

TOWARDS EFFECTIVE LINKAGES OF YOUNG PEOPLE TO SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS SERVICES AND SUPPORT IN
EASTERN AND SOUTHERN AFRICA:

PERSPECTIVES FROM CIVIL SOCIETY

Report submitted to

Amplify Change

by

Dr Lorenza Fluks

Human Sciences Research Council

As part of the School's Out Project

October 2020

Acknowledgements:

Research conceptualisation & design, Dr Ingrid Lynch
Research assistance provided by Nombuso Khanyile
Assistance with data management, Mudzunga Neluheni
Project management support, Nomthandazo Mbandazayo
Project leadership and direction, Prof Finn Reygan

We thank all the study participants for sharing so richly from their experience

This research is funded by Amplify Change

Table of Contents

1.	Background.....	1
2.	Study Aim.....	1
3.	Research Design and Methodology.....	1
3.1.	What is narrative assessment?.....	1
3.2.	Why use narrative assessment in this project?.....	2
3.3.	Applying narrative assessment.....	2
3.4.	Purposeful sampling.....	2
3.5.	Data collection.....	3
3.6.	Data analysis.....	3
4.	What works in terms of linking young people to SRHR services and support?.....	4
4.1.	Youth friendly services.....	4
4.2.	Safe spaces where young people can express themselves.....	6
4.3.	Providing young people with comprehensive information.....	7
4.4.	Meaningful youth participation.....	8
4.5.	Staff trained in youth-friendly approaches.....	9
4.6.	Collaboration with other CSOs and government.....	11
4.7.	Adopting a community approach.....	13
5.	Barriers to linking young people to SRHR services and support.....	14
5.1.	Negative attitudes of healthcare workers.....	15
5.2.	Limited knowledge of SRHR amongst teachers and parents.....	15
5.3.	Cultural perceptions of young people and SRHR.....	16
5.4.	Discrimination against LGBT young people.....	17
5.5.	Issues concerning policies and legislation.....	18
6.	Conclusion.....	19
	References.....	21

1. Background

Sexual and reproductive health and rights (SRHR) services and support of adolescents is an important, yet often underrated provision, and the potential of child rights and adolescent girls' and boys' evolving capacities to claim SRH rights in many African countries remain unfulfilled. Key barriers that often hinder effective linkages of young people to SRHR services include local culture and inequitable gender norms that ascribe restrictive roles and behaviours to boys and girls along binary lines; adults' perceptions of young people and their limited role in decision-making about issues affecting their lives; limited information to assist young people to make informed decisions about their health, amongst others (Buller & Schulte, 2018; Starrs et al., 2018).

Despite recent increases in scholarly and donor interest in interventions addressing adolescent SRHR in Eastern and Southern Africa (ESA), the evidence base to ensure that interventions are contextually nuanced, appropriate and ultimately effective is still lacking. Saetren (2005), based on a systematic review of health-related implementation science, describes the dominance of research focused on high-income countries as an "ethnocentric bias in implementation studies" (p. 571). Further to this, when research to support efforts to address adolescent SRHR in the ESA region is conducted, such studies are overwhelmingly concerned with evaluating impact, i.e. "*what works*", with far less attention paid to exploring the process of implementation. Ridde (2016) emphasises that it is not sufficient to know that a programme or intervention works, "*it is also necessary to understand why the intervention works, how, for whom and in which contexts*" (p. 1). An understanding of the socio-cultural contexts that support or inhibit programming on adolescent SRHR in the ESA region becomes even more pertinent when considering that many adolescent SRHR interventions implemented in this region were initially developed in wealthier countries – i.e. with more resources and different socio-cultural environments. The aim of this HSRC-led research study is to deepen understanding of the socio-cultural contexts in which efforts to link schools to SRHR services and support are implemented in the region. The study forms part of the School's Out project funded by Amplify Change.

2. Study Aim

This study aims to increase understanding of the sociocultural contexts in which programmes and interventions linking youth to SRH services and support are implemented, in order to contribute to implementation science on addressing adolescent SRHR in the ESA region. To achieve this, the study produces analyses of contextual factors that impede or facilitate interventions linking school-going youth to SRH support and services across selected sites in ESA countries. The ambit of the research includes established programmes and interventions, as well as emerging practices or pilot projects of our partner organisations. We aim to generate and consolidate evidence to meaningfully inform the work of in-country and regional stakeholders in the Amplify Change funded project, and the broader region.

3. Research Design and Methodology

3.1. What is narrative assessment?

In this study we adopted a qualitative design and utilised narrative assessment methodology. Narrative assessment is a qualitative evaluation tool that emerged from critiques of the results-focused approach of many traditional monitoring and evaluation (M&E) methods (van Wessel & Ho,

2018). Narrative assessment aims to enhance existing M&E methods by contributing a systematic approach to making sense of the realities underlying evaluation results, within dynamic social environments (Van Wessel & Ho, 2018). Through storytelling, narrative assessment helps to make visible the tacit knowledge that organisations have about the influences that are often invisible, yet affect the outcome of advocacy and programme implementation work. These influences are often overlooked when using traditional M&E approaches because of the complexity of the change process (Van Wessel, 2018). Narrative assessment seeks to contribute to learning, programme adaptation and practice, as well as communication about programmes to donors and other role players (Van Wessel & Ho, 2018). Van Wessel (2018) notes that:

...by focusing on sequences of developments and on how actors, actions and contexts influence these developments, stories can shed light on mechanisms as they are observed and interpreted by advocate as actors in the middle of the action, making these explicit and laying bare the unfolding of developments. Whereas causal mechanisms are often impossible to establish with certainty, we can co-construct and critically assess the plausibility of advocates' stories of how what they did or did not make a difference, and why (p. 406).

3.2. Why use narrative assessment in this project?

Narrative assessment applies an advocacy lens and is specifically designed for use within the very dynamic environment of advocacy work. This makes narrative assessment an appropriate approach for gauging the strategies and promising practices regarding linking schools to SRHR services. This method allows for eliciting accounts of advocacy workers about why they think an approach works or not in particular contexts, i.e., focusing on strategies that facilitate or hinder availability and uptake of services, as well as accounts of how organisations go about addressing contextual barriers to providing services. In that regard, narrative assessment is interested in stories about success and failures in linking schools to SRHR services. This methodology can be applied at the level of in-country programmes as it has a particular focus on the context in which programmes are rolled out. Yet, the stories and lessons regarding best practice can potentially create a picture of the ESA region in relation to adolescent SRHR.

