Expanding Beyond Adolescent and Youth Health and Development Boundaries:
Integrating Model Gardening Within the Peer Education Program in Youth-Friendly Service Facilities
Pathfinder International
Pathfinder International is driven by the conviction that all people, regardless of where they live, have the right to decide whether and when to have children, to exist free from fear and stigma, and to lead the lives they choose.

Since 1957, we have partnered with local governments, communities, and health systems in developing countries to remove barriers to critical sexual and reproductive health services. Together, we expand access to contraception, promote healthy pregnancies, save women’s lives, and stop the spread of new HIV infections, wherever the need is most urgent.

Our work ensures millions of women, men, and young people are able to choose their own paths forward.

Change lives with us. pathfinder.org

Background
Reproductive health choices have far-reaching effects on the lives of young people. During these critical years, a course is often determined for their future health, productivity, and relationships. An investment in the Adolescent and Youth Health and Development (AYHD) of adolescents and young people is an investment in the future of the country they will build tomorrow.

Peer education is a key element of Pathfinder International Ethiopia’s AYHD programming. Peer educators are volunteers who work directly with their peers to improve their knowledge and health-seeking behavior, including prevention of HIV and other sexually transmitted infections (STIs). Peer-education programs support young people in developing positive group norms and making healthy decisions about their reproductive health and other developmental issues.

Peer Education Program
In the peer-education program, well trained and motivated young people lead informal or organized educational activities with their peers and in their respective communities. The program benefits adolescents and youth by sharing knowledge on reproductive health topics not previously addressed in their educational experience. The program also provides greater familiarity with community resources and helps young people feel more connected to school.

Peer Educators
The peer educators range in gender and age from 10 to 24. They are recruited by the health center, in collaboration with the kebeles and the nearby schools, to include both in- and out-of-school adolescents and youth.

Selection criteria includes:
- interest in working with young people
- willingness to volunteer their services
- good reputation in the community and the school
- and avoidance of any form of substance abuse

Peer educators are trained and mentored to bring about change in knowledge, skills, attitudes, beliefs, and behaviors of individuals and the community. As part of the youth-friendly service (YFS) package at designated YFS units, peer educators are included in demand-creation activities and referrals—linking young people in schools and communities to facility-based services.

These peer educators innovate and implement activities beyond their AYHD responsibilities. They engage in gardening at health facilities; supporting pregnant mothers, the elderly, and orphans and vulnerable children (OVCs); and donating blood in their respective communities.

Peer educators also participate in the Making Clean, Attractive, and Safe Health facilities (CASH) initiative, started by the Ministry of Health (MOH). Peer educators clean the health facilities, plant flowers, and follow and maintain their growth. Through this work, peer educators became the powerhouse of facility beautification—motivating the staff and building trust between the staff and themselves.
The Model Gardening Initiative

Today our world is witnessing the adverse environmental effects of climate change. Various experiences and studies have shown that urban agriculture can help mitigate the effects of climate change, at the same time improving the quality of life in urban areas. Effective land and empty-container use and good planning are crucial to creating and maintaining a supportive green backyard with vegetables and fruits for healthy living.

In Ethiopia, most health facilities have spacious land. However, these valuable spaces are often underutilized or misused. Peer educators saw these unused spaces as opportunities to generate food for the mothers who rely on the maternity waiting homes and facilities for services.

With this notion, Pathfinder International, as a clean-environment and climate-change advocate, began to support peer educators to work on evidence-based gardening approaches. For the peer educators, this was a dream come true.

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**Process of Implementing Model Gardening with Peer Educators**

Pathfinder supported eight YFS facilities (two from each of the following regions: Amhara, Oromia, SNNP, and Tigray) to initiate model gardening with technical support from the nearby agriculture-sector office.

**STEP 1: Inception**

The program created common understanding among the AYHD team members, regional health bureaus, and woreda health offices on the concept of model gardening.

**STEP 2: YFS Facilities Identification**

The following criteria were used to select participating facilities: active peer educators; adequate water source; committed, having a supportive management and YFS provider; and spacious, fenced health facility.

**STEP 3: Consensus-Building**

Health facility staff greatly appreciated the discussions on model gardening initiatives that were held regionally with the selected facility heads and YFS providers.

**STEP 4: Collaborating**

A discussion with the nearby agriculture office resulted in technical support and an assigned horticulture specialist for the program.

