREAMS has reached nearly 1.5 million AGYW with critical HIV prevention programming (Saul et al., 2018). As of 2020, the program has produced reductions in new HIV diagnoses among AGYW by 25% or more in nearly all of its geographic regions (United States Department of State, 2021). Scaling up evidence-based interventions across the DREAMS Core Package will allow PEPFAR/USAID to accelerate its efforts to achieve an AIDS-free generation (USAID, 2017).

Over the years, there has been wide recognition that effective youth programming involves the meaningful engagement of youth in the programs that serve them. The USAID DREAMS program has worked to meaningfully involve youth within the foundation of its core package in order to reach intended HIV outcomes for AGYW. Throughout the expansion of the USAID DREAMS program, youth roles have been identified to engage youth at different levels of the program including assisting in the implementation of DREAMS across its Operating Units (OUs). DREAMS Ambassadors are identified within DREAMS OU's under 2 cadres- Full-time/Salaried DREAMS Ambassadors or Volunteer/Non-salaried.

In 2019, DREAMS Ambassadors were defined according to the FY2019 Country Operational Planning (COP) Guidance as “DREAMS beneficiaries, peer leaders and even outreach workers, when appropriate” (PEPFAR, 2019). According to the guidance, DREAMS Ambassadors were kept engaged and help to engage other vulnerable AGYW in the community while being identified as *volunteer/non-salaried*, though they may receive resources such as stipends and/or transportation (PEPFAR, 2019). However, this definition left room for wide interpretation and variability across USAID DREAMS OUs. Some Volunteer Ambassadors were provided resources and payments for their service including stipends and reimbursement for expenses. In 2021, updated PEPFAR DREAMS Guidance noted that some DREAMS Ambassadors are to be “hired as compensated district-level coordinators to lead DREAMS coordination and promotion at the provincial, regional and/or district level (depending on context).” (PEPFAR, 2021). These hired and compensated DREAMS beneficiary local coordinators were also referred to as DREAMS Ambassadors (salaried). Youth coordination efforts were meant to empower AGYW and ensure that AGYW input remains at the center of design, implementation, and coordination of DREAMS (PEPFAR, 2021). Through this guidance, the DREAMS Ambassador was seen as a paid local coordinator that helps streamline communication between facility and community partners, PEPFAR and other donors, government bodies and AGYW for efficiency and overall programmatic impact. Unfortunately, this updated guidance left room for wide interpretation and variability across USAID DREAMS OUs. Some OUs had Volunteer DREAMS Ambassadors that had been receiving stipends or other forms of payment while others had not. All DREAMS OUs were then instructed to implement paid “district level coordinators” as DREAMS Ambassadors with little guidance on original Volunteer cadres that may have existed. Lack of clear definitions

of DREAMS Ambassador cadres and varying interpretations of the DREAMS guidance has resulted in unclear definitions of DREAMS Ambassador roles, responsibilities and standards for payment across both cadres.

**Purpose Statement:**

Recognizing the importance of youth perspectives, experiences, and innovation, meaningful adolescent and youth engagement is an important principle that should be practiced across USAID and PEPFAR programs. Meaningful adolescent and youth engagement (MAYE) is an inclusive, intentional, mutually respectful partnership between adolescents, youth, and adults within programming (Family Planning 2020, 2021). It is also a human right of youth to engage in programming. Gaps exist in capturing how youth engagement within the USAID DREAMS Ambassador program is defined and positively impacts AGYW. USAID was interested in better understanding the strengths and challenges of the USAID DREAMS Ambassador program to enhance existing program activities, share lessons learned, and strengthen USAID's overarching approaches to youth engagement across Operating Units (OUs)/countries. An in-depth survey questionnaire and focus group interviews will (Aim 1) provide insight on the clear definitions of DREAMS Ambassadors roles, responsibilities and successful examples that capture positive AGYW engagement across DREAMS operating units. (Aim 2), identify how DREAMS Ambassadors are defined, recruited, selected, and retained. (Aim 3) Understand the overall impact of having DREAMS Ambassadors within the DREAMS AGYW program to identify effective solutions to strengthen the DREAMS Ambassador program with increased evidence to highlight positive youth engagement of AGYW.

## **Chapter 2: Literature Review**

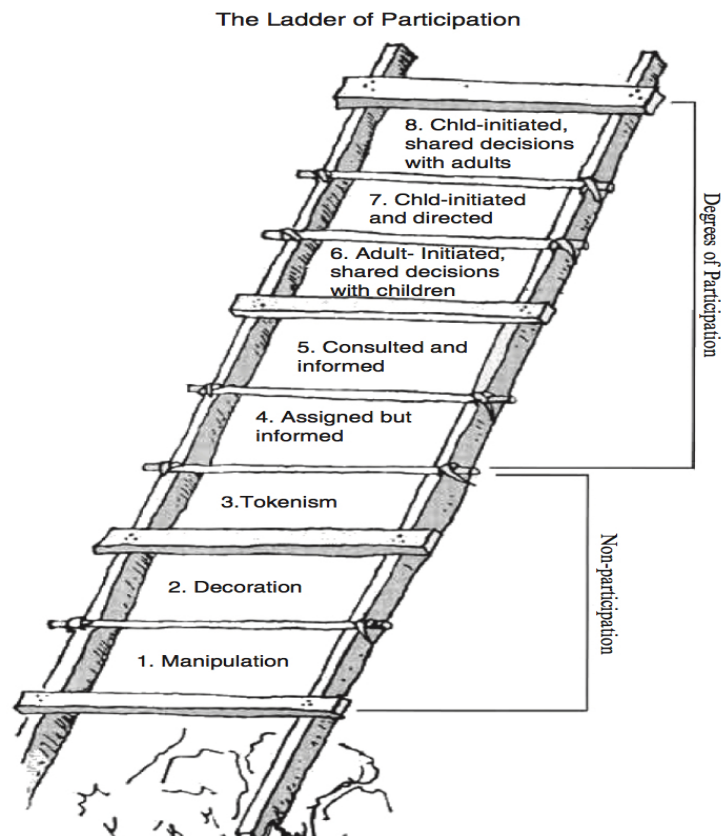
### **Meaningful Adolescent and Youth Engagement (MAYE)**

In meaningful adolescent and youth engagement, power is shared, respective contributions are valued, and young people's efforts are integrated into the design/delivery of programs, strategies, policies, funding mechanisms, and organizations that affect their lives. The term MAYE, first defined at the Global Consensus Statement on Meaningful Adolescent and Youth Engagement, has now been endorsed by approximately 250 organizations working in global health and development worldwide (Family Planning 2020, 2021). This statement identifies meaningful engagement of young people as a central component to achieve the outcomes and targets for eliminating poverty and promoting health, rights and wellbeing, noted in the Sustainable Development Goals (SDG's), Family Planning 2020 (FP2020) goals, and the Global Strategy for Women's, Children's and Adolescents' Health (Family Planning 2020, 2021). "Young people" are defined as 'adolescents' ages 10-19 and 'youth' ages 15-24 based on the World Health Organization (WHO, 2019).

Meaningful adolescent and youth engagement recognizes and changes the power structures that prevent young people from being considered experts regarding their own needs and priorities, while also building their leadership capacities. Youth should be meaningfully engaged in all aspects of their health needs irrespective of socioeconomic status, ethnic identity, sexual orientation, gender identity and expression, sex characteristics, marital status, religion, disability, political affiliation, or physical location (Youth Power 2, n.d). In Hart's Ladder of Children's Participation, there are increasing levels of power and control over decision-making that adult

program-implementers can give to youth (Hart, 1992). Youth engagement refers to levels 4–6 and youth partnership refers to levels 7–8, when youth are afforded leadership roles and power, and decision making is equally shared with non-youth (Hart, 1992).