3.3. Applying narrative assessment

Narrative assessment methodology comprises of co-creation of stories by participants (in this study, key actors in implementing initiatives aimed at linking youth to SRHR services and support) and narrative assessment facilitators, making sure various elements are considered in stories that participants tell about how programmes have unfolded. The facilitator encourages the participant to tell their story, drawing out key messages of the story, with a particular focus on how the context influenced the unfolding of the story. Participants are encouraged to reflect on how change happened, which actions they applied, who were involved, i.e. who were the actors or role players (Van Wessel & Ho, 2018). As in the case of this project, we focused on participants' views about the strategies that they have seen to be effective, or not, in achieving desired outcomes – linking young people to SRHR services and support.

3.4. Purposeful sampling

We used purposeful sampling to select the participants for this study. This sampling technique is often used in qualitative research (Bryman, 2012; Creswell, 2009). In this study, participants include programme managers, implementers and advocacy workers at civil society organisations (CSOs) that

provide SRHR services to youth within the Eastern and Southern African region, and are part of the School's Out project. The rationale for including these members is because of their vast experience and involvement with providing SRHR services to young people, and therefore to elicit rich and detailed stories about their organisations' work.

3.5. Data collection

In preparation for this research, we delimited the focus of the interviews. We decided to focus on stories about what works in linking schools to SRH services, what are the key lessons learned, what are the key barriers faced as well as how the organization/advocates overcame it. We adapted the initial plan of face-to-face data collection to online due to the COVID-19 related travel restrictions. We invited the School's Out partners via e-mail. We informed them that the study will be in the form of an interview via Zoom online conferencing platform, and that they could also invite other members of their organisation to take part in the session. In total, we conducted 13 interviews with 17 CSO representatives from Botswana, Eswatini, Malawi, Mozambique, Namibia, South Africa, Uganda and Zambia.

3.6. Data analysis

Audio recordings of the interviews were transcribed and analysed using qualitative data analysis software ATLAS.ti (version 8). Data analysis within narrative assessment draws on the more established narrative inquiry methodology. In this project, we applied a hybrid approach to thematic data analysis, which involves inductive and deductive analysis. This means that we developed themes based on the questions we asked in the interview (deductive) as well as themes that emerged from the discussions (deductive) (Creswell, 2009; Saldaña, 2009). The steps involved listening to the audio recordings and reading transcriptions in order to become familiar with the data. Throughout the coding process we noted recurring themes and key aspects of the narrative accounts, this include important statements and events that may have been said only once, but carries importance in relation to the study and the particular context in which the organisation operates (Charmaz, 2014). Codes were then organised into appropriate themes.

This preliminary report focuses on the first key question which is the facilitating aspects that assist in implementing SRHR programmes for young people, i.e. what works in relation to linking young people to SRHR services. We then provide a brief overview of the key challenges or barriers faced by advocacy workers and programme implementers, approaches that are not successful in linking young people to services, and key lessons learned in relation to linking young people to SRHR services.

4. What works in terms of linking young people to SRHR services and support?

4.1. Youth friendly services

It is increasingly recognised that healthcare services, especially sexual and reproductive health services, need to be, not only *available* to young people, but also *accessible* (i.e. services exist but young people are unable to obtain them for various reasons, e.g. cost and distance); *acceptable* (i.e. services delivered in a way that for example their privacy and confidentiality is ensured); and it needs to be *equitable* (i.e. friendly for young people from diverse socio-economic backgrounds and sexual orientations). In many countries civil society organisations work alongside governments to provide such services. What constitutes adolescent friendly or youth friendly SRHR services vary across locations, but key characteristics are: young people want to be treated with respect and they want to be sure that their confidentiality is protected (WHO, 2012). The participants in our study referred to various aspects that they believe make their services youth friendly.

Wide-ranging services and activities in one location assist with making SRHR services more youth friendly and welcoming. Several participants mentioned the idea of youth centres that is not just offering health services, but also a space where young people can engage, read and study, play games, and access free Wi-Fi. In this way, young people can frequent the centre, make use of different services. This approach counters the stigma attached to, for example going to a facility to access family planning options, or an HIV test, and it is also less stigmatising should young people encounter family members or other adults they may know. The extract below highlights some of the key aspects which several participants mentioned, including that the service is free of charge and run by a civil society organisation:

*[Our] Government within the Ministry of Health and Social Service used to have what we called an adolescent corner. Now, the adolescent corner was not working because young people were afraid to access it because when they go to receive services, they are meeting their own parents, sisters and whatever. So, now with the existence of [organisation] we have an independent clinic stationed where these adolescents are now being seen. So, instead of going to government they go now to that specific clinic that see this cohort of young people.... What else makes it youth friendly, it's free of charge, no cost, no administration cost involved and we have put in what we call youth centred approach where young people themselves are part of what we call a clinic board where they make decisions to what types of services, if the nurse is not friendly, recommend type of the trainings and its open, it has a space for young people to come and access, it has free Wi-Fi, it does not only accommodate young people who come for service, it accommodate young people who wants to use the facility when they are studying their mathematics. So, it's a free space for young people.... In some of our clinics they have games activities and some of our clinics are in the youth centre, so **a young person can go in a youth-centre with the intention to use the library, with the intention to go for sport, with the intention to go to the gym but at the end the bigger picture is that young persons are going for clinical services.**(Male participant in Namibia)*

Another participant highlighted the importance of being innovative in attracting young people to programme activities. Organisations cannot assume that young people will simply access the services when they need to, but active thought about how to reach them is vital:

We have programmes that are designed to kind of attract youth. In our safe space we have programmes like you know small games, peer groups where they can interact. Like same age groups in order to enable that they... feel comfortable in terms of sharing their own issues and concerns. We also have some initiatives like for instance if we had to conduct a mass testing for youth instead of you know just bringing the mobile brigade and so on, what we ensure is that we have some component in the programme that will be attractive to youth like having small parties and within the parties people are called upon to carry out their testing. So, these are just few of the examples that I wanted to add to this youth friendly programmes. (Male participant in Mozambique)

