YOUTH'S ACCESS TO SEXUAL AND REPRODUCTIVE SERVICES AND INFORMATION: PROMISING PRACTICES REGARDING SEXUAL AND REPRODUCTIVE RIGHTS IN KENYA AND MALAWI

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1 INTRODUCTION

This case study report outlines two successful advocacy strategies carried out by the Sonke Gender Justice and MenEngage Africa alliance. These strategies were carried out in Kenya–the Chanuka Strategy, and Malawi–the Social Accountability and Monitoring Project. Both initiatives were developed during 2019 and are still in the first stages of implementation. The case study intended to identify promising practices that emerged from the implementation of the initiatives and that could be replicated by other projects, while showing successful initiatives for change. The case study also provides an update status on the international, regional and national legal framework for sexual and reproductive rights, their relationship to the youth, and the main challenges each country faces.

2 METHODOLOGY

The methodology employed for this case study was fully qualitative. Archival and documentary research was conducted to identify the current status of sexual and reproductive rights in Kenya and Malawi. The analysis included international and regional human rights instruments related to sexual and reproductive rights where Kenya and Malawi are States parties, national constitutions of both countries, national policies and their legal framework. It also included the programmatic documents of the initiatives. In-depth interviews were also conducted with each of the leaders of the initiative, as they were the ones who could provide firsthand information on the promising practices, challenges, and success factors of the implementation on their strategies.

3 LEGAL AND POLICY FRAMEWORK:

SEXUAL AND REPRODUCTIVE RIGHTS AND YOUTH IN KENYA AND MALAWI

3.1 Sexual and Reproductive Health and Rights as Fundamental Human Rights

Sexual and reproductive rights are one of the main concerns of human rights across the globe. This preoccupation has been consolidated in a series of international instruments that establish their importance and that provide State obligation directed to their protection. According to the International Conference on Population and Development (ICPD) held in Cairo in 1994, sexual and reproductive health and rights (SRHR) include the right to reproductive health and access to the highest attainable standard of reproductive health care. The ICPD defines reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes"[1]. This definition implies that "people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so"[2]. It also implies that both men and women have the right to:

...be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. [3]

In the same line, the ICPD defines reproductive health care as a "constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems"[4]. Reproductive health also includes sexual health, whose main objective is the enhancement of life and personal relations not restricted to counseling and care regarding reproduction or sexually transmitted diseases.

The concepts of reproductive health, and reproductive and sexual health care are the bases for the definition established by the ICPD of sexual and reproductive rights. According to this document, sexual and reproductive rights encompass the basic right of all couples and individuals to decide on the number and timing of their children, to have the information and means to so, and the right to attain the highest standard of sexual and reproductive health[5]. Sexual and reproductive rights also include the right to reproduction free of discrimination, coercion and violence; and to access information for decision making on the same standards[6]. This definition also underscores the relationship that sexual and reproductive rights have with other fundamental human rights, including: the right to health; right to dignity; right to freedom; the right to equality; the right to be free from torture, cruel, inhuman, or degrading treatment; the right to privacy; the right to access information; the right to education; the right to enjoy the benefits of scientific progress; and the right to be free from violence against women, among others[7]. Being such complex rights, sexual and reproductive rights are also expressed in a series of international human rights instruments that will be described next.

3.2 International legal framework on Sexual and Reproductive Rights

As already mentioned, sexual and reproductive rights are a complex set of standards that are compiled in different instruments of human rights. Provision related to sexual and reproductive rights can be found in the Covenant on Economic, Social and Cultural Rights (CESCR)–in articles 2, 3, 10, 12, 13, and 15--, in the Covenant on Civil and Political Rights (CCPR)–in articles 2, 3, 6, 7, 16, 17, 19, and 23--, in the Convention on the Elimination of all forms of Racial Discrimination (CERD)–in articles 1 and 5--, in the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) –in articles 2, 5, 10, 14, and 16--, in the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)–in articles 1, 2, and 14--, in the Convention on the Rights of the Child–in articles 2, 3, 4, 6, 12, 13, 16, 17, 19, 24, 26, 27, 28, 29, 34 and 37, and in the Convention on the Rights of Persons with Disabilities (CRPD)– in articles 2, 6, 7, 10, 15, 16, 17, 21, 22, 24, 25, and 28--. All of these human rights instruments establish the framework to understand sexual and reproductive rights as human rights, while establishing a series of State obligations to comply with their enforcement and effective practice.

The aforementioned instruments place a key role on access to health services and its related information in order to effectively exercise the rights consigned in them. One of the first documents that delimitates this concern, and guides States parties towards the guarantee of sexual and reproductive rights is the General Recommendation No. 24 on Article 12 of the CEDAW. According to this document:

Adolescent girls and women in many countries lack adequate access to information and services necessary to ensure sexual health. As a consequence of unequal power relations based on gender, women and adolescent girls are often unable to refuse sex or insist on safe and responsible sex practices. Harmful traditional practices, such as female genital mutilation, polygamy, as well as marital rape, may also expose girls and women to the risk of contracting HIV/AIDS and other sexually transmitted diseases. [...] States parties should ensure, without prejudice or discrimination, the right to sexual health information, education and services for all women and girls, including those who have been trafficked, even if they are not legally resident in the country. In particular, States parties should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their right to privacy and confidentiality.