**Figure 1. Roger Hart’s original 1992 illustration of the Ladder of Children’s Participation from Children’s Participation: From Tokenism to Citizenship.**



## **Clinic-Based Approaches**

Peer mentoring approaches were the most common approaches used to demonstrate meaningful adolescent youth engagement within HIV programs. In Zimbabwe, the Zvandiri adolescent peer support programme utilized a facility-based youth peer mentoring program with paid peer mentors to decrease internalized stigma and increase viral load suppression. During the trial, CATS (Community Adolescent Treatment Supporters) who are trained peer counselors, provided peer counseling for their peers living with HIV. CATS are actively engaged in the development and implementation of their own peer-led mental health intervention in response to the needs of their peers (Chinoda, 2020). CATS utilized problem discussion therapy to further demonstrate improvements in mental health. CATS are seen as having an important role in youth supporting their peers with HIV and mental health (Simms et al., 2022). The Zvandiri programme, developed by the Private Voluntary Organization Africaid, involves youth in its approach to deliver mental health care and improve mental health and HIV viral load among ALHIV (Chinoda, 2020). This level of participation is identified as Level 6: *Adult-initiated, shared decisions with children* (Youth Engagement) on Hart's Ladder of Children's Participation.

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) Red Carpet Program (RCP), located in Malawi, intentionally engaged adolescents and youth in the adaptation of the program package as well as in the development of program materials and resources to support implementation (Lenz, n.d.). The overarching goal of RCP Malawi was to increase the HIV identification, linkage, and retention of adolescent youth living with HIV (AYLHIV) in care and treatment (Lenz, n.d.). Youth Champions (YCs) were placed at different entry points across



facilities to engage different kinds of adolescents and youth seeking services. YCs engaged adolescents and youth seeking services by screening those eligible for HIV testing and escorting them to testing at the facility. Youth testing positive for HIV were then escorted by YCs to counseling, antiretroviral therapy (ART) initiation, and RCP enrollment. Youth testing negative for HIV were escorted by YCs to risk reduction and prevention support interventions such as PrEP. HIV testing among eligible adolescent and youth patients improved from 60% prior to the intervention to 87% following the intervention. Ninety-nine percent of those who tested positive were linked to care, initiated on ART and enrolled in RCP (Lenz, n.d.). Youth participating as YC's in the intervention had a direct role in program package adaptations and service-delivery demonstrating a Level 8: *Child-initiated, shared decisions with adults* (Youth Partnership) level of participation on Hart's Ladder of Children's Participation. Fig. 2 displays the trends in testing and linkage in RCP over time. Despite the COVID-19 pandemic, the yield and linkage of newly identified AYLHIV was consistently higher from July 2020 to June 2021 compared to before RCP was implemented (October–December 2019).

**Figure 2. Trends of Adolescent and Youth Reached at RCP sites and Testing Yield**



Project YES! Youth Engaging for Success placed paid Youth Living with HIV (YLHIV) in four HIV clinics in Ndola, Zambia including a pediatric setting, an adult hospital and two primary care adult facilities as youth peer mentors (YPM). A randomized control trial assessing the impact of a clinic-based peer mentoring program on viral suppression, adherence and internalized stigma among HIV-positive youth (15-24 years) found that a facility based youth peer mentoring program with paid peer mentors decreased internalized stigma in the intervention versus comparison arm and in a sub-analysis of youth attending the pediatric clinic, increased viral suppression. Although further research is needed to understand the intersection of viral load suppression and internalized stigma among AYA attending adult HIV clinics, Project YES! was still able to meaningfully engage adolescent youth in its program and demonstrate improved viral load suppression in the pediatric clinic and internalized stigma in the pediatric and adult clinics (Denison et al.). YPMs were involved in Project Yes! at Level 6: *Adult-initiated, shared decisions*

*with children* (Youth Engagement), however, the study fails to identify how youth decisions can be shared with adults following the results of their participation.

In Nigeria, young people were recruited as sexual and reproductive health co-researchers and program designers alongside disciplinary experts during Adolescent 360 (A360) 9ja Girls intervention. This higher level of youth participation is recognized as Level 8: *Child-initiated, shared decisions with adults (Youth Partnership)* on Hart's Ladder of Children's Participation. Through a series of interrelated activities, 9ja Girl young providers helped other girls see the relevance of contraception in their own lives in a safe, social setting while also supporting the delivery of key SRH and contraceptive information using evidence-based approaches to foster informed choice. Meaningful, structured activities such as contraception counseling was provided by youth peer female mobilizers and mothers to allow for optimism in the future, and opportunities to build new skills and exercise self-efficacy. The intervention produced a 74% average rate of voluntary contraceptive method adoption among girls aged 15-19 during this intervention period. Girls who adopted methods through 9ja Girls selected Long-Acting Reversible Contraception (LARCs) at significantly higher rates than national averages. Increases in reach and adoption rates observed between the intervention period can be attributed to the introduction of outreach events at spoke sites, and the shift to the Counseling for Choice protocol offered by the program (Case of 9ja Girls, 2021).

## **Community-Based Approaches**

Operation Triple Zero (OTZ) Kenya is an asset-based strategy that meaningfully involves adolescents and young people in HIV prevention, care and treatment focusing on continuity of care and viral suppression. AYLHIV were engaged in many aspects of the design, translation and facilitation of the OTZ initiative. AYLHIV participated in defining the mandate of OTZ clubs, designing and branding, translating OTZ branding into local languages, developing content for OTZ modules and participating in OTZ talent shows and activities. At the facility-level, AYLHIV identified as OTZ graduates or “champions” enrolled new members, provided psychosocial support to those newly identified as YLHIV, provided support to AYLHIV with high viral loads (VL >1000c/ml), coordinated OTZ clubs, and oversaw various OTZ activities (PEPFAR Solutions, 2018). This high level of youth participation is recognized as Level 8: *Child-initiated, shared decisions with adults* (Youth Partnership) on Hart's Ladder of Children's Participation. OTZ club meetings include peer-to-peer support, health therapy sessions, life skills support and career counseling, play and ART therapy, online platforms for support, etc. Researchers saw significant increases in facility viral suppression and rates drastically improved across all three faith affiliated HIV prevention care and treatment facilities from OTZs launch in 2017 to 2021 (PEPFAR Solutions, 2018).

Meaningful adolescent and youth engagement approaches using mass multimedia and technology interventions were limited, however, the PEERNaija program was identified as a theory-driven and user-centered gamified smartphone app with promotion of adherence to life-saving antiretroviral therapy (ART) for YLHIV. A cohort of fifty YLHIV in Nigeria piloted the

app designed with input from YLHIV in Philadelphia and other key stakeholders including youth providers. This level of youth participation is recognized as Level 5: *Consulted and informed (Youth Engagement)* where young people work as consultants by providing input but adults are the main designers and facilitators of the intervention.

The app provides medication reminders and peer support through social incentives and has demonstrated feasibility and promise as an adherence support tool for youth ages 18-24 living with HIV in Nigeria. Short-term improvements in self-reported adherence to ART in Nigeria were found. Due to the COVID-19 pandemic constraints, the initial “Gather” phase relied on several key stakeholders, but not on end-users. Stakeholder feedback was used to build a basic, fully functioning app (Ahonkhai, 2021).