Similarly, it is important to offer diverse activities for different interest groups and age groups, as the needs amongst these groups differ. Some of the activities include movie screening sessions, small group discussions on relevant topics, closed groups on social media

Regarding each group yes, we I think we diversify the kind of activities that we implement for the groups. For example, to attract trans women and gay people we prefer to make more...some more, how can I say? Some more easy and fresh activities, for example as [participant] says about the party, use the parties to sensitise and educate people around their sexual and reproductive health. We distribute condoms there in the party, we have some brochures and then we have a rapid HIV test at those parties for example. For lesbian and bisexual women, for example, we have small groups of conversation around sex and pleasure, around the woman rights, and then specify the activities regarding a specific group that we work with... It's impossible to have the same activities for all the groups... They have different needs you know... Like for older groups for example we have a movie, a movie session, we also have health spaces where they can talk about their body, their needs around the health and all those things. We have closed groups on social media who is led by the community. We have for example a group for trans women where they talk about their issues, it's led by a trans woman. We also have a group for lesbian and bisexual women. We also have a group for trans men and the gay people on social media, and in those groups, they talk, they talk more because they feel free and its only people who they know that is there in the group and they can exchange experiences and talk more about their lives, their sexuality... (Second participant in Mozambique)

What further assist with reaching more young people to access SRHR services, is the idea of having a diverse group or network of young people reaching out to other young people to take part in what organisations have to offer. This strategy helps to create a welcoming space for diverse groups especially those belonging to minority or under-served groups:

I think we're privileged to say that because we have a range of different young people, across different cultural borders, I can almost say, so it's very easy for us to reach these people. We've never had really an issue about culture and race playing a role in our provision of services, or even accessing young people, or young people attending our workshops or trainings and stuff. And I think that's a big plus for us, the fact that we

have young people from different race, colours, gender, we have LGBTI young people, we have, I think we have them all. (Female participant in South Africa)

We normally use... it's called a snowballing process, where if I come across someone and I start talking with that particular person about the services that we have at the Centre. Once that person gets convinced, and starts accessing our services, we also make use of him as a link to another person, to his friends. So, the model has worked for us, either on health projects, or on human rights projects, because even on human rights projects if we start with somebody else who's been violated, like, whose rights have been violated, who have been abused, or who have experienced gender-based violence. So, when we talk such, the next question in the course of our discussion would be, "Do you know somebody else who is also going through the challenges that you have explained?" (Male participant in Malawi)

4.2. Safe spaces where young people can express themselves

The term "safe space" has been used in various contexts over the years and it holds different meanings. The Roestone Collective (2014) suggests that "safe spaces should be understood not through static and acontextual notions of "safe" or "unsafe", but rather through the relational work of cultivating them. They further suggest that "safe spaces are inherently paradoxical, and that a safe space is never completely safe" (p. 1346). Nevertheless, these are sites where differences can be negotiated and oppressions contested. Participants in our study indicated that safe spaces for young people on the issue of SRHR are sites where diverse realities can be represented; both diverse and similar experiences shared in non-judgemental ways; questions asked and issues of concern discussed – all within a context motivated by cultivating healthy development of young people.

*We have safe spaces where we just discuss issues to do with assertiveness, sexual and reproductive health, and access to information and services. We also cultivate their leadership skills and we try to strengthen their participation in processes such as policy formulation, analysis and decision making... I believe a lot of engagement through the safe spaces because **in these safe spaces there is a lot of freedom to ask questions and to share as much information as the young people can take** and it's very easy for young people after being through such experiences to make informed decisions to go to a facility. (Female participant in Zambia)*

*The programming that we do aimed at young people are led by young people themselves, so through our social marketing and networking strategies of reaching out to communities. We're very youth friendly team, we are youth friendly in the spaces, the staff and team, we are trained adequately on providing non-discriminatory services on ensuring **that more than anything we make sure that young people feel safe and feel comfortable and free within the centre**. The centre, like I said, operates as a drop-in centre, we have different activities, we have different activities that aim for young people, we have games, we have the internet that is running all the time for young people who want to sum up their assignments. There are people who want to do, be like, would like to do school assignments, apply for jobs and you apply for job, or just generally something, we have a pool table, we have a swimming pool. We're just*

trying to make space as friendly and as youth, you know, as much as “attractive” and I’m loosely using that word, for young people. (Male participant in Botswana)

*Well, when we talk about youth-friendly we are talking like it’s **a space or a service without discrimination**, any kind of discrimination, for example our principle focus is LGBT people, but if other youth would like to access our safe space and our programmes, they are free to. (Male participant in Mozambique)*

*We try as much as possible to create a **safe and friendly environment** for the LGBTI community to come and interact with like-minded people, being able to access our resource centres and be able to get information on trans and intersex issues, connections to friendly services like healthcare... (Male participant in Zambia)*

One participant organisation indicated that they do not operate their own safe spaces, but partner with other organisations who have such spaces. As such, one of their activities is offering SRHR information in a centre focused on for example computer literacy skills:

So, basically, what we do, it’s not as if we have safe spaces per se, we have partners that we work with that have safe spaces. So, they have the spaces where they do... like different skills, computer skills, teaching the young people how to do their CV’s, stuff like that. So, what we as [organisation] do is add value to these youth centres, or safe spaces, is to provide SRHR information and services. (Female participant in South Africa)

4.3. Providing young people with comprehensive information

For many adolescents and young people, this developmental stage is a period marked with changes on various levels, which can be at the same time exciting and yet daunting (UNESCO, 2013). In order for young people to make informed decisions about their sexual and reproductive health; decisions that can affect their future careers and productivity in society, their lives, young people need comprehensive information from trusted sources. However, this aspect of comprehensive information links directly with some of the key barriers to why young people do not access or obtain SRHR information: i.e. not being able to access a facility for various reasons, and not having adults that they feel free to approach about important sexual and reproductive health issues. Thus, within youth friendly health facilities and safe spaces, the information provided to young people needs to be comprehensive, as opposed to diluted or in piecemeal, as one of our participants explains:

All our staff and volunteers are trained in meaningful youth participation and how to work with young people. Because they have that as a skill and it also becomes a strength, so they know how to manage young people whether at individual or at group level it’s easy to provide young people with relevant information, adequate information to a certain extent because even when they ask questions, these questions will be responded to and young people will understand, we will not give the information in piecemeal, we are giving the information in a manner which is easy to understand. And we want to give as much information as these young people can take. So that, in the event that they have unplanned pregnancy they can go to a facility, to access termination of pregnancy services if they want them, it will be part of a comprehensive package which is going to give them all the required information. But then, we would

also have given them all the information on comprehensive abortion care for example, to the extent that this is what a termination is, this is when you can terminate and you are going to be comfortable if you are going to the facility and you will be given options, are you going to foster a child or is someone going to adopt a child and if all fails, then there is a termination. So, we give them all this information so that even when they go to the facility, they will know what services to demand for, if they are going to get contraceptives, if they are going to get protective measure like condoms or other commodities, they will know what commodities to request for, even when it's contraception we'll give them all the information including the side effects including the fact that when they go to the facilities the health provider is supposed to provide them with all the information relating to the contraceptive including the side effect and the benefits so that they are able to make an informed decision, so we give them all this information. (Female participant in Zambia)

4.4. Meaningful youth participation

It is widely understood that when developing programmes for young people, it is vital to have young people involved as part of the process. However, involvement of young people does not always mean that they have a voice in such conversations, that their opinions are heard and understood, and often young people are involved in a tokenistic way. The participants in our study agreed that young people need to be central to developing initiatives for themselves and their peers. The value of meaningfully centring young people in developing and implementing initiatives and making them core to decisions that affect their lives, are numerous. The quotations below highlight that when young people are seen as partners there is greater ownership of the process in which the needs of young people are tabled, and that their abilities to perform different tasks and roles should not be underrated:

So, this is where young people make the decisions, they conceive ideas they turn the ideas into tangible programmes, they create a work plan, they actually do the costing or the budgeting, implementation and reporting. So, that's how we meaningfully engage young people really in our organization. The only time I come in is when I'm reviewing the budget and approving the activity otherwise everything else is done by the young people. And the good thing about meaningful youth participation is, it caters for all young people. Including the differently abled, key populations, it's all-inclusive. So, it also builds capacity in how to manage relationship within a space, how to ensure that your office space for example is disability friendly, it does all those things. (Female participant in Zambia)

*I think it's key to involve young people within our planning, when we are saying young people should be the centre of our discussion, it's very important that **young people should not be seen as clients but young people should be seen as a partner**. So, when we say as partner it will be easy for them to make noise in terms of lobbying and advocacy for what they want, so that people can be able to listen. But, if we are speaking for young people nobody is going to listen to us, because young people's voices themselves is missing. So, for me it's key that we involve young people in terms of advocacy and young people are trained as media champions, so they can be able to*

write stories of their own and say what they want or how they want to be treated.
(Male participant in Namibia)

*What we've learned so far is **do not try to own the project for the young people**. Young people in general, they are quick to think and they are innovative but if you do not give the platform to them and the voice and the ear we believe as an organisation, and we've learned that most of their potential is hindered when you are going to do things for them. So, I can say at some point in time we were an organisation that was focused mainly on pushing the activity, pushing the agenda more than involving the people we were bringing the agenda into. So, what I can say is what has work for us so far is just pulling back a little bit as an organisation and allowing the young people to run everything themselves and trust me these young people are so innovative, they've got great ideas but most of the time you find out they do not have somebody who can listen to them. So, we've tried as much as possible to be a listening organisation more than a talking organisation, so it has work to our advantage to say **we have learned that you need to let young people be at the forefront of their projects and their activities**. (Male participant in Eswatini)*

4.5. Staff trained in youth-friendly approaches

Well-trained, informed and sensitised staff is the backbone of successful engagements with young people in SRHR organisations. While organisations can have the best developed programmes and interventions, the implementation relies on staff members. All participants in our study emphasised the importance of not just staff that are well-trained, but also passionate about the work, and in some instances share similar personal experiences as their clients or target populations. It is especially the latter, which assist organisations working with marginalised groups or key populations, to create a welcoming and safe space for accessing services and support. The extracts below highlight some of these issues:

What we do, knowing that our organisation deals with sensitive issues, like issues to do with sexual orientation and gender identity, issues to do with access to safe sex by the young people, so what we do is, any other person that comes to work within the informant of people is first and foremost, we do an induction, or we do an orientation that helps them to understand their clients, that helps them to understand what we call, their customers, because we look at the people that we see, as our customers... They're our customers, we're supposed to understand them. We're supposed to be empathetic about their needs, and this is exactly what we do. If at the time when a new person comes to work with [organisation], and for they that are in the mainstream service provision, like the drop-in centre managers or the project officers, time and again they are exposed to knowledge, skills on how best they can work with marginalised people groups, how best they can work with LGBTI community members, how best they can work with the youth, knowing that these people have got specific needs, specific issues that are completely different from the needs of the general population. (Male participant in Malawi)

Oh, what really works... I think we genuinely - what works for us on the grounds where we, the staff is genuinely hands-on... Okay, so basically what we do, is and this is also

where our advocacy also comes in. What we try to do, is that all our staff are well informed about policy. I mean, look, let's be honest, if you're SRHR, it doesn't fall out of the sky, we need to work within the parameters of our policies. And our policies guide us, our strategy guides us, our regulations and stuff guide us. (Female participant in South Africa)

All of our staff, from technical staff to non-technical staff go through the training on non-discriminatory services. They are very basic things on non-discriminatory basic services, on providing services to key population communities in particular, people living with HIV, LGBTI and sex workers. We train them on basic things of gender violence, othering and to understand some of the dynamics that happen within the broader community. And just showing them why those things are to be different from the outside world, right. So, some to understand the issues of gender violence, of why issues around gender-based violence and rape are urgent and why we would need to treat every single person who walks here as if they are the only client we have, because sometimes someone has been through 10 horrible experiences and we might just be the one to save them... Of course, we don't always have staff members who walk in, fully conversant on the issues and politics we represent. That is why it's always important that for everyone that we hire, it's not just about how to make them competent, but else to try to look and interrogate the politics of that person embodies. And the person would be able to align with the work that we have. We take our branding quite seriously, we take how we're viewed by the community quite seriously and so we try as much as possible to ensure that the team are people that, you know, even if you are non-technical, if you are a finance officer, for example, if there's someone that comes in with an emergency, you won't just say, the nurses aren't here, come back on Monday. You will be able to do some steps, basic steps in our systems that person while you get the nurse or the peer mobiliser or somebody else to help them. So, we try to engage our staff, but like, I'm saying... It doesn't always, it will be oblivious for me to say it's always 100%... we've had to let staff go whose politics clearly were not aligned to those of [organisation]. (Male participant in Botswana)