The importance of sexual and reproductive rights is also established in its relation to the right to health as a fundamental human right that is indispensable for the exercise of other human rights. In this line, the CESCR General Comment No. 14 on the Right to the highest attainable standard of health (Article 12 of the Covenant) establishes that the right to health is not only to be understood as the right to be healthy, but as a series of freedoms and entitlements. Among these, we find: "...the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation". The notions of these freedoms and entitlements were further developed through the CESCR General Comment No. 22 on the right to sexual and reproductive health:

The freedoms include the right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one's body and sexual and reproductive health. The entitlements include unhindered access to a whole range of health facilities, goods, services and information, which ensure all people full enjoyment of the right to sexual and reproductive health under article 12 of the Covenant.

The right extending interpretation present in the General Comments also emphasizes the importance of underlying determinants of health, including education and information related to sexual and reproductive health. Furthermore, General Comment No. 22 establishes that sexual and reproductive rights are deeply affected by the social determinants of health that impact the patterns of conduct regarding this issue. According to this document:

In all countries, patterns of sexual and reproductive health generally reflect social inequalities in society and unequal distribution of power based on gender, ethnic origin, age, disability and other factors. Poverty, income inequality, systemic discrimination and marginalization based on grounds identified by the Committee are all social determinants of sexual and reproductive health, which also have an impact on the enjoyment of an array of other rights as well. The nature of these social determinants, which are often expressed in laws and policies, limits the choices that individuals can exercise with respect to their sexual and reproductive health. Therefore, to realize the right to sexual reproductive health, States parties must address the social determinants as manifested in laws, institutional arrangements and social practices that prevent individuals from effectively enjoying in practice their sexual and reproductive health.

The effective addressing of social determinants of health that might negatively impact sexual and reproductive rights is managed through their core contents and essential elements. These are: availability, accessibility, acceptability, and quality. Availability refers to the provision of "facilities, goods and services for the guarantee of the underlying determinants of the realization of the right to sexual and reproductive health" and accessibility–which encompasses physical accessibility, affordability, and information accessibility–these facilities, goods, information and services must be ensured for all individuals and groups. These core and essential elements are key to ensure that the most vulnerable groups have affective access to sexual and reproductive health and services, and therefore for the effective execution of their rights.

The above mentioned proves to be especially true for youth, a particularly vulnerable group that lies at the heart of disease prevention and change regarding social determinants of sexual and reproductive rights. Special provisions are provided in the international human rights instruments for children and adolescents to access and exercise their sexual and reproductive rights. The CESCR General Comment No. 14 on the Right to the highest attainable standard of health (Article 12 of the Covenant) comments on the right of children and adolescents to access sexual and reproductive health. It establishes that it is a State's obligation to:

[...] provide a safe and supportive environment for adolescents, that ensures the opportunity to participate in decisions affecting their health, to build life-skills, to acquire appropriate information, to receive counselling and to negotiate the health-behaviour choices they make. The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services.

This obligation is further developed through the CESCR General Comment No. 22 that clearly establishes that accessibility includes the opportunity for youth to find available facilities and services that are affordable, and age appropriate. Information is especially targeted in the General Comment, which established the right of adolescents and youth to access evidence-based information regarding all aspects of sexual and reproductive health:

18. Information accessibility includes the right to seek, receive and disseminate information and ideas concerning sexual and reproductive health issues generally, and also for individuals to receive specific information on their particular health status. All individuals and groups, including adolescents and youth, have the right to evidence-based information on all aspects of sexual and reproductive health, including maternal health, contraceptives, family planning, sexually transmitted infections, HIV prevention, safe abortion and post-abortion care, infertility and fertility options, and reproductive cancer.

19. Such information must be provided in a manner consistent with the needs of the individual and the community, taking into consideration, for example, age, gender, language ability, educational level, disability, sexual orientation, gender identity and intersex status. Information accessibility should not impair the right to have personal health data and information treated with privacy and confidentiality.

Privacy is also stressed when talking about youth's access to sexual and reproductive rights. Mentioned in the previous international instrument, the relationship between privacy and these rights is especially built in the Convention on the Rights of the Child General Comment No. 15 on the right of the child to enjoyment of the highest attainable standard of health. This comment presents the need to ensure privacy as an essential mechanism to guarantee the effective access to sexual and reproductive health care and information to the youth around the world:

In accordance with their evolving capacities, children should have access to confidential counselling and advice without parental or legal guardian consent, where this is assessed by the professionals working with the child to be in the child's best interests. States should clarify the legislative procedures for the designation of appropriate caregivers for children without parents or legal guardians, who can consent on the child's behalf or assist the child in consenting, depending on the child's age and maturity. States should review and consider allowing children to consent to certain medical treatments and interventions without the permission of a parent, caregiver, or guardian, such as HIV testing and sexual and reproductive health services, including education and guidance on sexual health, contraception and safe abortion.