### **Known Gaps and Limitations**

While identifying examples of meaningful adolescent and youth engagement in HIV and Sexual and Reproductive Health programs, clinic-based, community-based and peer-mentoring approaches were identified. These examples varied widely from lower levels of youth engagement to higher levels using Hart’s Ladder of Children Participation. While studies specifically measuring results of interventions that meaningfully engage youth in project implementation are limited, initial evidence points to strengthening prevention, case finding, and treatment outcomes. There was a lack of data comparing results from interventions which engage youth in service delivery as part of the standard of care compared to interventions in which youth were not engaged. This comparison group is needed to identify the value of youth engaged in service delivery on

HIV/SRH outcomes. Studies found also lacked timely collection and offered poor quality patient-level data to inform program researchers on intervention effectiveness. Referencing Hart's ladder of participation, higher levels of MAYE should be prioritized to allow for improved acceptability and improved HIV/AIDS treatment and prevention outcomes. This includes MAYE in interventions utilizing Mass Multimedia and Technology as they remain a large interest however largely untapped by youth.

### **Chapter 3: Methods**

#### **Research team and reflexivity**

The COREQ guidelines for reporting qualitative data were followed (Tong, 2007). A DREAMS Ambassador Activity was created in the interest of better understanding the strengths and challenges of the USAID DREAMS Ambassador program to enhance existing program activities, share lessons learned, and strengthen USAID's overarching approaches to youth engagement across countries known as Operating Units (OUs). To help achieve this goal, the author conducted a descriptive research study consisting of a survey and focus group discussions on behalf of the USAID Office of HIV/AIDS (OHA) and its Youth Branch. Since the research study was part of an internal evaluation and not focused on creating generalizable knowledge, it was exempt from Emory University's IRB review. The USAID DREAMS Ambassador Activity had the following objectives:

## **Objectives**

- To identify how DREAMS Ambassadors are recruited, selected and retained across USAID DREAMS activities.
- To define the roles and responsibilities of USAID DREAMS Ambassadors across OUs/countries.
- To identify the strengths and challenges with the implementation of the USAID DREAMS Ambassador program.
- To understand the value of DREAMS Ambassadors within the DREAMS AGYW program.
- To identify best practices and effective solutions that will strengthen the DREAMS Ambassador program and USAID's approaches to youth engagement more broadly.

While conducting the DREAMS Ambassador Activity, the research team consisted of author, Rayo Soyemi, BA., Youth Engagement Intern from USAID's Office of HIV/AIDS (OHA), Priority Populations, Integration and Rights (PPIR) Division and Youth Branch as the lead facilitator and interviewer for the activity. Prior to survey distribution and focus group facilitation, there was no familiarity or relationship established between the lead facilitator and USAID DREAMS IPs or DREAMS Ambassadors. The only interaction and relationship established prior to the activity was between the author and USAID Mission AORs/CORs during monthly USAID DREAMS COOP Meetings.

### **Study Design/ Participants/ Data Collection**

The DREAMS Ambassador Activity was not based on theory or framework but rather designed to simply understand the strengths and challenges of the USAID DREAMS Ambassador program while defining Ambassador roles and responsibilities. A 49-question survey was developed using Survey Planet and distributed to USAID DREAMS Mission Agreement/Contracting Officer's Representatives (AORs/CORs). USAID DREAMS AORs/CORs were requested to share the DREAMS Ambassador Survey with all USAID Implementing Partners (IPs) currently working with DREAMS Ambassadors. IPs were instructed to respond to the survey (estimated 1-hour) regarding their DREAMS Ambassador programming. Using a USAID FACT sheet on the current USAID Implementing Partners, survey saturation was discussed by USAID's Youth Branch and the total number of USAID DREAMS Implementing Partners working with DREAMS Ambassador cadres was determined to be unknown. The lead survey facilitator followed up with OUs who did not complete the survey prior to the deadline. The survey deadline was then extended by 1-week.

Following the DREAMS Ambassador Survey, FGDs sessions were conducted with both Full-time/Salaried and Volunteer DREAMS Ambassadors from OUs that participated in the DREAMS Ambassador Survey. DREAMS Ambassador FGDs were facilitated and led by the author. A 16-question script (see Appendix B) was developed to understand the role, feelings and perspectives of Full-time/salaried and Volunteer DREAMS Ambassadors. Similarly to the DREAMS Ambassador Survey, USAID DREAMS Mission AORs/CORs were initially contacted to ensure that communication with IPs was permissible. If no objections were made, IPs who



initially completed the DREAMS Ambassador Survey, were contacted by the author. IPs were requested to select up to two DREAMS Ambassadors (1 Volunteer DREAMS Ambassador and/or 1 Full-Time/Salaried DREAMS Ambassador if applicable) who were 18 years or older and willingly consented to participate in a 1-hour focus group. For example: If an IP worked with both Volunteer and Full-time/Salaried DREAMS Ambassadors, they would provide two ambassadors, one Volunteer and one Full-time/Salaried Ambassador to participate in the FGD.

FGDs were held through the months of September and October of 2022 via Google Meets video call. This required stable internet connectivity and a laptop or desktop with video capabilities. IPs were requested to assist in facilitating DREAMS Ambassador FGDs and help manage internet connectivity by providing access to join the virtual focus group at their office location. Due to internet connectivity challenges, video capabilities were limited and at times only audio was used. IPs were asked to reimburse each participating DREAMS Ambassador the cost of transportation to and from the IP sites in order to participate in the FGD. DREAMS Ambassadors who did not speak English were provided translators from their Implementing Partner to translate and interpret for the DREAMS Ambassador and interviewer. IPs were provided a checklist (see Appendix C) to help ensure FGs were successfully run. Due to USAID privacy policies, focus groups were not recorded. Up to two note takers were present during all FGDs to help accurately and anonymously capture responses shared by DREAMS Ambassadors.

Five members of the USAID's Youth Branch team (HQ) provided assistance in piloting the DREAMS Ambassador Survey. Survey questions were revised to best fit the context of Implementing Partners who would be completing the survey. DREAMS FGDs were piloted with

four junior staff from USAID's OHA. Feedback on focus group questions and interview skills were provided and implemented in the final DREAMS Ambassador script. Using the names of DREAMS Ambassadors submitted by USAID DREAMS IPs in the DREAMS Ambassador Survey, nine focus groups were created. Separate focus groups were used to engage three groups of Volunteer DREAMS Ambassadors and six groups of Full-time/Salaried Ambassadors. Each FGD held between 2-8 participants based on DREAMS Ambassador availability. DREAMS Ambassadors representing all OUs were represented in FGDs and a total of 36 DREAMS Ambassadors participated in FGDs.

### **Analysis and Findings**

During DREAMS Ambassador Survey analysis, the lead facilitator created thematic areas using survey questions and activity objectives. The Senior Youth Branch Advisor, Tijuana James, reviewed thematic areas. Survey responses were recorded, and qualitative survey data was extracted into thematic areas called *DREAMS Ambassador Narrative Responses* using Microsoft Excel. Thematic narratives were recorded across all USAID DREAMS OUs that participated in the DREAMS Ambassador Survey. Quantitative survey data was extracted and summarized using Microsoft Excel and pivot tables. Lead facilitator, Rayo Soyemi, analyzed qualitative and quantitative data. Results were used to produce an original Global Findings Report and thirteen individual Country-Level Analysis Reports.

