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Evidence-based Advocacy for Social Accountability in Adolescent SRHR

A Case Study of
SAfAIDS Zambia



Knowledge for action: The power to make a difference!



One morning Elly Banda and Andy Mbewe had a meeting that most Zambian youth could only dream of. They were on their way to meet with Dr. Christopher Kalila, Member of Parliament (MP) in his capacity as Chairperson of the Parliamentary Health Committee. It was not a meeting of unequals as many would expect, but one of colleagues in the fight for Sexual Reproductive Health and Rights (SRHR) awareness and services. So how do two young people from urban Lusaka and a Member of Parliament representing rural Zambia get to know one another?

Elly and Andy, and Dr. Kalila each represent two separate projects implemented by Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) Zambia. The projects have different donors and different target groups, but they are both ultimately aiming to achieve the same goal of holding service providers, leaders, and policy makers to account in order to ensure that young people have access to information and services on sexual reproductive health and rights.

SAfAIDS found that there was not much social accountability monitoring in the health sector that put an emphasis on young people as agents of change; in an effort to ease collaboration between governance and adolescent SRHR programmes, SAfAIDS embarked on a two-fold approach combining projects that focused on services, advocacy, and budget monitoring & tracking.

The first project entitled, 'Strengthening Social Accountability and Oversight Capacity for Rights-based Public Resources Management in Health and Agriculture in Southern Africa' was funded by the Swiss Agency for Development and Cooperation and implemented through the Partnership for Social Accountability (PSA) Alliance, a consortium that was made up of SAfAIDS and the following other organisations:

1. ActionAid International (Consortium lead)
2. Eastern and Southern Africa Small Scale Farmers' Forum (ESAFF)
3. Public Service Accountability Monitor (PSAM)

Social Accountability as a tool for advocacy requires identification and selection of the right

tool; to support the project, the consortium selected the Public Social Accountability Model (PSAM), a framework developed by Rhodes University in South Africa. The PSAM uses five inter-related processes of public resource management with a view to enhancing social accountability in public resource management.

This project worked with national leaders at Zambia's National Assembly [or Parliament], such as the Parliamentary Committee on Health. A Member of Parliament (MP), Dr. Christopher Kalila, was not only the chair of the Parliamentary Committee on Health, as a result of this project he also became a staunch advocate for young people and for accountability in public resource management. The project also worked with officials in Zambia's Ministry of Health to track Adolescent Sexual and Reproductive Health and Rights (ASRHR) budget allocation, expenditure, and delivery of services from national level to local health centres.

To fully utilise the PSAM approach, SAfAIDS had second project that focused on equipping young people and health workers to provide ASRHR

services to five health facilities within the high density Chipata health zone in the capital city Lusaka. Supported by Hivos through the Regional SRHR Fund, through various interventions, the project improved the SRHR of young people in Zambia by aligning social accountability monitoring with provision of ASRHR services.

By pairing the projects to achieve combined outcomes, SAfAIDS ensured that they addressed all 5 components of the PSAM, specifically; 1) strategic planning and resources allocation;

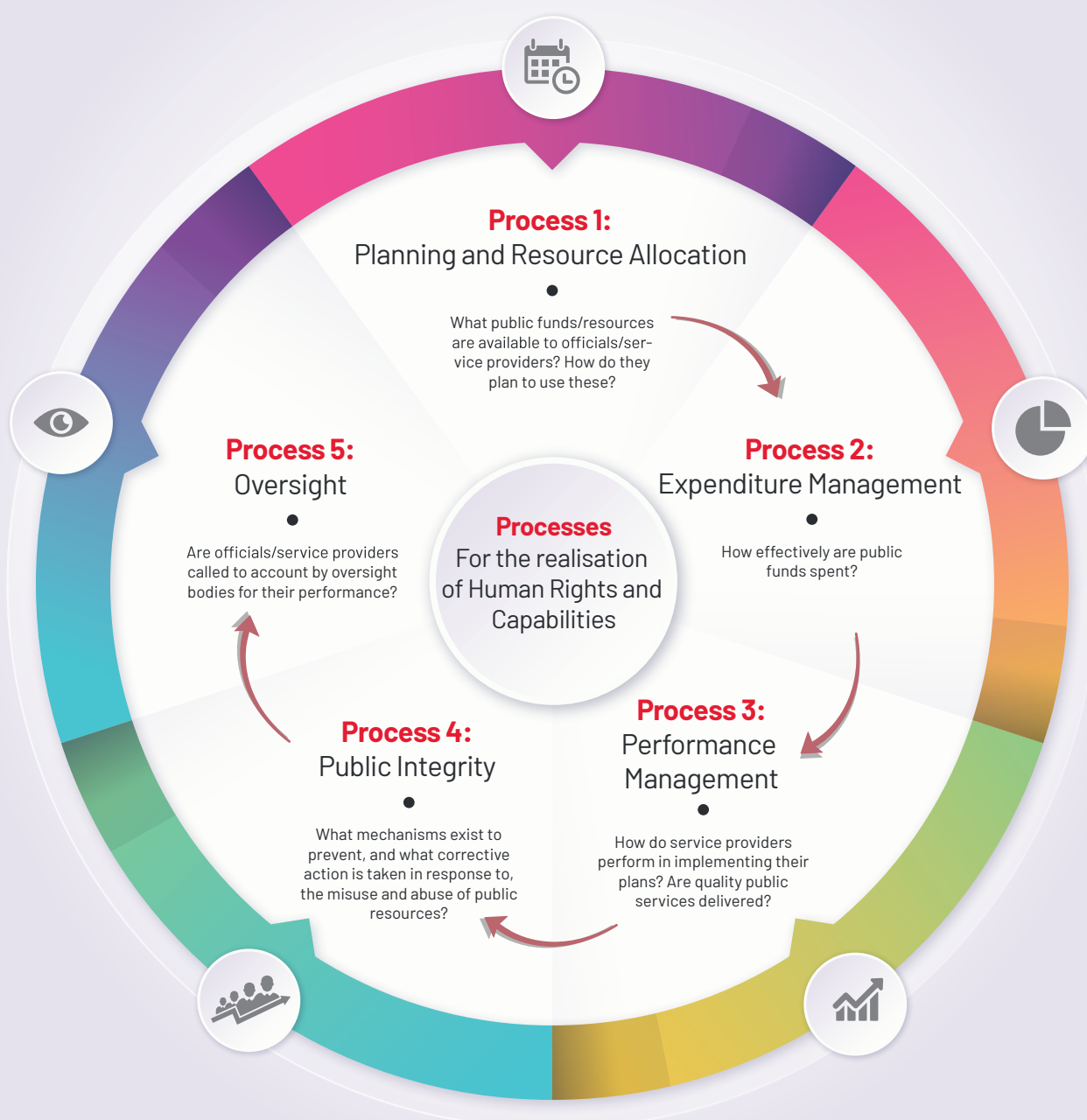
2) expenditure management; 3) performance management; 4) public integrity management systems; 5) and oversight in ASRHR.