The previous dispositions encompass a series of obligations that the State holds in order to make sexual and reproductive rights effective. Regarding youth specifically, the States parties are bound to take, among others, the following actions:

48. States must also take affirmative measures to eradicate social barriers in terms of norms or beliefs that inhibit individuals of different ages and genders, women, girls and adolescents from autonomously exercising their right to sexual and reproductive health. Social misconceptions, prejudices and taboos about menstruation, pregnancy, delivery, masturbation, wet dreams, vasectomy and fertility should be modified so that these do not obstruct an individual's enjoyment of the right to sexual and reproductive health.

49. States parties have a core obligation to ensure, at the very least, minimum essential levels of satisfaction of the right to sexual and reproductive health.

3.3 Regional legal framework on Sexual and Reproductive Rights

Regional treaties also include dispositions regarding sexual and reproductive rights. For Africa, the regional treaties include the African Charter on Human and People's Rights (ACHPR)–in articles 1, 2, 4, 5, 9, 16, 17, 18, 19, and 22--, the African Charter on the Rights and Welfare of the Child (ACRWC) –in articles 1, 2, 3, 4, 5, 10, 11, 14, 16, 21, and 27--, and the Protocol to the African Charter on Human and People's Rights on the Rights on Women in Africa (the Maputo Protocol)–in articles 2, 3, 4, 5, 6, 12, 14--. These instruments further develop the spectrum of application for sexual and reproductive rights, as well as defining even more the States parties' obligations towards them. Even though the main instruments to achieve these goals are the General Comments on the Maputo Protocol, their developments are applicable to populations beyond women.

Such is the case for the right to self-protection and the right to be protected from HIV and sexually transmitted infections (Art. 14.1-d), and the right to be informed on one's health status and on the health status of one's partner (Art. 14.1-e). The ACHPR General Comment No. 1 on Article 14 (1) (d) and (e) of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa illustrates the content of the aforementioned rights to be extendable in a non-discriminatory way, and to be inclusive to access to services and information regarding one's sexual and reproductive health, and that of their partner:

13. The right to be informed on one's health status includes the rights of women to access adequate, reliable, non-discriminatory and comprehensive information about their health. This also involves access to procedures, technologies and services for the determination of their health status. In the context of HIV, this right includes, but is not limited to access to HIV testing, CD4 count, viral-load, TB and cervical cancer screening.

15. The right to be informed on one's health status is applicable to all women irrespective of their marital status, including: young and adolescent women, older women, rural women, women who engage in sex work, women who use drugs, women living with HIV, migrant and refugee women, indigenous women, detained women, and women with physical and mental disabilities.

16. The right to be informed on the health status of one's partner is vital. It enables women to make informed decisions about their own health, especially where they may be exposed to a substantial risk of harm. Knowledge of a partner's health to help avoiding transmission of HIV and other sexually transmitted infections. Information on a partner's health status must be obtained with informed consent in line with international standards, without coercion, and should be primarily aimed at preventing harm to one's health

Special emphasis is to be made on youth's access to–due to the nature of the instrument, girls and young women particularly–sexual and reproductive health services, and to information regarding it. The importance of information, education, and access to services regarding sexual and reproductive rights, and its extension to populations beyond women, is expressed in the text as States parties' specific obligations:

26. The African Commission wishes to emphasise the importance of information and education on HIV prevention for women, in particular adolescents and youths. States Parties must guarantee information and education on sex, sexuality, HIV, sexual and reproductive rights. The content must be evidence-based, facts-based, rights-based, non-judgemental and understandable in content and language. This information and education should address all taboos and misconceptions relating to sexual and reproductive health issues, deconstruct men and women's roles in society, and challenge conventional notions of masculinity and femininity which perpetuate stereotypes harmful to women's health and well-being. This should be pursued in line with the Maputo Plan of Action as well as articles 2 and 5 of the Protocol.

29. Ensuring availability, accessibility, acceptability and quality sexual and reproductive health care services for women is crucial. Therefore, States Parties have the obligation to ensure comprehensive, integrated, rights-based, women-centred and youth friendly services that are free of coercion, discrimination and violence.

The importance of sexual and reproductive rights for the youth continues to be developed through the General Comment No. 2 on Art. 14.1 (a), (b), (c) and (f), and Art. 14.2 (a) and (c) of the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. As well as its predecessor, the General Comment continues to develop the rights of women consigned to the Maputo Protocol. It furthers the content on the right to control fertility, the right to decide whether to have children, their number and spacing, and the right to choose any method of contraception. This, by making the right inextricably linked, interdependent, indivisible, and based on dignity and reliant on availability:

23. The rights to exercise control over one's fertility, to decide one's maternity, the number of children and the spacing of births, and to choose a contraception method are inextricably linked, interdependent and indivisible.

24. The right to dignity enshrines the freedom to make personal decisions without interference from the State or non-State actors. The woman's right to make personal decisions involves taking into account or not the beliefs, traditions, values and cultural or religious practices, and the right to question or to ignore them

29. It is crucial to ensure the availability, financial and geographical accessibility as well as the quality of women's sexual and reproductive health-care services, without any discrimination relating to age, health condition, disability, marital status or place of residence. State parties have the obligation to provide services that are comprehensive, integrated and rights-based.

