



Promoting Adolescent Access to Sexual and Reproductive Health Services.




Access to Sexual and Reproductive Health and Rights (SRHR) for adolescents remains a challenge in Zambia. This is despite the country's commitment to various international and regional commitments that champion the health rights of young people and the citizens at large.

Zambia has progressive policies that recognize adolescent SRHR. These include the Adolescent Health Strategy and the National Plan of Action for the 2015 Youth Policy. The policies promise to ensure access to a wide range of youth-friendly health services; to increase access to youth-friendly, gender-sensitive sexuality education; and to promote healthy living and responsible behavior among adolescents and youths. The Zambian Government has also rolled out the National Standards and Guidelines for Adolescent Friendly Health Services, clearly spelling out the package that health facilities should offer to provide adolescent-friendly services.¹

Furthermore, the adolescent health strategies in the Zambia National Health Strategic Plan (2017 to 2021) prioritize the delivery of comprehensive and integrated adolescent-responsive health services at all levels of service delivery. The plan also promises to scale up pre-service and in-service adolescent health training of health workers, scale up training of peer educators and their deployment to adolescent-friendly spaces at health facilities and communities as well as strengthen and scale up school health programmes.

In addressing SRHR challenges faced by adolescents and young people, ZYP conceptualized the 'Enhanced youth action project' aimed at enhancing adolescent access to SRHR information and services. The project undertook to build and strengthen the capacity of adolescents and young people to hold duty bearers accountable for the provision and delivery of quality youth-friendly SRHR information and services. The project targeted vulnerable adolescents and youth populations including sexual and gender diverse communities and people living with disabilities.

The specific project objectives were to:

-  Increase access to youth-friendly SRHR services for adolescents and young people in Livingstone.
-  Build an evidence-based for knowledge sharing and peer engagement among Youth advocates on best practices for advocacy for SRHR.
-  Improve the capacity of adolescents and young people as champions in advocating for SRHR and related financial flows from national to sub-national levels

1. National Plan of Action for the 2015 Youth Policy prepared by the ministry of youth and sports, Lusaka, August 2015.

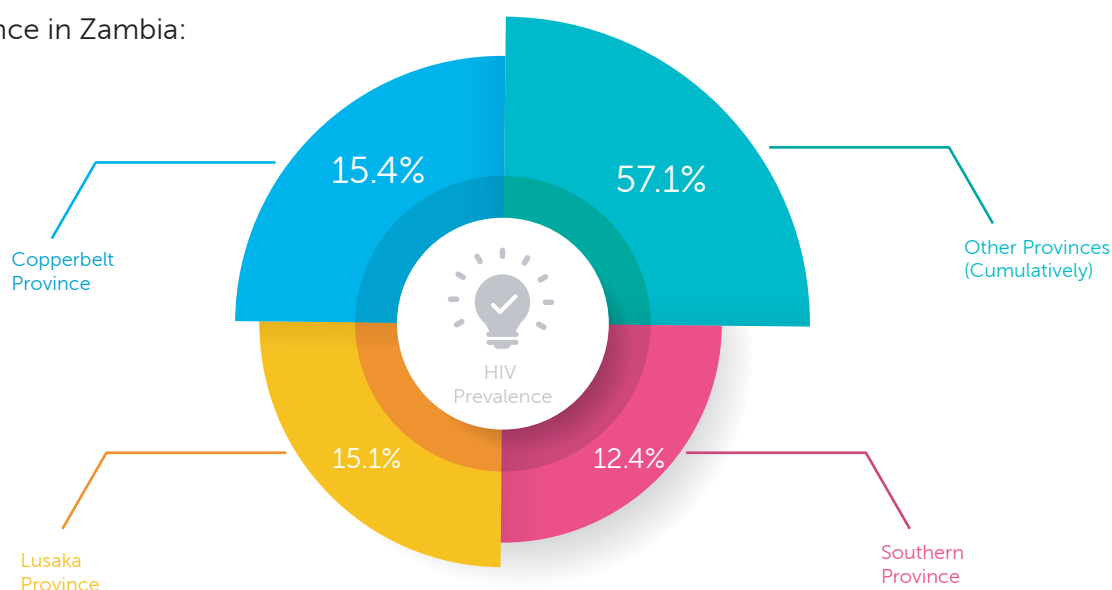


ZYP implemented the project in Zambia's tourist capital Livingstone. Livingstone has a high number of sex workers and communities of key populations who need access to non-judgmental SRHR information and services.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) considers key populations to be 'Gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.'² In this regard, ZYP focused the implementation of the project on these key target groups.

Livingstone city is located in a region whose HIV prevalence rate is among the highest in the country. Southern province has the third-highest HIV prevalence rate standing at 12.4%, with the highest being Copperbelt Province at 15.4% followed by Lusaka Province at 15.1%.³

HIV Prevalence in Zambia:



2. <https://www.unaids.org/en/topic/key-populations>

3. Zambia Statistics Agency, Ministry of Health (MOH) Zambia, and ICF. 2019. Zambia Demographic and Health Survey 2018. Lusaka, Zambia, and Rockville, Maryland, USA: Zambia Statistics Agency, Ministry of Health, and ICF.

ZYP's 'Enhanced youth action project' focused on creating demand for SRHR using innovation and social accountability. Given the many barriers that exist in efforts to reach out to the targeted populations as far as creating demand and increasing access for SRHR are concerned, ZYP took the approach of capacity building and strengthening stakeholder engagement and evidence generation to inform its actions.