The latter extract highlights several key issues about the role of staff in the organisation. He especially points out that the organisation's image to those outside, is vastly influenced by the staff members. As such, staff members' politics, as he puts it, need to be aligned with what the organisation stands for. Other participants raised something in a similar vein:

And also, to respect young people's opinions, you know? Whoever comes in this organisation, the first question in my interview would be, what do you think about abortion? Because if you have a problem with abortion, then you don't fit the [organisation], because we're a pro-choice organisation. And then also, the fact that even if you have a problem, you keep your personal life to yourself. We have no problem if you are anti-abortion, but within the organisation, it's not about you, it's about serving the people and it's about people's rights. So, ja, so, as much as people, some of our staff here come from very religious backgrounds, that's not my problem... They mustn't grapple with the things, because when we work with young people, it's not about them. It's about the young people. If you want to make a choice within your household, you personally, you are more than welcome to do so. But when we deal

with young people, people have choices, people have rights, and so you don't come and provide your own opinion and your own moral understanding and push it onto these young people. We try to educate these young people, so, for them to understand that if they make a choice, they're making informed choices. (Female participant in South Africa)

When it comes to youth friendliness, all of our staff are trained on youth friendliness, for example if you come in as a volunteer, you adhere to the rules and policies of youth friendliness. Also, all of our staff, they know they are ambassadors of the [organisation] practice, of the [organisation] brand. (Male participant in Eswatini)

On-the-job training of staff members is valuable, and sometimes even more impactful than books-based training, because of the visceral experiences that staff members have when assisting clients in need of services and information. The extract below points out this important aspect concerning the staff of SRHR organisations:

I would like to say that our staff are well trained, not trained as trained in school but trained from learning from our experiences to be able to work with other young people and to be able to share information and experiences and for me that is a better training than somebody who goes to school to be able to train others because our staff have lived through the experiences, they've lived through other people's realities. They have been exposed to people who have needed access to healthcare, they have been exposed to people that have been arrested and need access to a lawyer and with the healthcare access they actually even walk with the person all the way from home to the hospital for example and actually follow through and monitor how the person is recovering. (Male participant in Zambia)

4.6. Collaboration with other CSOs and government

Collaboration emerged as a key theme throughout the study. All the participants spoke about the importance of working with other like-minded organisations in their countries and internationally. Some of the reasons for valuing collaborations with other civil society organisations very highly, is the pooling of resources, combining different strengths, skills, knowledge and expertise that various organisations bring to the table, to tackle a shared problem. In this way a much greater impact can potentially be achieved than working in silos. By working together, some of the barriers to young people accessing SRHR services and support can also be overcome, e.g. lowering or eliminating the cost of services, providing services in locations closer to where young people are, such as outreach programmes in rural areas, and working towards a greater goal of ending othering of sexual and gender minorities in society.

*So, in **partnership**, we would have service level agreements, or we'll have MOU's that are signed, because if we're working on a particular programme or we're working on a particular project. In terms of **collaboration**, is that we would collaborate with other organisations, civil society organisations, who might have the same objective, but who have a different trajectory, of getting to that objective... So, that might not be our focus area, but collaboratively, together, **we can work together to reach a common goal of ending othering**. So, that for me, is collaboration, so you might collaborate around a*

specific project. You might collaborate around a specific event or campaign, it might be gender-based violence, it might be, you know, so you would then collaborate. And then, there are things that you would then agree upon. In other words, there might be the 16 days of activism that you might collaborate around, or it might be World AIDS day, or it might be a trans-specific event, where you will then collaborate on that. So, collaboration is equally important to partnerships. (Male participant in South Africa)

*So, for me collaboration it also uhm... helped us to control funding because **you bring funds in one pool which you can utilize together** rather than this organisation having money for training and [our organisation] also has money for training and you are training teachers and this organisation also come to train teachers, you see it like we are duplicating effort. But when you are collaborating you put your effort together and share cost, you are paying for this and other are paying for this, at the end of the day you are speaking one language. (Male participant in Namibia)*

*I think a lot of the time it comes down to relationships because... **partnership is all about building relationships and the stronger you are in building relationships, I think long term, the more successful your partnership will be.** I mean obviously you also need to have common goals and those things are very important and I think you need to also need the other partner... for our [name of programme] we have to involve partners because half of our funding has counterpart funding. So, it's very important that we have other partners contributing to the programme. So, I think, I do really think that there has to be an element of need you know we can assist you here and you can assist us here. So, it's about relationships and about kind of give and take. (Female participant in South Africa)*

*Look, we cannot do these things on our own, impossible. Sharing is caring by me. So, what we try to do is we try to **bring other people with skills to the forefront, so that we can actually complement each other's work**, to get a better service, or get a better product, at the end of the day, to our young people. So, we partner with quite a lot of different people across South Africa, and abroad, to ensure that we – as I say – work together and strengthen – It's all about offering your collective experiences and expertise to give a proper outreach to these young people. (Female participant in South Africa)*

Participants were also cognisant that collaborating or working with other organisations, even though very valuable, can bring its own challenges. It is therefore important to make decisions thoroughly and have your ways of working written down to guide implementation. One practice to help mitigate potential problems of collaboration and to assist with decision-making regarding potential collaborations, is the practice of “mini-mapping”:

*When you are getting into or when you are looking for collaborating partners or getting into these partnerships it's very, very important that you conduct a mini-mapping as I always call it. This is going to help you **understand what skills your potential collaborating partners have, what are their expertise which geographic areas are they working in, what are their values, are their values similar to yours.** All those things, so you need to understand all those things. I will give you a practical example, there are organizations that have wanted to partner with us. We are a very diverse organization,*

we believe in non-discrimination, we work with every one including the LGBT community and we work on contentious issues like abortion. So, already for some organizations that is very problematic but then we also have had situations where you collaborate on certain programmes and you develop conflict simply because the other partners wanted to work with you but then they don't subscribe to some of the values that you do. (Female participant in Zambia)

Collaboration with government departments adds to building sustainability of programmes, especially if partnerships are built over time:

The only thing I was going to say in terms of sustainability, one of the key things [organisation] does is that we partner government, so government is kind of almost important partner like it's full sustainability, so we make sure that we conceptualise that they are part of testing whatever we testing uhm... and obviously it seems sustainability it much easier to get government support for a programme to scale it up if it their programme and if they have been involved kind of every step of the way. (Female participant in South Africa)

So, the government it's like contracted [organisation] to say because you are in a position to reach young people, we want you to be service providers, so we are just housed by government to providing services to the young people while the government pays all the bills and whatever. (Male participant in Namibia)

However, in the last quotation above, the participant later explained how the organisation's partnership, and essentially, proximity to government can also become a barrier to delivering comprehensive SRH services to young people:

It becomes a barrier when we want to advocate for a certain service for example, for example abortion, it's key. People are talking about abortion, but my organisation is quiet, we didn't even say any word remember, why, is because we are too close to the government, so we are trying to uhm... to balance what is government saying, so we are too critical to say, okay we can't say against what the government is saying because when we say maybe against what government is saying they will throw us out, you see. That becomes a barrier for us to advance services for young people because its key, people are talking, people are there, there are pro-abortion and those that are against abortion so, but us, we are not even fitting anywhere. So, we are quiet, so being close to government it's also it is disadvantaging us to be able to become an advocacy for services for young people. (Male participant in Namibia)

4.7. Adopting a community approach

Young people live in households and in community with other people. In a sense they are shielded by parents and guardians – who most often want the best for them, and at worst, act as a barrier to them receiving comprehensive information about SRH issues. Nevertheless, participants in our study agreed that targeting young people in isolation is a very limited approach. Parents, guardians, cultural and religious leaders and other role players also need to be engaged. This is important because of the role that these actors play in young people's lives. In other words, they can facilitate and channel

the right messages or they can be blockages to young people accessing information and services. The extracts below highlight some of these issues:

So, we have those opinion leaders within the spaces, so obviously at the beginning of the sessions there will be a lot of hesitation and a lot of noise and arguments because what they believe is, we are encouraging their children to have sex. So, after you have explained what happens when young people are not being given the information when they don't go to the facility for services when they are not given the information that they need they end up getting pregnant and becoming teenage mothers, they suffer from fistula others end up having unsafe abortion, uteruses are removed or any such problem or they die, some of them end up being married off young because they got pregnant. So, it's about emphasizing on the importance of attaining an education and only allowing the child to get married when they are old enough to make an informed decision old enough and ready. (Female participant in Zambia)

Okay, for example what we do to overcome the barrier is that beginning from the community level we are engaging the community through dialogue, where we portray, we give statistics to the communities to understand by saying look if you have more girls that are falling pregnant, are you gonna be able to reach demographic dividends, what are the economic factors that are going to be because these young people won't be in school, these young people won't even get a job, at the end of the day the community is going to be poor and when the community is poor what is going to happen. So, we use that uhm... as part of our dialogues to engage them to see why it's so important young people should be able to access services...

We bring the traditional leaders and we train them to become champions and give them platforms, platform to speak on radio. Our services for example when we are doing outreach it's given to the headman of that community to announce that [organisation] is going to be here for the whole week to provide services to young people. So, we don't announce it and we go to the councillors, the political councillors to announce it they will be here, so what we do we penetrate within them, we capacitate them, make them to be become champions and then we penetrate through them and provide services. (Male participant in Namibia)

5. Barriers to linking young people to SRHR services and support

There is ample literature on the barriers that young people face in accessing SRHR services globally and in Africa (Buller & Schulte, 2018; Starrs et al., 2018). These include, amongst others, the attitudes of health workers in health facilities; cultural perceptions of young people as passive in decision-making about their health; distance to health facilities; inequitable gender norms ascribing more power to men and boys with very little room for young women and girls to claim their sexual and reproductive rights; lack of political will and limited resources allocated to SRH; and the persistent aversion to address issues concerning sexuality directly and comprehensively (Buller & Schulte, 2018; Starrs et al., 2018).

5.1. Negative attitudes of healthcare workers

The participants in our study indicated similar challenges, as listed above, which they encounter as civil society organisations in efforts to link young people to SRHR services and support in ESA. The most commonly stated barrier by our participants is that of negative attitudes by healthcare workers.

So, in the communities the one major complaint that always comes up or have been coming up for years in as much as all effort has been put to build capacity, is the attitude of health workers... Negative attitudes, uh... this can be attributed to the fact that some of them have not had their capacity built in on how to engage young people that comes to the facilities to access comprehensive SRH. (Female participant in Zambia)

And I think also, I think also the barriers can be is, uhm... I'm talking now in terms of Namibia, it can be service providers you know. Service providers can be a barrier because you find uhm... older people who wants to provide services to young people and when these young people are coming there are so these negative questions... You are still young to access this, you are still what, did you tell your parents that, you see all those negative attitudes with service providers. It is making it difficult for young people to be linked to services. (Male participant in Namibia)

Then the issue of the professional nurses at clinics, these people's attitudes. So, that's, that's, I think I can give you a list of challenges that we experience in the field of SRHR from the parents, some of the community members, to the clinics, to the quality and the youth friendliness services that they sometimes provide young people. (Female participant in South Africa)

According to a systematic literature review of health workers attitudes and behaviour determinants in Sub-Saharan Africa, found that “negative attitudes towards provision of SRH services to adolescents in Ethiopia was significantly associated with healthcare workers’ being married, lower levels of education, being a health extension worker, lack of training on RH services, and non-use of family planning by healthcare workers themselves” (Jonas et al., 2017, p. 13). Healthcare workers also admitted to advising adolescents to abstain from sex when they seek contraceptives, and restricted contraceptive provision to women over a particular age or married. However, healthcare workers with higher levels of education and informed about adolescent sexuality were more supportive of young people accessing such services.

5.2. Limited knowledge of SRHR amongst teachers and parents

Teachers and parents are key role players in young people’s lives, and as such they can either be facilitators to the SRHR messages or they can be powerful hinderances to young people accessing adequate SRH information and services.