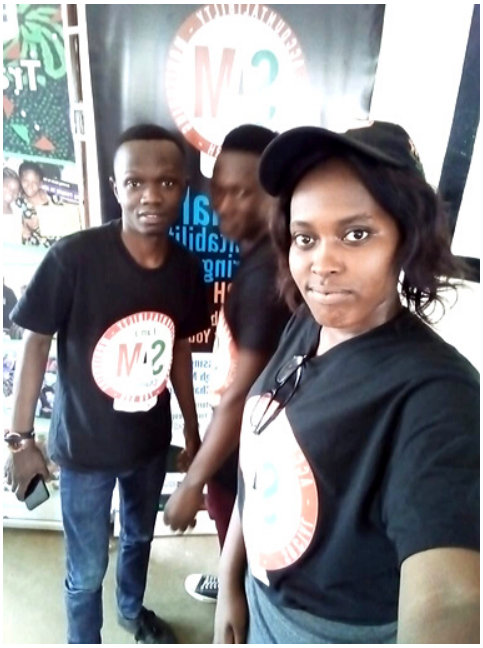
The obligations of the States parties mentioned above look to propel sexual and reproductive rights in the African Region in order to assure their connected set of rights. The interconnection between rights and the States parties' obligation to take action to internally guarantee them according to the international standards, guidelines, and good practices is not only consigned to binding international instruments. Non-binding instruments have also established the importance of sexual and reproductive rights, including the Millennium Development Goals, the Abuja Declaration on HIV and AIDS, Tuberculosis (TB) and other related Infectious diseases, Declaration on Gender Equality in Africa, the Pretoria Declaration on Economic, Social and Cultural Rights in Africa, the SADC Declaration on Gender and Development, and the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA).

The countries selected for this case study–Kenya and Malawi–are both States parties to the binding human rights instruments mentioned above, having the obligation to enable a legal and political framework in which sexual and reproductive rights are thoroughly respected and complied with. Their obligations include the construction of national and municipal level initiatives–whether administrative, political and/or cultural–that deal with obstacles to effectively enjoy sexual and reproductive rights at their highest standard and with no-discrimination. In compliance with their international obligations, both Kenya and Malawi have made advances in enabling a legal and political framework according to international standards and have developed Sexual and Reproductive Health Policies. The national framework will be analyzed in the next section.

3.4 National framework on Sexual and Reproductive Rights: Kenya and Malawi

3.4.1 Kenya

Sexual and reproductive health rights are constituted as a fundamental human right in Kenya. They are protected and enforced in the Constitution of the Republic of Kenya of 2010, specifically in articles 21-3, 21-4, 27-3, and 43-1(a). These articles include the obligation of the State to address the needs of vulnerable groups within society–which include women and youth–the obligation of the State to enact and implement legislation to fulfill its international obligations, the right to equal treatment between women and men, the right to obtain the highest standard of health, including reproductive health care and emergency medical treatment, and the duty of the State to provide appropriate social security to persons unable to support themselves and their dependents.



The constitutional frameworks as well as the aforementioned human rights' obligations are developed through a series of laws and policies that address sexual and reproductive rights. Among the legal initiatives, we can include the Children's Act, the Sexual Offenses Act, and the Prohibition of FGM Act. In the policy aspect we can include the National Reproductive Health (RH) Policy of 2007, whose main goal is to improve reproductive health status of all people in Kenya by increasing equitable access and improving quality, efficiency and effectiveness of service delivery at all levels. In order to achieve this goal, Kenya has also developed the following policies and strategies:

- The Adolescent Reproductive Health and Development Policy (2003)
- The National Condom Policy and Strategy (2009-2014)
- The Contraceptive Policy and Strategy (2002-2006)
- The Contraceptive Commodities Procurement Plan (2003-2006)
- The Contraceptive Commodities Security Strategy (2007-2012)
- The School Health Policy
- Female Genital Mutilation/Cutting Policy
- The HIV and AIDS Strategic Plan (2009/10-2012/13)
- The National Reproductive Health and HIV and AIDS integration Strategy (2009)
- The National Adolescent Sexual and Reproductive Health Policy (2015)

Even when Kenya has developed multiple laws, policy strategies, and guidelines that favour sexual and reproductive rights, they are often not integrated into services in a way that changes youth's experiences regarding their rights. The lack of proper integration of these documents into services negatively impacts youth's rights and perpetuates their historical neglect by the health system in relation to sexual and reproductive health. Along with deeply rooted conservative views regarding sexual autonomy, and the lack of adequate access to information relating to sexual and reproductive health, Kenya's youth is still one of the most vulnerable population groups when it comes to violations regarding their sexual and reproductive rights. This situation has also had a negative impact on the overall sexual and reproductive health of youth in Kenya.

The main issues regarding youth's sexual and reproductive rights in Kenya are unwanted pregnancies, rape, unsafe abortions, and sexual abuse and harassment. Negative impacts also include sexually transmitted infections–including HIV–and risky behaviors such as early sexual debut, substance abuse, sexual and gender violence, multiple sexual partners, and inadequate access to contraceptives including condoms for dual protection. The situation–hand in hand with the portrayal of strong conservative values in Kenyan youth and the slow appearance of youth-friendly SRHR services–increases youth's vulnerability and calls for urgent action.