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Specifically, young people showed improved capacity to advocate for and demand their rights to health. They were also able to conduct budget and performance tracking for Sexual and Reproductive Health and Rights (SRHR) services in the 5 health facilities within their catchment area. As champions in their role to generate demand for SRH services at the community level, the young people also participated in national and district advocacy forums for health.

The Social Accountability System



Credit: Public Social Accountability Model - Rhodes University, South Africa

Youth-focused vs Youth-led

SAfAIDS Zambia Country Director Gastone Zulu explains how Elly and Andy's and Dr. Kalila's projects came to intersect. "We didn't want to just bring in young people to rubberstamp the advocacy process, we wanted them to own the entire process, and for their participation to actually be meaningful". – Gastone Zulu

The project empowered young people by creating a cadre of youth that were trained and equipped to meaningfully engage at every level of society. The only way they could do this was by training them in leadership and governance, so they would add value to any process and be relevant to their community and to society. As Social Accountability Monitors, the young people were trained in the planning and budgeting processes, tracking of service delivery and how to package and use findings of these processes for evidence-driven advocacy for improved health outcomes.

"Young people are role models. Especially to the adolescents out there who just do everything they want without information and guidance. So, if more young people take part in these activities [organised at the Chipata Level 1 Hospital] then they will reach out to the ones who don't have access", Elly stated.

"Young people should be leaders as well. Many times, leaders often present things to the adolescents which they [young people] aren't in favour of", Elly continued. "And when we speak to our focal point we try to explain why we are not in favour of these things but at the end of the day we see these things being implemented. So, adolescents must be included in the decision making so they can have an idea of what's going on".

Resources have been made available to ensure they are not only able to be included, but to offer practical guidance into what is working and what needs changing from an adolescent perspective. This investment in their capacity equipped Elly and Andy enough that they were confidently able to engage with Dr. Kalila and other members of Parliament regarding budget allocation and tracking.



Analysis of the adolescent health services budget began from the national budget, the health sector budget [under Ministry of Health], the provincial budget, the district budget, and finally the 5 health facilities in the Chipata health zone. The youth social accountability monitors and health workers involved in the project were able to match budget trends to the catchment level [local health centre]. By tracking budgets and asking questions, the young people were able to build a body of evidence that spoke to trends connecting budget allocation in ASRHR that directly impacted implementation at health centres, and ultimately young people's lives.



A key witness able to attest to this process is one of the health workers trained - Mercy M. Sakala, a nurse at Chipata Level 1 Hospital.

Mercy, who is an adolescent focal point person, oversees all the projects at the health centre that are targeted at adolescents. In her role she supervises all interventions approved by the facility management and offers guidance in suitable practices. This extends to 'greenlighting' materials and methods proposed.

By offering training to health workers like Mercy, SAlfAIDS sought to increase the overall capacity of local staff to handle projects of this nature. Training on matters such as social accountability has taught various attendees how to account in all areas, such as the money allocated to the adolescents, and other things.

The project beneficiaries are not only able to analyse the National Health Strategic Plan; they are then able to conduct a 5-day outreach activity in one of the most overcrowded townships of the city.

The work among the young people in Chipata township and surrounding areas specifically focuses on raising awareness on SRHR issues, conducting voluntary testing and counselling, as well as family planning sensitisation. Regular meetings are held at the facility as well as organised around the community for young people to come and receive answers and guidance to many of their most asked questions. The project has also tried to incorporate drama and dance to reach out to the community, an initiative which Andy plays a key role in.



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Hivos Regional Office for Southern Africa
20 Phillips Avenue, Belgravia
P.O Box 2227
Harare, Zimbabwe.
T: +263 4 706 125 / 706 704 / 250 463
E: srhr@hivos.org
W: <https://southern-africa.hivos.org>



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