During DREAMS Ambassador Focus Groups, thematic areas were identified based on activity objectives by the lead facilitator and reviewed by Senior Youth Branch Advisor, Tijuana

James. Focus group responses were thematically coded into *DREAMS Ambassador Narrative Responses* across each participating DREAMS OU using Microsoft Excel. Data was reviewed and interpreted by the lead facilitator and interviewer, Rayo Soyemi. Results were used to produce an original Global Findings Presentation and Report.

Participants provided feedback on findings during a DREAMS Ambassador Global Findings PowerPoint Presentation. This virtual presentation was provided to USAID DREAMS Mission AORs/CORs, DREAMS Implementation Subject-Matter Experts (ISMEs). The only feedback provided by DREAMS AORs/CORs were the challenges faced by Mission teams when differentiating between their Volunteer/non-salaried and Full-time/Salaried DREAMS cadres. DREAMS AORs/CORs recognized the challenge in differentiating their existing cadres under the provided COP/DREAMS guidance.

## **Chapter 4: Results**

### **Implementing Partners**

Using the USAID FACT sheet on all current USAID DREAMS Implementing Partners, 26 out of 95 USAID Implementing Partners (IPs) completed the survey with a 27% Response Rate. This is an estimate and may not equal the total # of USAID IPs with DREAMS Ambassadors. Seven OUs or 53% of all DREAMS OUs that completed the survey report supporting Volunteer DREAMS Ambassadors. Ten OUs or 77% of all DREAMS OUs that completed the survey report

supporting Full-time/Salaried DREAMS Ambassadors. Three OUs or 23% of all DREAMS OUs that completed the survey report not having any Full-time/Salaried DREAMS Ambassadors.

During the DREAMS Ambassador Survey, we gathered survey responses from 41 respondents representing 13 OUs and 26 Implementing Partners as indicated in (See Appendix D) Implementing Partners from participating DREAMS OUs responded and provided details regarding DREAMS Ambassador programming. Due to unknown conflicts, two OUs (South Africa and Malawi) did not complete the survey although having DREAMS Ambassador cadre(s) available. Haiti also did not participate in the activity due to not having DREAMS Ambassadors in their current implementation. About 20% of survey responses came from Implementing Partners located in Kenya. At times, multiple staff members and even DREAMS Ambassadors themselves completed the survey. The survey was intended to be completed by one representative not including a DREAMS Ambassador from an Implementing Partner. IPs with numerous responses may have unintentionally contradicted the response of their colleague.

17 USAID Implementing Partners representing 13 OUs participated in DREAMS Ambassador Focus Group Discussions as seen in (Appendix E). Once again, Kenya provided the majority of FG participants with 22% of DREAMS Ambassadors that participated in the DREAMS Ambassador FG representing Kenya. 2.7 % of all participants of the DREAMS Ambassador Focus Groups came from the IP, African Evangelistic Enterprise, located in Rwanda.

#### **Total of DREAMS Ambassadors and Age Bands**

During the DREAMS Ambassador Survey, Implementing Partners were asked to detail the total number of Volunteer DREAMS Ambassadors supported by the IP. IPs were also asked to detail the age bands of Volunteer DREAMS Ambassadors supported by IPs. OUs with discrepancies in their reporting were denoted with an asterisk as seen in Table 5. 85% of early adolescent (10-14) Volunteer DREAMS Ambassadors are from the OU, Tanzania. 80% of adolescent (15-19) Volunteer DREAMS Ambassadors are from the OU, Kenya. 38% of Volunteer DREAMS Ambassadors ages 20-24 are from the OU, Côte d'Ivoire and 44% of Volunteer DREAMS Ambassadors ages 25+ are from the OU, Tanzania. The median age falls between the age groups of 15-19 and 20-24, therefore we can estimate the median age to be around 17-18 years old. The median age was calculated by finding the middle value of the cumulative frequency, which is 1890 (3780/2) as seen in Table 5. The overall age breakdown of Volunteer DREAMS Ambassadors reported by IPs is:

10-14: 2401 (63.5%)

15-19: 2423 (64.1%)

20-24: 1357 (35.9%)

25+: 264 (7%)

Implementing Partners were asked to detail the total number of Full-time/Salaried DREAMS Ambassadors supported by the IP. IPs were also asked to detail the age bands of Full-time/Salaried DREAMS Ambassadors supported by IPs. OUs with discrepancies in their reporting were denoted with an asterisk as seen in Table 6. 70% of early adolescents (10-14) Full-time/Salaried DREAMS Ambassadors are from the OU, Namibia. 80% of adolescent (15-19) Full-

time/Salaried DREAMS Ambassadors are from the OU, Kenya. 44% of Full-time/Salaried DREAMS Ambassadors ages 20-24 are from the OU, Kenya and 40% of Full-time/Salaried DREAMS Ambassadors ages 25+ are from the OU, Lesotho. The youngest age band (10-14) has the smallest number of Full-time/Salaried DREAMS Ambassadors across all OUs, with a total of only 10 reported by IPs. The age band with the largest number of Full-time/Salaried DREAMS Ambassadors across all OUs is 20-24, with a total of 121 reported by IPs. Kenya has the highest number of Full-time/Salaried DREAMS Ambassadors in the 20-24 age band, with 54 reported by IPs. Lesotho has the highest number of Full-time/Salaried DREAMS Ambassadors in the 25+ age band, with 38 reported by IPs.

### **Roles and Responsibilities**

In the thematic area of roles and responsibilities, survey data tells us that Full-time/Salaried DREAMS Ambassadors play a major role in project management and coordination of DREAMS operations within their district or area of work. Their tasks include but are not limited to:

- Attending monthly meetings with district IPs to track progress and resolve challenges
- Providing technical leadership to DREAMS implementation and dissemination of information at district levels
- Providing administrative duties including track timesheets, schedule meetings, documentation of financial and administrative requests, creating social media content
- Conducting quality improvement visits to improve HIV prevention service delivery
- Identifying and sharing feedback on challenges & successes of service delivery

Volunteer DREAMS Ambassadors play a critical role in motivating, engaging and highlighting the achievements or needs of their peers. Their tasks include but are not limited to:

- Supporting project implementation and service delivery alongside other stakeholders such as:
  - DREAMS Program Officers
  - County Department of Health
  - Department of Children Services.
- Represent AGYW
- Promote buy-in and support for peers and the DREAMS project
  - At public events
  - To stakeholders at partner/government forums
  - For media campaigns and at donor project review visits

### **DREAMS Ambassador Hours Reported**

DREAMS IPs were asked to report the number of hours per week Full-time/Salaried and Volunteer DREAMS Ambassadors work. IP respondents from all OUs supporting Full-time/Salaried Ambassadors reported Ambassadors work between 21-40 hours per week ~ the standard hours per week for full-time employees. The median number of hours worked for this group is 30.5 hours per week. Respondents from 30% of OUs supporting Full-time/Salaried Ambassadors reported Ambassadors work more than 40 hours per week. Respondents from 71% of OUs reported that Volunteer Ambassadors work between 0-10 hours per week. Assuming an even distribution within this range, the median number of hours worked for this group is 5 hours

per week. IP respondents from 42% of OUs supporting Volunteer Ambassadors reported working between 11-20 hours per week. The median number of hours worked within this range is 15 hours per week. Finally, IP respondents from 42% of OUs supporting Volunteer Ambassadors reported Ambassadors working between 21-40 hours per week. The median number of hours worked by Volunteer Ambassadors is 30.5 hours per week, similarly to Full-time/Salaried Ambassadors. IPs supporting both Full-time/Salaried and Volunteer Ambassadors, with numerous responses, may have unintentionally contradicted the response of their colleague.