3.4.2 Malawi

Sexual and reproductive health rights are constituted as a fundamental principle in Malawi. They are established in the Constitution of the Republic of Malawi of 1994, specifically on articles 13(a) and 13(b). This principle is further developed in the constitution as human rights such as freedom (Art. 15-1), the right to life (Art. 16), the right to dignity (Art. 19), the right to equality (Art. 20), the rights of children (Art. 23), the rights of women (Art. 24), the right to education (Art. 25), and the right to access information. However, the Concluding observations of the Committee on the Elimination of Discrimination against Women on Malawi established that the obligations incorporated in the CEDAW, and its related duties in other international treaties, has yet to be fully incorporated in Malawian domestic law. Even with the aforementioned limitation identified, the State of Malawi has developed a series of legal and policy initiatives that include:

- National Youth Policy (1995)
- Malawi's Family Planning and Contraceptive Guidelines (1996)
- Reproductive Health Policy (2002)
- National AIDS Policy (2003)
- National Reproductive Health Program

Although these initiatives have supported the improvement of the status of sexual and reproductive rights in Malawi, there is still a lot of effort to be made just as the CEDAW established. The sexual and reproductive rights of youth are vital not only for the betterment of the conditions in Malawi and for the effective development of the principles established in its constitution, according to specialized literature, Malawi's youth is an especially vulnerable group. This–as cultural practices such as those of the Chewa where an older man is tasked with the sexual initiation of young women, and taboos over sexual and reproductive health services–increase the prevalent issues regarding youth: the low use of contraceptives, the prevalence of myths regarding their use, the high prevalence of HIV/AIDS among the population, unwanted pregnancies, unsafe abortions and the lack of post-abortion care, and the prevalence of STIs. The aforementioned shows there is still work to be done, not only to comply with the international obligations Malawi has acquired, but also to improve youth's access to their sexual and reproductive rights.

4 OPPORTUNITIES AND STRATEGIES FOR CHANGE:

PROMISING PRACTICES AND SUCCESS FACTORS FOR INVOLVING YOUTH WITH SEXUAL AND REPRODUCTIVE RIGHTS IN KENYA

4.1 Kenya - The Chanuka Initiative

4.1.1 Description of the initiative

The Chanuka Initiative looks forward to educating young people, both in and out of school, on issues of sexual and reproductive health and rights (SRHR). Its main objectives are to:

- Increase the level of awareness on SRHR issues
- Reduce and prevent cases of abuses
- Improve uptake of Sexual reproductive health services within the local medical facilities.

In order to achieve these objectives, the initiative visits schools and institutions of higher learning to promote sexual and reproductive health awareness. The idea was to create safe spaces in which young people are free to talk about their issues without interference. The initiative also involves engaging out-of-school youth in community social halls within the city of Nairobi. The main tool used to actually mobilize youth to engage in the initiative is the development of sports activities. Through these activities, safe spaces and networks among youth are created and encouraged, and messages regarding SRHR are passed.

In order to properly execute the aforementioned activities, locations are selected among schools where previous contact through other initiatives has been made. The identification of well known spaces for the development of the initiative contributed to its positive receipt by the youth while providing the most complex logistical factors for its development. Once the space has been identified, youth starts planning out the sports activities. Sports acts as a means to create, strengthen, and develop ties among youth. In the initiative, the goal of sports activities is to support the creation of a safe space where youth can talk about their issues relating to SRHR, possible solutions, and options of action that don't take too many resources. Religious and traditional leaders are also a key part for the success of the initiative; they are often allies in the development of the activities, serving as a support agent facilitating its logistics. Religious and traditional leaders not only facilitate spaces such as rooms to carry out the meetings, they also take active part in them.

Once the sports activities are carried out, youth have the opportunity to connect with an interdisciplinary group of expert counselors able to provide them with information regarding their sexual and reproductive rights, information about youth-friendly health facilities, and legal counseling where necessary. The contact with the interdisciplinary expert is made by the organization, as well as the logistics involved in the installation of the tents.

4.1.2 Before and after situations: The impact of the Chanuka Initiative

According to Elias Muindi, the implementation of the Chanuka Initiative has led to great change for the youth in Nairobi. Before the initiative was implemented, youth didn't have information regarding SRHR, access to trust-worthy information, or information about services for exercising their health rights, and how to access counseling in Nairobi.

Subsequent to the initiative, youth know where to get information regarding SRHR and where to access related services via their link to service providers and counseling services or institutions. Youth are also able to access information and counseling during the meetings and sports activities from experts in the tents. The presence of the expert counselors proves particularly valuable when discussing topics such as abortion–still highly taboo and controversial in Kenya. The implementation of the initiative also raised awareness of the plight of girls in local areas; it highlighted girls' school dropout, especially in rural areas, and the need for economic empowerment. The need for economic empowerment of girls and women is often discussed hand-in-hand with SRHR.

Since the implementation of the initiative, the flow of information has greatly improved. Now, organizations and interested parties know which issues affect youth in Nairobi and in which ways. Cross-sectoral partnerships have highlighted the need to strengthen health systems and to make them friendly for young people. Partnerships have also encouraged government's commitment to development of SRHR in Nairobi.

