**M2-CS1**

**Case Study: Tikambe Youth Media, Zambia**

**About the project**

Tikambe, Let’s Talk is a youth-led initiative using media and interpersonal communication to build demand and support for youth-friendly sexual and reproductive health (SRH) services in Zambia. It aimed to tackle the confusion around youth not able to access services because of lack of clarity on the services that can legally be provided to under-16s.

It engages young people (11-24), in school and out of school and specifically young females (the age group 14–19 considered the most “at-risk” group in terms of SRHR outcomes), with low educational or social status levels, in rural areas and districts with low use of health services, low knowledge about good practices and low engagement in governance issues.

**How it works**

Throughout the project, young people are involved in identifying their SRH needs with technical support from Restless Development. Peer educators, young people and community stakeholders are trained in conducting community Self-Assessment Tools. As a result of this training, Stakeholders and the young people are able to identify the issues within their communities with regard to access to information and services to sexual and reproductive health services. After identifying the issues they are able to effectively engage with decision makers and present issues to policy makers for action on improved access for young people in education and health services. Through this process, decision makers are now held to account on the implementation of the Adolescent Health Strategy Plan and the Re-Entry Policy for the Ministry of Health and for the Ministry of General Education. This process is being led by young people.

The project engages the peer-led model to reach out to young people with SRH issues. 70 Volunteer Peer Educators, (VPEs) were trained on the delivery of comprehensive SRH sessions and basic reporting of stories from the communities around access to SRH services among the young people. The volunteers spearheaded awareness campaigns on key youth policies supporting SRHR issues in their respective communities and, with support from the schools and health centres, personally conduct community outreach activities and health awareness events bringing access to sexual and reproductive health services closer to the communities. Local clinic health personnel and School Guidance and Counselling teachers were trained on youth friendly family planning service delivery in the five districts with support from the District standards offices from the Ministry of General Education and Ministry Of Health. Young people from the 30 communities were involved in the data collection using community self-assessment tools and community scorecards to assess the service delivery standards in the schools and clinics around access to youth friendly health services

Restless Development puts interpersonal communication at the forefront of its work to improve young people’s SRH behaviour and for the right to youth-friendly services. Our activities are based on a proven peer educator model in which young volunteers from target communities and at national level are recruited to lead our programmes. Young volunteers form the basis of our direct delivery and are at the forefront of programme design, implementation and monitoring. They are trained in skills including facilitation, mentoring and management, as well as technical knowledge around health and income-generation. They run SRH awareness campaigns and clubs with in and out-of-school youth, provide SRH, life-skills, income-generation and local advocacy training, and manage Youth Resource Centres.

**Lessons learned**

* Young people are often left out of the consultation process relating to policies and services that affect them. The project advocated for their inclusion in decision-making processes and created a fora for youth consultation through community and media platforms
* Youth peer led approach demonstrates how effective communication (the combination of mass and interpersonal) creates an enabling environment to empower young people and can help to mobilise resources and political support for youth-friendly services. Programmes that stimulate interpersonal discussion are more likely to promote behavioural change. This relationship is especially relevant when considering discussion of sensitive or taboo topics.For example, while exposure to a condom promotion campaign may lead to an increase in HIV/AIDS prevention knowledge, interpersonal discussion may activate thinking on personal relevance and influence risk perception.
* Evidence from health communication interventions suggests that dialogue and interpersonal communication are important in processes related to social and behavioural change. Personal communications and conversations are often among the most trusted sources of health information, playing a key role in the dissemination of information and the diffusion of behaviours. The extent to which individuals discuss a behaviour with others is often closely correlated with the adoption of that behaviour. Thus the linking of mass media and interpersonal communication is critical to achieving maximum results in behaviour change around sexual and reproductive health.

**The results**

* 70 Volunteer peer Educators, (VPEs) were trained on the delivery of comprehensive SRH, Financial literacy, Lifeskills, Policy awareness, Advocacy and Lobbying, Leadership sessions. Some of the session topics covered included Puberty, SRH, decision making, self-esteem, confidence, HIV/AIDS transmission and Prevention, Banking, Budgeting, saving, Youth Friendly corners, Re-Entry Policy, National Youth Policy, virginity, hygiene, safe sex and contraceptives.
* Through the sessions and engagement with the learners the volunteers were able to reach out to:
* Young people accessing SRHR and life skills training :**3060** males and **4307 f**emales between the age of 15-30 years, **1723** males and **2014** females below the age of 15
* Young people accessing training in core advocacy and lobbying skills (disaggregated by gender & age**): 502** males and **858**  females reached
* Young people accessing business or finance skills and training: **3177** males, **3742** female between the ages of 15-30 years **1683** males and **1958** females below the age of 15 years
* young people accessing leadership skills training: **3060** males and **4307** females between the age of 15-30 years, **1723** males and **2014** females below the age of 15