During FG sessions, DREAMS Ambassadors representing 46% of all OUs, identified the roles and responsibilities they are engaged in at times, requiring working over 40 hours per week. DREAMS Ambassadors noted they work *“8 hours....even up to 15 hours a day due to our activities”*. Ambassadors also noted *“our areas are far from each other”* requiring extended working hours due to commuting time. Ambassadors noted the work they are engaged in to support DREAMS involves a wide range of activities including:

- Mobilizing and educating on HIV Prevention and Sexual and Reproductive Health
- Managing the meaningful engagement of AGYW in DREAMS including uptake and completion of services in DREAMS
- Advocacy for policy change

### **DREAMS Ambassador Terms**



We asked IPs if DREAMS Ambassadors serve in their role for a limited term and if so, to specify the length of service (*0 - 6 months, 7- 12 months, +1 year, no limit*). IP respondents from 60% of OUs supporting Full-time/Salaried Ambassadors report Ambassadors *have a term limit*, although the time frame varied widely across IPs from zero to more than a year. IP respondents from 71% of OUs supporting Volunteer Ambassadors report Ambassadors have no term limit. In survey data, IPs with numerous responses may have unintentionally contradicted the response of their colleague.

### **Criteria for Selecting DREAMS Ambassadors**

We asked IPs if there were residency (*living within a DREAMS target area*), education and literacy (*minimum education level completed*) requirements for selecting DREAMS Ambassadors. 60% of respondents supporting Full-time/Salaried Ambassadors report the minimum education level required as *Some/Completed University*. 57% of respondents supporting Volunteer Ambassadors report the minimum education level required as *Secondary School Completion*. 90% of respondents supporting Full-time/Salaried Ambassadors report DREAMS Ambassadors are required to live within a DREAMS target community. Respondents from all OUs supporting Volunteer DREAMS Ambassadors report Ambassadors are required to live within a DREAMS target community. 42% of respondents supporting Volunteer DREAMS Ambassadors report there are *no literacy preferences* required for DREAMS Ambassadors. 85% of respondents supporting Volunteer DREAMS Ambassadors report Ambassadors are required to *read, speak and write the*

*local language*. This data was only obtained from OUs supporting Volunteer DREAMS Ambassadors.

### **AGYW involvement in Selection and Recruitment of DREAMS Ambassadors**

We asked IPs if AGYW are involved in the selection/recruitment of DREAMS Ambassadors and to select all hiring methods that apply: *recruitment, nomination, selection and/or panel interview*. 90% of respondents supporting Full-time/Salaried DREAMS Ambassadors report AGYW are involved in either the *recruitment, nomination, selection and/or panel interview* of Ambassadors. Respondents from all IPs supporting Volunteer DREAMS Ambassadors reported AGYW are involved in either the *recruitment, nomination, selection and/or panel interview* of Ambassadors.

### **Training/Supervision**

We asked IPs supporting Volunteer and Full-time/Salaried DREAMS Ambassadors to detail the frequency and type of pre-service training, in-service training and supervision DREAMS Ambassadors receive. All OUs supporting Full-time/Salaried DREAMS Ambassadors reported Ambassadors engage in pre-service and in-service training. 85% of IP respondents supporting Volunteer DREAMS Ambassadors report Ambassadors engage in *pre-service training*. 71% of IP respondents supporting Volunteer DREAMS Ambassadors report Ambassadors engage in *in-service training*. All OUs supporting both cadres of DREAMS Ambassadors report Ambassadors are regularly supervised. Supervisors and content discussed during supervision varied across OUs.

Content areas reported include: Peer to peer interaction, enrollment of AGYW into safe spaces, retention of AGYW on PrEP, layering, stakeholder engagement, ASRH, HIV, outcomes of sessions, review of weekly activities, data collection, conflict resolution, and interpersonal skills.

During FG sessions, DREAMS Ambassadors representing all 13 OUs , identified various forms of training they are engaged in. 38% of all DREAMS Ambassadors report the desire to incorporate pre-service or in-service training on topics related to: psychosocial support, mental health or better advocacy for AGYW facing Gender-Based Violence (GBV). DREAMS Ambassadors identified current supervision in content areas including: DREAMS tools, monitoring & evaluation, motivating AGYW, referrals, mobilization, and bi-weekly/quarterly reporting.

## **Resources**

We asked IPs to detail the kinds of resources provided to DREAMS Ambassadors. Resources provided to Volunteer and Full-time/Salaried DREAMS Ambassadors varied widely across OUs. 90% of respondents supporting Full-time/Salaried DREAMS Ambassadors reported Ambassadors are provided *cell/mobile phones, internet data/ airtime/ talktime, and reimbursement for expenses*. 85% of respondents supporting Volunteer DREAMS Ambassadors similarly report Ambassadors are provided *transportation*. 8% of respondents supporting Volunteer DREAMS Ambassadors report Ambassadors are provided DREAMS identifier materials including: *T-shirts, Hats, Journals and Fliers/pamphlets to support visibility and information sharing*. 12 % of survey respondents supporting Full-time/Salaried DREAMS Ambassadors report Ambassadors are

provided “*other*” resources including: Computers/laptops, *vehicles, health insurance and life insurance*. Respondents also report financial contributions to this cadre through *education support and tuition*.

### **Networking**

During FG sessions, when asked for recommendations to improve existing programming, Ambassadors representing 76% of OUs identified the desire to participate in cross-learning from DREAMS Ambassadors in different districts and countries.

“We would like to have a meeting with other ambassadors in other countries to meet them and share experiences to be more efficient in our implementation.” - Volunteer DREAMS Ambassador

“ At some point we would like to hear from other ambassadors in other countries and districts to learn. “ - Full-time/Salaried DREAMS Ambassadors

### **Youth Engagement**

During FGDs, DREAMS Ambassadors were asked if they feel they are engaged as a DREAMS Ambassador in important ways. All Full-time/Salaried and Volunteer DREAMS Ambassadors identified being engaged in *important* ways during FG sessions. These ways varied across by each DREAMS Ambassador and are detailed with the following quotes.

“Yes, when we engage with our peers. What we discuss and share information. AGYW tells us information and we are able to advise them. We are able to see changes. They trust us and feel open to share.” - *Full-time/Salaried DREAMS Ambassador*

“We are the glue that brings together all of the services that DREAMS offers. We bring together stakeholders and program officers, district level coordination, coordinate mobilization of AGYW, stakeholder feedback and engagement.”

- *Volunteer DREAMS Ambassador*

*“The girls value our opinions because they mostly know who you are and it is so important to feel comfortable to tell us something. The girls value what we tell them they need to do because they take the actions. They give us feedback.” - Volunteer DREAMS Ambassador*

“We have created an environment in our different districts where others know who we are and what we do. Others know what we do and respect us. We are included in important meetings and are recognized. PEPFAR does engage us to understand our strengths and challenges.”

- *Volunteer DREAMS Ambassador*

### **Challenges and Recommendations:**

DREAMS IPs supporting both Full-time/Salaried and Volunteer DREAMS Ambassadors identified challenges and solutions during the DREAMS Ambassador Survey (see Table. 1 & 2). Respondents supporting both cadres identified challenges due to the broad or unclear scopes of

work for DREAMS Ambassadors defined by IPs. The recommended solution is that DREAMS coordinators should emphasize clearer guidance on roles & responsibilities from IPs across OUs. This includes providing more specific SOW for each cadre available and setting standards for recruitment, selection and retention of Ambassadors. Lack of resources and incentives for DREAMS Ambassadors which include stipends, transportation and airtime/talktime is also seen as a challenge across OUs. Respondents recommend clearer guidance for IPs by providing some standardized information on the DREAMS Ambassador portfolio. IPs would like increased resources and incentives for Ambassadors such as tablets, bags, internal systems to facilitate transportation and on-the job training.