4.1.3 Challenges regarding implementation

Even when the Chanuka Initiative has been regarded as highly successful, it still faces challenges that are not only limited to Kenya but to Africa in general. The challenges faced include: lack of adequate resources, resistance to divulge sexual and reproductive health rights messages such as those against child-marriage, and the fact that youth in Kenya are a highly mobile population.

• Lack of adequate resources for the implementation of activities - The limited availability of resources to implement the initiative and its activities is one of the main challenges faced. The scope of activities and fora is limited by the funds at the youth's disposal. These include: costs of transportation, for the payment of facilitators and expert counselors, and of logistical materials to reach remote areas.

• Resistance to pass SRHR messages about child marriage - Child marriage is still a highly controversial issue in Kenya. It is a topic that needs to be discussed within youth groups, and also within religious communities and traditional authorities. This has been managed through education and sensitisation of religious and traditional leaders, but more still needs to be done.

• High mobility populations - Youth populations involved in the initiative are constantly looking for opportunities to better their conditions. This includes the search for education and employment opportunities. When they move, they tend to lose contact with the initiative. It is imperative to seek ways in which the initiative can promote capacity building for their continued involvement in the initiative.

4.1.4 Promising practices and success factors identified through the Chanuka Initiative

The Chanuka initiative offers a great display of success factors and promising practices to effectively engage in advocacy for sexual and reproductive rights of the youth in Africa. Promising practices are defined as those practices -or a particular way of doing things–that have the potential to effectively address the issues of concern within a community. Promising practices are often deemed as having been successful elsewhere, as judged by both the community and the impact on the issue. On the other hand, success factors are defined as a combination of important facts required to accomplish the goals of a specific project or initiative. The Chanuka Initiative in Kenya has given key insights in both of these concepts, creating an opportunity to identify the following promising practices and success factors.

4.1.4.1 Ownership of the initiative from part of the youth

Active involvement of youth in the implementation of the initiative is a key success factor. Both initiatives have shown how their main source of information on the state of sexual and reproductive rights is youth themselves. It is their needs that have to be addressed, as well as the challenges they face when trying to access sexual and reproductive health services. They are also key to disseminating messages regarding sexual and reproductive rights among young people, as the networks of information regarding this topic are often reduced to their group of friends. Even as sexual and reproductive rights still carry a high stigma within older generations. Active participation and youth's ownership of the initiative also encourages capacity building in situ and activates a new generation of leaders to continue advocating for human rights.

4.1.4.2 Early and active involvement of religious groups and traditional leaders

The involvement of religious institutions and traditional leaders is a really important promising practice for advocacy of sexual and reproductive rights around Africa, and also in other parts of the world. Religious groups and traditional leaders are key agents for social change in any society as well as a source of legitimacy for various beliefs and practices. They also have a very important role in the communities, offering not only guidance to the individuals, but also providing the basis for social cohesion. The early involvement of religious institutions and traditional leaders facilitates their engagement with youth's interest regarding sexual and reproductive rights, while increasing the probabilities to obtain their support.

As such, educating them in the importance of sexual and reproductive rights, and on the impact these rights have on the youth is a necessary first step to addressing the main issues identified. The Chanuka Initiative in Kenya has shown that education reduces religious groups and traditional leaders' resistance to change regarding sexual and reproductive rights, and that their involvement with the initiative legitimizes the efforts to promote and protect such rights. Involvement of religious and traditional leaders also facilitates the discussions around controversial topics–that are often related to traditional cultural practices and beliefs–such as abortion, gender-based violence, child marriages, among others.

4.1.4.3 Promoting message replication among the youth from their peers

Promoting the transmission of easy-to-understand messages that are memorable, and clear on sexual and reproductive rights among youth is a promising practice that has been shown to increase the longevity of the initiatives. Dynamics among youth show that one of the most important sources of information and counseling is among peers. Making sure that there are wide-spread voice-to-voice messages that encourage access to services and facilities regarding sexual and reproductive health, as well as discouraging non-scientific information regarding them is key to making the scope of initiatives broader. Especially since the replication of the messages coming from the initiatives is not only low-cost, but also youth-built and oriented–facilitating the flow of information.

4.1.4.4 Cross-sectoral partnership formation

Cross-sectoral partnership formation is a success factor that allows for cooperation amongst organisations involved in sexual and reproductive rights advocacy. Both initiatives have shown the importance of establishing cross-sectoral partnerships to achieve their goals, tackle complex issues, and strengthen the rapport of the initiative. The opportunities to organize high-impact events that can mobilize different people from different parts of the country are also higher when working within a partnership.