We went to some parents, most teachers when we ask them what comprehensive sexuality education was, they didn't know what it was. And when we started explaining some of the topics it's when they could relate to those topics because we have integrated CSE into the syllabus there are some subject that have certain topics like GBV- gender based violence so they could relate to that. When it comes to the proper SRHR that

doesn't happen within the school setting, but then you have teachers without capacity, teachers who have their own values from the homes that they come from or from how they were raised, and those two coupled together means that the learner is not going to get the required information that will help make the decision to go the facility. The linkage is not happening as it should be. (Female participant in Zambia)

I would say overall I would say they (teachers) were more of a barrier. I mean obviously you come across teachers that are gems, you know what I mean, and you always get those kind of pockets of wow, but in my experience I would say definitely they would be more of a barrier. (Female participant in South Africa)

But I also just think, if you think about anybody how many people as a parent if you are a parent, how many people generally feel comfortable talking to their child about sex, you know, how many people feel comfortable if their child came to them to say they are having sex and they want to access contraception, you know, I would be fine but lot of people wouldn't. How you view sex, how you view young people having sex? Ja, I think people don't see young people as sexual beings, they see them as children and that is very, like there is a very big divide between you know a child and then sex. So, you know they are going to be like exploring and stuff and I just think that parents are not necessarily ready or willing to accept that. So, that comes from cultural and conservativeness. (Female participant in South Africa)

But the problem is not information and knowledge, and as soon as we provide these people with information and knowledge, I think, it becomes an eye-opener. But parents are definitely a barrier also. But I don't blame them. It's more of a matter of the fact that nobody bothered to ever train them on the basics of CSE and SRHR, and the fact that there's so limited interventions when it comes to parents. (Female participant in South Africa)

5.3. Cultural perceptions of young people and SRHR

It is widely recognised that young people are viewed differently in different cultural settings and locations. In many African cultures, young people are seen to not have a voice or opinion, especially when it comes to issues concerning their sexual and reproductive health. Young people are generally expected to abstain from sex until they are married; and unequal gender norms, allocates more power to boys than girls. Furthermore, discussing issues such as sex and diverse sexual orientations are taboo. These views limit the kinds of conversations that young people can have with adults in their lives, whether these are parents, guardians, teachers, religious leaders, etc. It is therefore important that programmes engaging broader community on SRHR issues should not just address issues of knowledge, but also of attitudes, values and fundamental cultural beliefs. The extract below highlights these key points:

Young people are perceived to be very disrespectful if they speak where adults are present and they always have to speak with the permission of the adults that are present. And more often than not their voices are not heard because they will be whispering or they will be just at the table simply because people want to show that they have young people present at the table. Young people are treated with a very

tokenistic approach. Then you also look at the young people themselves and the way they are being socialized. They are socialized not to speak out when adults are speaking. There are certain societal beliefs regarding how you address elders and sometimes it's just the lack of capacity. Yes, there are all these societal beliefs, cultural beliefs and what not. But then these are the values that are engrained in these young people and the values that they grew up with. **So, it's a matter of how do you re-socialize to the extent that they understand that as young people their opinion matters.** (Female participant in Zambia)

The culture is still an issue that is prohibiting the youth health services you understand because sometimes they take it as family planning is for adults only and so that's why it's difficult to convince a young person, an adolescent to go for longer anti-methods so they go for the shorter ones which then normally take frequent for that matter for those that have good access. The gender roles is also an issue but a big issue because its perceive that family planning is for women and girls and not for boys, so it's that area has to be described in terms of our communities so they understand they got a role and in that way we will be either encouraging their spouses to access for themselves to take another role and the other barrier is that of access. (Male participant in Malawi)

5.4. Discrimination against LGBT young people

Persistent stigma and discrimination towards sexual and gender minorities remains a barrier to young people accessing services. In many instances young people within these marginalised groups either do not access services due to discriminatory treatment at health facilities, or they hide their true identities. The issue of youth friendly services and cultivating safe spaces as discussed earlier, becomes critical in providing services for them. Schools, are unfortunately also not safe for LGBT young people and requires well thought-out intervention. The extracts below shed light on some of these concerns:

The other thing is in the schools, unfortunately, our schools are not friendly spaces for LGBT, for young LGBT people. Even with the work that we are doing with teachers and other people who work at the school, but it's not quite easy to be LGBT people in the schools, there are higher discrimination not only from the other students but also from the teachers, from the people who work there, they don't accept and recognise the people, the LGBT people as a human who needs respect, who needs love and patience. (Male participant in Mozambique)

*I must say, working with young people there are some constraints, because you would need consent. So, if you're going to go into a school, and you're going to engage around sexuality – for argument's sake – you're going to have to - you cannot just go and work with the learner. You would need to work with the school. So, our approach would be how to make the school environment conducive to the conversation. So, **our ultimate goal is to work with the learner, or with the body that experiences prejudice, or othering.** We will not work directly with the learner... We will work with the school, or with the life orientation teacher, or with the principal. Or, with the management of the school. Ours is, our approach is to create a conducive enabling environment to have*

very difficult conversations. So, ultimately, our goal would be to link the learner to services. Whether its SRHR services, whether it is services around counselling, or whether it is services around understanding the Bible or understanding the faith journey, that would be our ultimate goal. But **our approach would be around the environment of creating safe, enabling environments for conversations**. So, once again, that process might be a slower process, and so our point of entry might be a body – who would experience othering, a body who would experience bullying, a body who would experience, it would who experience prejudice. But our goal is not to further stigmatise that body. Our goal would be, so how do we then create an opportunity for conversation here. Who is the conversation with? Is the conversation with all the learners? Is the conversation with the class? Is the conversation with the teachers? Is the conversation with the management body, the school governing body? Is the conversation with the education department? So, we will make an assessment. (Male participant in South Africa)

5.5. Issues concerning policies and legislation

There are numerous international, continental and regional agreements pertaining to adolescent and young people’s SRHR in support of and in recognition of the need for accurate and reliable SRHR information and services. However, despite these agreements, there remains diverse and opposing opinions regarding offering adolescents with comprehensive SRH information and services which in turn impacts how governments prioritise SRHR provision in budget allocations and structural supports. Several participants in our study alluded to gaps in different pieces of legislation and policy, which sometimes mean that a service becomes unavailable to someone who might need it. The extracts below speak to some of these issues, including the need to consider young people’s evolving capacities in relation accessing services and support:

*...When you look at the gaps remember I’ve said about uhm... an adolescent accessing contraceptives at the age of nine (9), so that means that person already started having sex, but when you look at the testing, an adolescent should, a young person should access uhm... services without consent at the age of fourteen (14). So, what does it mean? It means that you had sex at ten (10) years but you can’t go for an HIV test, you wait until you are fourteen (14) years so that you can go for an HIV test without consent. So, that gap it’s making, it also making hard for young people to be linked for services. Also, when you are at school and you gave young people consent letter to take to parent so that they can be able to access services, parents refused because they think this young person is not ready for that, you see, so for me uhm... what is making it difficult for linkage is the age gaps. So, **if we remove, if we deal with the age gaps it will be easy for young people to be given now time to make decision of their choice**. (Male participant in Namibia)*

*Ultimately what the government is trying to achieve is, in as much we have laws that have the same they are always different ages they’ve understood that young people have the right to access health, healthcare and **the more rigid you are when it comes to accessing healthcare the more you have high incidence of unsafe abortions, HIV prevalence, STIs and all those things**. Like now if you look at the statistics there’s been*

a slight increase in HIV infection amongst young girls or young people. So, now it's a matter of getting back to the drawing board. What wasn't done right? Because we have the Adolescent Health Strategy the government has shown commitment regarding certain issues relating to adolescents but adolescents are still getting pregnant... are still getting HIV, so what are we going to do about it? So, now it's about advocating, do we need to go back and advocate for policies that are more flexible than it is now. Or a behaviour change, a behaviour issue and should we have behaviour change communication programmes. These are things you have to think about. Sometimes policies are more flexible than the actual laws. So, it's a matter of advocating to the extent that if the laws are amended, they should be amended to the extent that they have the information that is, they have the flexibility that policy documents have. (Female participant in Zambia)

6. Conclusion

This study aimed to provide a contextual understanding of the facilitating and impeding aspects in relation to linking young people to SRHR services and support in the Eastern and Southern African region. We made use of narrative assessment methodology, which is a qualitative method used in advocacy spaces. This method was particularly useful as it allows for story telling by advocacy workers and implementers about why think an approach works or not, and in which contexts. We have had to adapt this methodology in our study because of COVID-19 related travel restrictions and social distancing measures. We therefore used Zoom online platform to conduct audio-visual, in-depth, semi-structures interviews with 17 civil society organisation representatives from Botswana, Eswatini, Malawi, Mozambique, Namibia, South Africa, Uganda and Zambia.

This preliminary report focuses on the first two questions; what works in terms of linking young people to SRHR services and support, and what are the barriers that organisations face in linking young people to SRHR services and support. Chief amongst the findings is youth-friendly services. This involves services that are available to young people, services that are delivered to them in a way that confidentiality is protected, that are friendly and accessible to young people from all backgrounds and sexual orientations. The provision of wide-ranging service in the same location stands out across the study. With this approach, young people visit youth centres for different reasons, and one of these is to access SRH services and support. It is therefore also a less stigmatising way of reaching young people. Youth friendly services links with the second theme; providing safe spaces for young people where they can engage with others in a free and safe environment that is free of judgement, or at least where differences can be engaged with constructively, and where young people can be free to ask questions and discuss concerns. The third theme involves providing young people with comprehensive information so that they can make informed decisions about the health and futures. The fourth theme deals with meaningful youth participation which concerns giving young people a platform to conceptualise, develop and implement programmes that are relevant to themselves and their peers. The fifth theme is about the important role of well-trained, sensitised and committed staff in SRHR organisations as they deliver services to young people. The sixth theme is about organisations' collaboration and partnership with government departments and other civil society organisations. Lastly, a community approach to reaching young people assist with engaging different role players in young people's lives and communities.

Key barriers in linking young people to SRHR services and support include negative attitudes by healthcare workers; limited SRHR knowledge amongst teachers and parents; restrictive cultural perceptions of young people and SRHR; discrimination against LGBT young people; and issues concerning policies and legislation.

The next step before concluding this research component, is hosting a meeting with the study participants where we present the research findings to them for validation, further strengthening of the findings and to ascertain what are remaining gaps to be addressed either through research or practice. In the consecutive report, we will also provide more information on how SRHR-focused organisations address the identified barriers, as well their lessons from failed attempts to link youth to SRHR services. A key message to highlight from this study thus far, and in the move toward more effective linkages, is that young people need to be positioned at the centre of the conversation about SRHR services and support for adolescents and young people. They are the critical role players in identifying approaches that are effective in attracting, reaching and in service to other young people.

References

- Bryman, A. (2012). *Social research methods* (4th Edition). Oxford University Press.
- Buller, A. M., & Schulte, M. C. (2018). Aligning human rights and social norms for adolescent sexual and reproductive health and rights. *Reproductive Health Matters*, 26(52), 38-45.
- Charmaz, K. 2014. *Constructing grounded theory* (2nd Edition). London: Sage Publications.
- Creswell, J. W. 2009. *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd Edition). California: Sage Publications.
- Jonas, K., Crutzen, R., van den Borne, B., & Reddy, P. (2017). Healthcare workers' behaviors and personal determinants associated with providing adequate sexual and reproductive healthcare services in sub-Saharan Africa: a systematic review. *BMC pregnancy and childbirth*, 17(1), 86.
- Ridde, V. (2016). Need for more and better implementation science in global health. *BMJ Global Health* 2016; 1:e000115
- Roestone Collective. (2014). Safe space: Towards a reconceptualization. *Antipode*, 46(5), 1346-1365.
- Saetren, H. (2005). Facts and myths about research on public policy implementation: Out-of-Fashion, allegedly dead, but still very much alive and relevant. *Policy Studies Journal*, 33(4), 559-582.
- Saldaña, J. 2009. *The coding manual for qualitative researchers*. London: Sage Publications.
- Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., ... & Sathar, Z. A. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *The Lancet*, 391(10140), 2642-2692.
- UNESCO. (2013). Why adolescents and young people need comprehensive sexuality education and sexual and reproductive health services in Eastern and Southern Africa. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000223447>
- van Wessel, M. (2018). Narrative Assessment: A new approach to evaluation of advocacy for development. *Evaluation*, 24(4), 400-418.
- van Wessel, M. G. J., & Ho, W. W. S. (2018). *Narrative Assessment: A new approach to advocacy monitoring, evaluation, learning and communication*. Hivos.
- World Health Organization. (2012). *Making health services adolescent friendly: Developing national quality standards for adolescent friendly health services*.