**Table.1 Volunteer Ambassador Challenges and Solutions**

<b>Challenge</b>	<b>Solution</b>
<ul style="list-style-type: none"> <li>● Lack of resources and incentives for Ambassadors to continue work <ul style="list-style-type: none"> <li>○ Stipends</li> <li>○ Transportation</li> <li>○ Talktime/airtime</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Increase resources and incentives for Volunteer cadres <ul style="list-style-type: none"> <li>○ Tablets, bags, transportation</li> <li>○ On-the job training</li> <li>○ Highlighting advantages and benefits of role</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>● Retention challenges &amp; frequent dropouts due to: <ul style="list-style-type: none"> <li>○ Relocation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Recruit more AGYW to fill role of those who have resigned <ul style="list-style-type: none"> <li>○ Flexible work schedules for</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>○ *Better employment opportunities</li> </ul>	Ambassadors
<ul style="list-style-type: none"> <li>● No standardized guidance on Volunteer Ambassador roles &amp; responsibilities <ul style="list-style-type: none"> <li>○ Lack of clear roles for Ambassadors defined by IPs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● DREAMS coordinators should emphasize clearer guidance on roles &amp; responsibilities from IPs across OUs <ul style="list-style-type: none"> <li>○ Set standards for recruitment/selection/retention</li> <li>○ Provide more specific SOWs for each cadre available</li> </ul> </li> </ul>

**Table.2 Full-time/Salaried Ambassador Challenges and Solutions**

Challenge	Solution
<ul style="list-style-type: none"> <li>● Broad SOW and lack of clear Ambassador roles</li> <li>● Overwhelming deliverables</li> </ul>	<ul style="list-style-type: none"> <li>● A focused SOW to clearly define roles and responsibilities prior to Ambassadors serving</li> <li>● Increasing the # of Full-time/Salaried Ambassadors to support current limitations.</li> </ul>
<ul style="list-style-type: none"> <li>● Lack of timely payments and limited budgets to allocate to the DREAMS Ambassador portfolio</li> </ul>	<ul style="list-style-type: none"> <li>● AORs/CORs should emphasize clearer guidance for IPs by providing some standardized information on the DREAMS Ambassador portfolio</li> </ul>

<ul style="list-style-type: none"> <li>• Transportation challenges cause barriers for Ambassadors reaching rural “hard-to-reach” AGYW</li> </ul>	<ul style="list-style-type: none"> <li>• Increased internal systems to facilitate transportation to rural areas</li> <li>• Identify and hire DREAMS Ambassadors in “hard-to-reach” areas</li> </ul>
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## Chapter 5: Discussion

The DREAMS Ambassador activity provided details on the value of DREAMS Ambassadors in existing USAID DREAMS programming. IPs identified both cadres of DREAMS Ambassadors as positive influences on AGYW engagement, retention, and visibility of the program. DREAMS Ambassadors themselves also identified the important value they hold to their peers, self and community. During the DREAMS Ambassador Survey and Focus Groups, IPs and DREAMS Ambassadors alike, identified large scopes of work across both cadres of Ambassadors. Large scopes of work and limited resources may have a negative impact on the workload and roles/responsibilities of DREAMS Ambassadors. Due to challenges identified in the DREAMS Ambassador program, DREAMS IPs desire **standardized guidance** to help support and grow the program. The lack of standardized guidance for DREAMS Ambassadors impacts compensation across OUs and Ambassador cadres. Survey and FG sessions highlighted the varying resources DREAMS Ambassadors are provided. Across DREAMS OUs and Ambassador cadres, DREAMS Ambassadors are not provided the same resources, causing challenges in their role such as reaching AGYW in hard-to-reach areas and transportation.



### **Strengths:**

Pre-service training, in-service training and supervision are highly valued by DREAMS IPs and Ambassadors alike. The DREAMS Ambassador program has demonstrated intentional efforts to expose both Volunteer and Full-time/Salaried DREAMS Ambassadors to training opportunities to help teach or develop specific useful skills and competencies. IPs and DREAMS Ambassadors expressed a desire for increased training in the following content areas: GBV advocacy, psychosocial support, public speaking, and refresher trainings. In 2019, a participatory approach was used to engage youth in the design of a HIV prevention ambassador training package in Zimbabwe. Youth ambassadors reported multiple benefits resulting from the standardized, up-to-date knowledge gained in training, including increased confidence, improved understanding of detailed information about HIV and oral PrEP, greater confidence in speaking about oral PrEP and the ability to successfully use the ambassador toolkit to increase their credibility and standing in their community (Garcia et al., 2022). Ambassadors reported the training helped them increase the number of AGYW they referred for oral PrEP initiation at their assigned facilities. Studies similarly demonstrate the importance of standardized materials and tools developed in collaboration with youth to allow information-sharing on HIV prevention and inform programming. Using a participant-centered design to involve adolescents in formative interviews, a study was found to have great potential in improving poor outcomes associated with adolescents living with HIV while transitioning to adult care through social media (Zanoni et al., 2022). DREAMS IPs must embrace their ability to shape and foster youth knowledge by providing continued training, mentorship and shadowing opportunities for AGYW. Adults should see these as opportunities for growth and alliance building between youth and adults. Adults must encourage

youth to gain the experience needed to develop their skills in all areas of DREAMS programming such as research, program design & implementation, and monitoring & evaluation through training opportunities.

### **Value of Ambassadors:**

IPs recognize the positive value of DREAMS Ambassadors within the DREAMS AGYW program. IPs identify DREAMS Ambassadors as positive influences on AGYW engagement in DREAMS, retention, and visibility of the program. DREAMS Ambassadors are seen as the “back-bone” of the program and are not only able to relate to AGYW participating in the DREAMS package, but also act as leaders and influencers of community-norms change. DREAMS Ambassadors identify the work they are doing as important and valuable to their AGYW peers and themselves. DREAMS Ambassadors are meaningfully engaged as DREAMS Ambassadors and seen as key stakeholders in the DREAMS program.

The DREAMS Ambassador Survey highlighted AGYWs involvement in the recruitment and/or selection of DREAMS Ambassadors. AGYW are frequently involved in the ***recruitment and/or selection*** of their peers as DREAMS Ambassadors including recruitment, nomination, selection and panel interviews. Existing literature recognizes that peer support enables providers, programs and services to be more responsive, acceptable, sustainable and relevant in encouraging AYLHIV to seek and remain engaged in care (Mark et.al, 2019). Involving AGYW in the selection/recruitment of youth peers as DREAMS Ambassadors contributes to the positive impact DREAMS Ambassadors have on their peers enrolling and being retained in DREAMS.

Focus Group sessions also highlighted the desire for *strengthened networking and collaboration opportunities* across DREAMS OUs. DREAMS Ambassadors would like the opportunity to engage in cross-learning from DREAMS Ambassadors in other OUs and find value in the knowledge of their peers across districts and outside their OU. Literature shows us that enhanced interactions between researchers and users of scientific evidence are important to implementation (Sturke et al., 2020). The Adolescent HIV Prevention and Treatment Implementation Science Alliance (AHISA) is an example of how networks were used to promote cross-fertilization of insights as research and implementation grow to positively impact HIV interventions and benefit adolescent health (Sturke et al., 2020). Establishing networking opportunities with DREAMS Ambassadors will provide a channel to share challenges, resources, and ideas for strengthening DREAMS Ambassadors and the overall DREAMS program.