5 OPPORTUNITIES AND STRATEGIES FOR CHANGE:

PROMISING PRACTICES AND SUCCESS FACTORS FOR SOCIAL ACCOUNTABILITY AND MONITORING OF YOUTH'S SEXUAL AND REPRODUCTIVE RIGHTS IN MALAWI

5.1 Malawi - The Social Accountability and Monitoring Project

5.1.1 Description of the initiative

The Social Accountability and Monitoring Project is tasked with monitoring the provision of sexual and reproductive rights services, and how friendly they are to youth users. The initiative operates through an application (app) that was linked to the servers of the health facilities, that allows the immediate creation of queries, and notification of the Headcity Administrators for immediate action. The registration of the query includes all necessary information–(obstacle presented, issue, instructions on how it should be corrected, etc.) and once solved, it is closed but not erased from the system. The functioning of the system works as both a mechanism for immediate response and a means to document issues that youth struggle with. The location to pilot the initiative was selected through a rigorous study of the national and local level. Through the study of various documents, it was decided that the pilot would be carried out in a Malawian district with the highest indexes of teenage pregnancy.

In this initiative, the role of the Headcity Administrators is vital as they are in charge of generating the instruction to correct the issue documented. As such, they are the first respondents that ensure the operation of the solutions to the query. Headcity Administrators were also previously sensibilized on the importance of sexual and reproductive rights, and of the availability of youth-friendly services. Headcity Administrators are informed both by the information contained in the mobile app, and by the information registered by the Youth Champions. Youth Champions are promoters of sexual and reproductive rights. They are in charge of the reports made to them on issues of access to sexual and reproductive health in medical facilities. They are also in charge of documenting the query on the app in cases where people don't have mobile phones with readily available data.

The Youth Champions' selection process was very rigorous. Once the location of the pilot was selected, the pilot was advertised online via social media (Facebook). This worked as a first filter to identify staff that was already familiar with smartphones, mobile apps, and social media. From around 200 candidates, 40 were selected for the next phase of the selection process. The next stage of the process consisted of a two-tier interview whose goal was to identify soft skills in the candidates that would be beneficial for the advocacy of sexual and reproductive rights in Malawi. Since their role would involve making presentations and speeches, these abilities were observed in the first tier of the process, where candidates had to make presentations in front of the others. The second tier was a very rigorous personal interview whose goal was to identify the above mentioned soft skills of the candidates. Once the process was finished, 20 candidates were selected to act as Youth Champions in the initiative.

In order to guarantee the highest reports possible, the health facilities also have a kiosk office located on the health facility which can issue reports on sexual and reproductive health service provision. Kiosks act as a more immediate alternative to the Youth Champions. The aforesaid instruments and mechanisms exist to facilitate youth case registration where they face challenges in the provision of sexual and reproductive rights services, and to fill potential gaps existing due to the lack of access to mobile phones and/or data.

5.1.2 Before and after situations: The impact of the Social Accountability and Monitoring Project

According to Marcel Chisi, the strategy is working wonders. The situation before the development of the initiative was characterised by the lack of access from young people to sexual and reproductive services. This situation not only led to lack of information and low access to services among youth but it also led to PEPs, medication available for different STIs, pregnancy tests, among other medical inputs regarding sexual and reproductive health expiring in the facilities.

However, since the implementation of the initiative, young people are able to access more sexual and reproductive health services. This, at the same time, increased the use of already available medical inputs. The immediate pressure and accountability put on medical staff by the initiative was key to the increased access to these services. Also, the increased awareness created in the Headcity Administrators and other government officials on the importance of sexual and reproductive rights proves more favourable for access to related services and for the continuation of advocacy strategies.

The aforementioned changes are visible in accomplishments such as the inclusion of the organization on the District Health Management Team, which highlights youth perspectives in decision making spaces. The initiative has also been deemed highly valuable for populations beyond youth such as pregnant persons, who are also highly vulnerable and who need their queries addressed with immediacy. The District Health Management Team has proposed the extension of the initiative towards persons who are pregnant, and who face various obstacles regarding access to gynecologic and obstetric care. However, the extension of the initiative towards this population is not yet possible due to lack of resources.

5.1.3 Challenges regarding implementation

Even though the Social Accountability and Monitoring Project has been regarded as a highly successful initiative for change, it still faces challenges that are not only common to Malawi but also to Africa in general with regards to sexual and reproductive rights. The challenges faced are primarily logistical, but also widespread. They include: difficulty in accessing abortion and post-abortal health care, the high cost of data, and the low access to smartphones.

• Access to abortion and post-abortal care - In Malawi, abortion is only legal if it is meant to save a woman's life. This proves to be a challenge for youth when trying to access medical care related to both abortion, and post-abortal care. Also, because abortion is still a taboo and highly criminalised practice, young people's access to it is limited.

• High cost of data - The high cost of data is a critical issue for the implementation of this initiative. Since the app requires data to work, young people without data don't have direct access to it. However, this challenge has been managed through the development of kiosks where they can report issues directly.

• Low access to smartphones - As well as data, young people in Malawi have limited access to smartphones due to their high price. However, this is also managed through the implementation of kiosks in which they can report their queries.

5.1.4 Promising practices and success factors identified through the Social Accountability and Monitoring Project

As mentioned before, the Social Accountability and Monitoring Project is a vital window to analyze and identify promising practices and success factors applicable to other advocacy strategies. Both promising practices–particular ways of doing things that have the potential to be successful–and success factors–important facts required for a project to achieve its goals–identified through the analysis of the project are listed below.