In addition, ZYP capitalized on the evidence that was collected during the implementation of the project to introduce new ways of ensuring that their objectives were met. They applied innovations such as the introduction of referral slips, signage for the deaf clients, registers for adolescents and young people accessing services at health facilities, as well as the weekend clinics which set the tone for the success of the project. The innovations ensured the provision of SRH services in partnership with health care providers as close to the beneficiaries as possible.



Awareness and capacity building activities that were conducted to support the approach included training sessions in schools and within the communities. Awareness of the project was also done through focus group discussions and a radio discussion programme on Zambezi FM Radio.

This approach was important to achieving the objectives of the project because implementers and beneficiaries alike needed to have the latest, correct and accurate information and data on SRHR. It was cardinal to build capacity in some community facilitators for them to know how to handle special interest groups among the adolescents such as those with disabilities and those with different sexual orientation.

The community facilitators were trained on the basics of SRHR and social accountability, which involves the use of the community-led monitoring tools. The tools include among others scorecards and questionnaires. The community facilitators were equipped to use the scorecards and questionnaires to track the provision of SRH services at the various health centers.

The outcome of these training and awareness sessions was the increased demand for SRHR services among adolescents. Due to the knowledge acquired the young people and adolescents were able to visit the health facilities to access the SRH services. This is evident through the number of referral slips and by the numbers of young people captured in the registers placed at the health facilities.



Social Accountability

The social accountability component of the project was aimed at ensuring that young people could participate in community-led social accountability processes to enable them to track the provision of the SRHR services delivered and to hold duty bearers accountable for the provision of affordable, high quality SRHR services. This approach resulted in young people demanding for safe abortion services which were not routinely provided despite a legal framework allowing for provision of the service. Some of the facilities that were providing safe abortion were requesting for side payments from young people requesting for the service yet it is government policy to provide the service for free. This approach helped to address this challenge and ensure access to services for those that needed it.

Stakeholder Engagement

For the Enhanced youth action project to succeed, ZYP had to engage key stakeholders such as the young people themselves, the parents, the community and government departments. This approach ensured ownership and acceptance of the project.

ZYP identified that young people themselves should drive the agenda of creating demand and thus ensured that they were empowered to design the project, implement it and also record evidence to help them refine their activities.

The community was engaged by a way of identifying and training those that could lead the project among populations that already knew them. This made it easy for the project to be sustainable, as human resource was not sourced from afar but from within.

ZYP worked in collaboration with the government through the Ministry of Education and the Ministry of Health. Through these engagements, ZYP was able to identify the schools and health facilities to work with in executing the project, as well as get officials from the two ministries attached to the project. This gave the project a sense of ratification and recognition in the community it was implemented in.



Evidence Building

ZYP collected evidence through Community-Led Monitoring tools such as budget tracking tools, scorecards and key informant interviews. Evidence building was particularly vital because the information generated, helped ZYP to understand the issues they were addressing better as they gave an informed perspective about things that the community and targeted groups were experiencing. The scope also included probing on the availability of commodities such as contraceptives, testing kits, ART, Condoms, among others, as well as investigating what services young people were accessing and how the services were provided.





As such, there was evidence that some health personal at the five clinics under the project were not aware of the policy provisions regarding the age of consent when it came to adolescents accessing ART services. There was also documentation of the fact that some health facilities were not user friendly for adolescents with disabilities. It was also discovered that in-school adolescents on ART were having challenges to access services such as the collection of medicines and this influenced their adherence and consistency to ART. These findings were used for advocacy during stakeholder engagements.

These engagements resulted in increased access to services for adolescents and young people. There was a better understanding of the service provision policies and guidelines, and improvement in the attitude of service providers towards the young people. There was also a noted improvement in the health and well-being of adolescents and young people living with HIV because of access to ART.

Innovations

The approaches that were employed lead to various innovations during the course of implementing the Enhanced youth action project. Among them was the introduction of a weekend clinic where ART and SRH services for adolescents were provided, especially for in-school adolescents who were are unable to access services during the week when they are in school. To ensure that more adolescents and young people were attracted to the weekend clinics, sports and board games were incorporated in the clinic interventions. The other innovation was the introduction and revision of referral slips for easy access to services through youth-friendly Spaces. This particularly aided in increasing numbers of young people accessing the services by addressing challenges in navigating the health system.

Key Results

-  Increased demand and access to SRHR information and services by key the target audience
-  Strengthened feedback mechanism on challenges regarding access to SRHR services at the community level
-  Enhanced adolescents and youth participation in key decision-making platforms at different levels on SRHR
-  Improved community participation in social accountability and systems that deliver health services.



Key Findings and Lessons Learnt



Gender equality and human rights are central to ending AIDS and other epidemics facing young people.



Health service provision needs to be inclusive by making SRHR information accessible for adolescents and young people with disabilities. This should include the use of braille and health care providers with sign language skills.



A community-driven approach ensures the sustainability of the project even beyond its life span. The young people working on the project, even those who were mentored, have information and capacity that they will continue to use beyond the project life span

NEXT STEPS

ZYP has put together a responsive project. It will respond to some of the key challenges that were documented during implementation of the Enhancing Youth Action Project. The project will continue to specifically target marginalized groups of young people and aim to enhance their capacity and access to SRHR information and services.

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