Programs who may not have Full-time/salaried DREAMS Ambassadors should consider the value of switching to models that include some Full-time/salaried Ambassadors by *redistributing budgets to support compensation*. Reexamination of DREAMS budgets may be necessary to assist IPs in better supporting and expanding the DREAMS Ambassador program. This includes paying all DREAMS Ambassador cadres a living wage. This is seen in the Zvandiri intervention where paid community adolescent treatment supporters (CATS) provided peer support and contributed to reduced rates of HIV/AIDS treatment failure, decreased internalized stigma and increased viral load suppression (Mavhu et al, 2020 and Chinoda, 2022). Improving AGYWs social and economic status through paid roles in the DREAMS Ambassador program is

an important perspective in respect to enabling work and job opportunities for AYLHIV (International Labour Office, 2014).

DREAMS IPs may desire **standardized guidance** to help support and grow the program, however, standardized USAID DREAMS Ambassador guidance may fail to consider the different country and Ambassador needs or nuances. Program coordinators should encourage in-country IPs to collaborate to develop country-specific guidance or best practices for consideration across all IPs supporting DREAMS Ambassadors. This may help with challenges regarding DREAMS Ambassador roles & responsibilities, resources, and payments. Research identifies scale-up for programs providing peer support for adolescents and AYLHIV by working with stakeholders including AYLHIV, peer supporters and health workers to establish specific needs and requirements (Mark et.al, 2019). IPs should also prioritize measuring DREAMS Ambassador engagement through surveys such as the DREAMS Ambassador Survey. Completing surveys and research helps identify the value and outcomes associated with engaging youth in HIV programs.

While DREAMS Ambassadors feel they are engaged in important ways of the DREAMS program, there are improvements that can be made by existing stakeholders to advance the Ambassador program as part of DREAMS, a PEPFAR funded program that works in partnership with youth. Meaningfully engaging youth at earlier stages of the DREAMS Ambassador program can help strengthen AGYW identified to support DREAMS beneficiaries. Youth not only have the right to participate but should be paid reflective of their contributions. DREAMS Ambassadors are seen as key stakeholders in programming therefore hold insight to advance the overall DREAMS

program. Ambassador roles and programming should be enriched to help strengthen DREAMS and reduce HIV/AIDS incidence among vulnerable populations such as AGYW.

### **Limitations:**

#### **DREAMS Ambassador Survey Limitations**

The DREAMS Ambassador Survey was completed by USAID Implementing Partners from 13/16 DREAMS OUs. Three OUs did not complete the survey: Malawi, South Africa and Haiti, which do not have DREAMS Ambassadors. Therefore, data demonstrated in this study does not represent all findings from DREAMS OUs or IPs. Lower survey completion rates may have been due to competing priorities and deadlines faced by USAID Missions and IPs. The DREAMS Ambassador survey also went out during the busy Country Operational Planning period in April. There were discrepancies found in the total number of DREAMS Ambassadors (Volunteer/Full-Time Salaried) reported by IPs and may have been due to:

- 1.) Unclear guidelines when totaling the number of Ambassadors across DREAMS Implementing Partners in an OU.
- 2.) Barriers to accessing accurate counts of DREAMS Ambassadors across DREAMS districts.
- 3.) Unclear or unfamiliar guidelines when classifying DREAMS Ambassadors.

While it was not implicitly stated, the DREAMS Ambassador survey was to be filled out by 1 person for each USAID DREAMS Implementing Partner. In some OU's, multiple individuals from the same Implementing Partner completed the survey. IPs with numerous responses may have unintentionally contradicted the response of their colleague. The DREAMS Ambassador Survey was intended to be completed solely by DREAMS staff at Implementing Partners (not including current DREAMS Ambassadors), however, some current DREAMS Ambassadors completed the survey as they are technically DREAMS staff as Full-time/salaried Ambassadors. Although valuable, DREAMS Ambassadors' perspectives on survey questions may not have been reflective of other challenges identified in DREAMS Ambassador programming.

#### DREAMS Ambassador Focus Group Limitations:

Due to budget limitations, a USAID HQ translator could not be provided for DREAMS Ambassadors who do not speak or understand English. DREAMS Ambassadors who did not speak or understand English were provided translators from their Implementing Partner in order to participate in focus groups. Using a translator from the Implementing Partner may have some effect on Ambassador anonymity that was originally preferred in the activity. Ambassadors who required translators may not have been entirely forthcoming in responses including their challenges.

#### Conclusion

Through the DREAMS Ambassador survey and Focus Groups, DREAMS Ambassadors and IPs identify Ambassadors as a positive influence on AGYW engagement, retention, and

visibility of the program. Both cadres of DREAMS Ambassadors defined their role as being important stakeholders in community norms change while also inspiring their AGYW peers to participate and continue in the DREAMS program. DREAMS Ambassadors not only provide technical leadership through supporting DREAMS activities but also learn from their AGYW peers through sharing different views, challenges, and ways to overcome such challenges. Youth have the capabilities and knowledge to lead programs that serve their communities at high levels through continual investments and responsiveness. Engaging youth in roles earlier including the program design and implementation stages, creating clear definitions of responsibilities and implementing increased training/networking opportunities can be of value to the youth HIV/AIDS programs such as the DREAMS Ambassador program.

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## Committee on the Outcome and Impact Evaluation of Global HIV/AIDS Programs

Implemented Under the Lantos-Hyde Act of 2008; Board on Global Health; Board on Children, Youth, and Families; Institute of Medicine. Evaluation of PEPFAR.

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## Appendix E

<b>Operating Unit</b>	<b>Implementing Partner</b>	<b># of Ambassadors who participated in FG</b>
<b>Botswana</b>	Global Communities	2
<b>Côte d'Ivoire</b>	Save the Children	2
<b>Eswatini</b>	PACT	2
<b>Kenya</b>	Make Me Smile - Kenya / USAID 4TheChild	2
	PATH	2
	USAID Tujitegemee/AMURT	2
	USAID TUMIKIA MTOTO	2
<b>Lesotho</b>	Karabo Ea Bophelo - LENEHWA	3
<b>Mozambique</b>	FHI 360, Covida	2
	Nweti Zambezia	2
<b>Namibia</b>	Jhpiego	3
<b>Rwanda</b>	African Evangelistic Enterprise	1
<b>South Sudan</b>	Jhpiego	2
<b>Tanzania</b>	PACT	2
<b>Uganda</b>	Regional Health Integration to Enhance Services ΓÇô North, Lango (RHITES-N, Lango)	3
<b>Zambia</b>	CHEKUP II under JSH	2
<b>Zimbabwe</b>	ZHI	2
<b>Total # of FG Participants</b>		<b>36</b>

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### Appendix D

Operating Unit	Implementing Partner	# of Responses from IP
<b>Botswana</b>	Global Communities	1
<b>Côte d'Ivoire</b>	Save the Children	1
<b>Eswatini</b>	PACT	4
<b>Kenya</b>	Make Me Smile - Kenya / USAID 4TheChild	2
	PATH	1
	USAID Tujitegemee/AMURT	1
	USAID TUMIKIA MTOTO	4
<b>Lesotho</b>	Karabo Ea Bophelo - LENEPHWA	1
<b>Mozambique</b>	ANDA	1
	ComuSanas	1
	FHI 360, Covida	1
	Nweti Zambezia	2
<b>Namibia</b>	Jhpiego- Project Hope	1
<b>Rwanda</b>	African Evangelistic Enterprise	1
	PACT/ACHIEVE	1
	FXB Rwanda	1
<b>South Sudan</b>	Jhpiego	1
<b>Tanzania</b>	FHI360	2
	Pact	1
	Tanzania Home Economics Associations- TAHEA	1