5.1.4.1 Strategic use of language to engage governmental institutions

The engagement and support of governmental institutions interested in the promotion of sexual and reproductive rights has proven to be a beneficial factor for the initiative carried out in Malawi. Support from governmental institutions can facilitate the initiative's actions and make it easier to achieve its goals. It can also strengthen the relationship between civil society initiatives and governmental efforts to promote and protect youth's sexual and reproductive rights, as civil society initiatives have proven to be very helpful in the improvement of State-run mechanisms. This is visible in the Social Accountability and Monitoring Project in Malawi, in which the developed app was used by State offices as a mechanism design to improve their services, and as a way to develop an information management system. This strategic presentation of the app and use of the language allowed the operation of the initiative to not only have value for the user, but also for the government as a way to add value to the monitoring activities.

5.1.4.2 Monitoring and Data Collection

Monitoring of sexual and reproductive rights status in the field, as well as data collection is key to maintaining an updated review on the specific need and challenges faced by youth. This need goes hand in hand with the ownership of the project from part of the youth given that they are the most important source of information regarding youth-friendly services and the specific problems they constantly face. Data collection and its monitoring also allows youth and communities to know more about themselves, and provides a mechanism for active engagement in political activities and decision making spaces.

5.1.4.3 Context-specific development of initiatives

Context-specific changes to the initiative are vital for its success. Projects regarding sexual and reproductive rights may have Universalist aspects in their approach that may not reflect the realities where they are implemented. Reality in the field can be different from the reality assessed in the project planning process. As such, the implementation of the project must be flexible and malleable enough to be able to adapt to local realities. Initiatives must also take into account the dynamics of the local communities and be adaptable to them in order to make their efforts effective.

5.1.4.4 Taking advantage of technological tools and social networks to promote sexual and reproductive rights

The use of technological tools can be helpful to facilitate the aforementioned promising practices. Technological tools can facilitate the immediacy of responses, while also providing an easier way to document the information provided by the youth. Technological spaces also provide a safe space where youth can report cases of inadequate service, consult on doubts regarding sexual and reproductive health, share experiences, and even share solutions to their issues. However, this is a promising practice that still faces various limitations, due to the high costs of data and smartphones in Africa, making them inaccessible for most youth.

5.1.4.5 Immediacy

Immediacy is vital for the development of the strategies, as it allows youth to obtain immediate responses to their needs. Both the reception of queries regarding youth-friendly services, and the access to interdisciplinary experts that are able to give counseling, benefit greatly from closeness with youth and the immediacy of their availability. Both aspects encourage youth to make use of the tools in the initiatives, while also creating a sense of effectiveness around the mechanisms available to ensure sexual and reproductive rights and the need for the youth to access and demand them. Immediacy may also provide an illustration for the need to keep developing the national and local strategies to promote sexual and reproductive rights, as the use of the medical inputs and institutions–as well as the effects of their use–prove the necessity to strengthen the policies.

6 RECOMMENDATIONS AND CONCLUSIONS:

The case study made on the initiatives carried out in Kenya and Malawi has shown successful stories of change in the work Sonke Gender Justice and MenEngage have done in Africa. Both the Chanuka Initiative and the Social Accountability and Monitoring Project have shown the possibility of exercising change successfully with a youth-oriented emphasis and priority. They both show how working with the youth is not only vital for the effective exercise of sexual and reproductive rights–since they are the main cog in the process of sociocultural change regarding the topic–but also how tackling this issues can improve the overall living conditions of a population. However, the initiatives still face challenges and experiences that have enabled learning, and production of recommendations for future initiatives and projects.

6.1 Youth retention and recognition

• Allow youth involved with the projects and initiatives to have a monetary incentive for their work. Currently, youth participants don't obtain any monetary benefits from taking part in the initiative. Even though this is a result from the lack of adequate resources, it is also a detriment for the initiatives since youth will abandon it once an opportunity for employment or higher education is presented to them. The lack of a financial incentive decreases the capacity of the youth participating in the initiatives to stay involved hence provision of some incentive could help resolve this situation while recognising the time and effort they invest.

• Promote engagement activities with youth participants. As mentioned before, one of the issues with young staff involved in the initiative is their retention. Activities such as engagement meetings, travel for experience exchange, and other capacity building activities are key to assuring commitment to the initiatives.

6.2 Interdisciplinary service provision and cross-sectoral partnerships

• The integration of interdisciplinary service provision within the initiatives is vital to ensure a holistic approach regarding sexual and reproductive rights of the youth. Assistance in medical, legal, psychological, psychosocial and other fields is vital to inform youth on relevant and current information, while also making them aware of best practices regarding sexual and reproductive rights.

6.3 Integration of youth in decision-making spaces

• Implementation of the initiatives carried out by civil society must encompass lobbying for sex education in schools. Schools are one of the main points of concentration of youth, and also where knowledge is primarily spread. As such, it is necessary to establish a sex education program in schools that is scientific and evidence-based, while complying with the standards for a curriculum.

• It is necessary to include strategies to increase active youth representation in decision making spaces. The initiatives should integrate activities that allow for promotion of active representation of the youth in decision making spaces beyond the initiatives. This includes training the youth involved in the initiative, as well as endorsing youth representation in spaces within the initiative, and also in decision making institutions in governmental spaces.

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