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**Steps to pilot model facility gardening**

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<tr>
<th>Step</th>
<th>Description</th>
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<tr>
<td>1</td>
<td><strong>Inception</strong>&lt;br&gt;Created common understanding among the AYHD team members, regional health bureaus, and woreda health offices on the concept of model gardening.</td>
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<td>2</td>
<td><strong>YFS Facilities Identification</strong>&lt;br&gt;Used the following criteria: adequate water source, committed and supportive health facility management and YFS provider, and spacious and protected (fenced) health facility.</td>
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<td>3</td>
<td><strong>Consensus Building</strong>&lt;br&gt;Reviewed model gardening initiatives with the selected facility heads and YFS providers in the respective regions.</td>
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<td>4</td>
<td><strong>Collaborating</strong>&lt;br&gt;Collaborated with the local agriculture office to receive technical support and assign a horticulture specialist.</td>
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<td>5</td>
<td><strong>Orientation</strong>&lt;br&gt;Oriented peer educators, YFS providers, and guards on space selection, land preparation, watering of the plot and transferring seedlings to other plots of land.</td>
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<td>6</td>
<td><strong>Availing Tools</strong>&lt;br&gt;Supported selected facilities with the necessary gardening tools including: gloves, spade, wheelbarrow, watering can, rake, hoe, pruning shears, sickle, and fruit and vegetable seeds.</td>
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<td>7</td>
<td><strong>Preparing to Seed</strong>&lt;br&gt;Key actors prepared the garden plots and sowed the seeds. Peer educators watered the plots seeds regularly, and remained eager to learn about the growing process.</td>
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<td>8</td>
<td><strong>Planting and Caring</strong>&lt;br&gt;Facilities leveraged mango, papaya, and avocado seedlings from the nursery sites. Peer educators prepared a hole, planted the seeds, and watered them on regular basis.</td>
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The horticulture expert supervised the process and mentored the peer educators, while the facility heads and YFS providers and monitored the program. Peer educators prepared and nurtured vegetable gardens using empty spaces within the health facility compounds that were free from biohazardous substances. They grew different types of vegetables—including cabbage, green pepper, and carrots, and fruits such as papaya, mango, and banana. The vegetables were given to pregnant mothers who came from far areas to stay in the maternity waiting homes within the facilities until they delivered their babies. Pregnant mothers and their accompanying family members were able to spend time in and enjoy the garden, take vegetables for their meals, and help clear and water the garden. The peer educators used this opportunity to teach mothers and their families how to create similar gardens in their backyards—an important linkage to community-based nutrition activities. Mothers who came to the facility for immunization services were also educated on feeding their children using the kinds of vegetables grown at the health facility. These mothers were given a tour of the facility garden and encouraged to start their own backyard gardens. This use of backyard gardening has been instrumental in complementing the nutrition of children and the family. The lovely gardens and the fresh fruits and vegetables they yielded create an opportunity for peer educators to share their care and compassion with mothers. The extra produce was sold, and proceeds finance and sustain the peer educators’ activities.

The facility gardening initiative made the facility more attractive; it also increased frequency of peer educators’ contact with the facility, that helped the peer educators to spend most of their spare time in learning new skills.

—NIGIST SOLOMON, YFS FOCAL, WOSHA SOYAMA HEALTH CENTER, SNNP

The peer educators play a great role in planting all fruit trees, flowers, and vegetables. They encouraged the health facility staff to engage in gardening activities. It helped to improve staff motivation, client satisfaction, and increased flow of mothers to the maternity waiting home; and improved health-seeking behavior of the community.

—G/SILASE G/HIWOT, DIRECTOR OF THE FACILITY, DEBREGENET HEALTH CENTER
Benefits of the Model Gardening Initiative

Gardening is an educational and rewarding physical activity. A garden is a wonderful place to learn responsibility, patience, pride, self-confidence, curiosity, critical thinking, and the art of nurturing. A healthy lifestyle is often achieved through an excellent diet and a certain amount of physical activity. In addition to its positive impact on diet, gardening has been shown to improve mental health by reducing depression and anxiety.

Challenges of Implementing the Model Gardening Initiative

Lack of fertilizer and pesticides and the need to protect gardens from wild animals, such as monkeys, were among the logistical challenges expressed by the facility staff and peer educators. In addition, young people have a variety of interests—some are interested in gardening, while others are not. The responsibility of caring for the garden was Shouldered by a few peer educators who were very keen and interested in gardening and in taking on responsibilities. Since peer educators are young, close follow-up and mentoring to provide encouragement and training on how to care for the garden was crucial.

Lessons Learned

• Peer educators learned from and enjoyed the gardening process, which might inspire and foster a life-long interest and hobby.
• The peer educators, health facility staff, pregnant mothers, and other clients of the facility appreciated learning more about the aesthetic, economic, and health benefits of fruit trees and vegetable gardens.
• Model gardens can teach lessons on how to integrate vegetables and fruits in the backyard that may be used regularly and break the malnutrition cycle during childhood and adolescence through the provision of practical food demonstrations and nutrition counseling by the peer educators at health facilities, schools, and households.

“I never had gardening experience before. After we started the gardening in the health center, I learned how to cultivate vegetables practically and prepared my vegetable gardening in my home compound.”

— DIBORA GIRMA, PEER EDUCATOR, WOSHA SOYAM HEALTH CENTER