<b>Uganda</b>	USAID/Regional Health Integration to Enhance Services in the North, Acholi (USAID/RHITES-N, Acholi)	2
	Elizabeth Glaser Pediatric Aids Foundation (USAID-RHITES-SW)	1
<b>Zambia</b>	ZCCP- KWATU	3
	PACT- USAID ZCHPP	1
<b>Zimbabwe</b>	Zimbabwe Health Interventions (ZHI)	4
	FACT Zimbabwe	1
<b>Total # of Responses</b>		41

**Table 5. Volunteer DREAMS Ambassadors by Age Band**

<b>Operating Unit</b>	<b>10-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25+</b>	<b>Total # of DREAMS Ambassadors reported by IPs</b>
<b>Botswana</b>	0	0	0	0	0
<b>* Côte d'Ivoire</b>	0	1952	520	0	2472
<b>Eswatini</b>	0	0	0	0	0
<b>* Kenya</b>	38	1510	270	33	1780
<b>Lesotho</b>	0	0	0	0	0
<b>*Mozambique</b>	0	0	17	0	17
<b>Namibia</b>	0	0	0	0	0
<b>Rwanda</b>	0	0	0	2	2
<b>South Sudan</b>	0	2	3	0	5
<b>*Tanzania</b>	2048	90	274	117	2529
<b>Uganda</b>	223	116	136	68	252
<b>Zambia</b>	0	3	21	0	24
<b>*Zimbabwe</b>	92	97	97	39	194
<b>Grand Total</b>	<b>2401</b>	<b>2423</b>	<b>1357</b>	<b>264</b>	<b>3780</b>

\*These numbers may differ from the reported total # of DREAMS Ambassadors reported by IPs. In this slide, the total # of DREAMS Ambassadors reported by IPs was totaled by adding all reported age bands.

**Table 6. Full-time/Salaried DREAMS Ambassadors by Age Band**

<b>Operating Unit</b>	<b>10-14</b>	<b>15-19</b>	<b>20-24</b>	<b>25+</b>	<b>Total # of DREAMS Ambassadors Reported by IPs</b>
<b>Botswana</b>	0	0	1	3	4
<b>Côte d'Ivoire</b>	0	0	0	0	0
<b>Eswatini</b>	0	0	0	16	16
<b>* Kenya</b>	0	50	54	2	106
<b>Lesotho</b>	0	0	0	38	38
<b>* Mozambique</b>	0	1	15	0	16
<b>Namibia</b>	7	7	7	0	21
<b>Rwanda</b>	0	0	1	4	5
<b>South Sudan</b>	0	0	0	0	0
<b>Tanzania</b>	0	1	24	23	48
<b>Uganda</b>	3	3	6	4	16
<b>Zambia</b>	0	0	0	0	0
<b>* Zimbabwe</b>	0	0	13	5	18
<b>Grand Total</b>	<b>10</b>	<b>62</b>	<b>121</b>	<b>95</b>	<b>288</b>

\*These numbers may differ from the reported total # of DREAMS Ambassadors reported by IPs. In this slide, the total # of DREAMS Ambassadors reported by IPs was totaled by adding all reported age bands.

## Appendix B

### Script:

Hello, my name is Rayo Soyemi, and I am the Youth Engagement Intern within USAID's Office of HIV/AIDS. I have been looking closely at the DREAMS Ambassador activities to identify and share best practices that may be of value for high quality implementation. I am conducting focus group interviews with you all to learn about your attitudes, feelings, beliefs, and experiences in the DREAMS Ambassador program. A final report including the analysis of focus group responses will be with Implementing partners and DREAMS Ambassadors in the next few weeks.

This focus group discussion will take approximately one hour. All of the information you share with me today is considered anonymous. That is, none of the information shared during this focus group discussion will be attributed to anyone specifically. You may choose whether or not to participate in the focus group and stop at any time.

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I will now start with an introductory question to help everyone get more familiar with me and each other.

*The following questions should then be answered by 2-3 different participants throughout the entire discussion. I will randomly call on those not responding as frequently, in order to get a more diverse representation of answers to questions. Individuals do not have to contribute if you feel uncomfortable answering the question.*

Facilitator:

**Ice Breaker:** As an ice-breaker, I would like to ask what animal best represents you and why?

**Please tell us your name, age, and the country where you live. (moderator introduced first)**

We will begin with a set of poll questions to quickly answer before completing the rest of the Focus Group Discussion together.

1. How long have you been a DREAMS Ambassador?
  - a. Are you still a DREAMS participant or have you finished the program?
    - i. **Poll question**
2. What forms of payment do you receive as a DREAMS Ambassador?

- a. I.e. stipends, internet data/ airtime/ talktime, tablets. Please specify.
  - b. Poll question.
- 3. On average, how many hours per week do you work to support the DREAMS program?
  - a. Poll question
- 4. Did you receive a statement of work or job description before beginning your role as a DREAMS Ambassador?
  - a. Poll question
- 5. Based on your experience, do you do everything listed on your Scope of Work (SOW)?
  - a. Poll question
- 6. In a few words, how do you describe your role as a DREAMS Ambassador ?
- 7. What kind of training did you receive as a DREAMS Ambassador before starting your position? Which parts of training have been most helpful for you?
- 8. Do you have recommendations for additional training that could support you or improve your skills as a DREAMS Ambassador?
  - a. If so, what are they?
- 9. What kind of support and supervision did, or do you currently receive as a DREAMS Ambassador? For example
  - a. Who is responsible for supervising you (Title/Position) and what topics are covered in a supervision?
- 10. Do you feel you are engaged as a DREAMS Ambassador in important ways? If yes, describe.
  - a. What do you define as “important” ?
  - b. Are there things you would like to do in your role that you are not currently doing?
- 11. What do you enjoy most about your work? What is your least favorite thing about your work?

12. Do you have a way of reporting your questions, comments, concerns or feedback to your organization regarding DREAMS or working as an Ambassador?

- a. Do you feel as though your feedback is valued?
- b. Have changes been made based on your feedback?
- c. If so, can you share an example? (If time allows.)

13. What are some of the biggest challenges you face in your work?

14. Has the work you are doing shaped your career goals? If so, in what way?

15. What tips or lessons learned are important to share with incoming or new DREAMS Ambassadors?

16. Does your DREAMS program have any challenges keeping its Ambassadors? If so, how can the DREAMS program improve on keeping Ambassadors for a longer time?

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This ends the focus group interview questions. I would like to thank you all for your participation and responses shared during this interview. Are there any questions or final comments anyone would like to ask or share?

I'd like to reassure you one last time, that any information shared today will not be attributed to any individual by name in any reports.

Again, thank you so much and I wish you all the best.

## Appendix C

### **DREAMS Ambassador Checklist for Focus Groups:**

1. Do you have a private space for DREAMS Ambassadors to meet on-site?
2. Can you provide a location and computer for DREAMS Ambassadors to conduct focus group interviews?
3. Do all DREAMS Ambassadors you have selected speak and understand English?
  1. Will translation services be needed for Non-English native speakers? If so, for what language?
4. Are all DREAMS Ambassadors participating in focus groups age 18 and over and therefore able to give consent?