

## ***Submission of Evidence for the Independent Accountability Report 2017***

### ***Youth-led social accountability for improving youth-friendly services in Uganda.***

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Given the great promise of social accountability activities to improve the delivery of reproductive health services, Reproductive Health Uganda (RHU), a Member Association of the International Planned Parenthood Federation (IPPF), has undertaken youth-led social accountability for ensuring more responsive services for young people. In 2011, the Government of Uganda put in place a national adolescent policy and service standards that clearly detailed the ideal provider and health facility characteristics for adolescent-friendly services. The policy and standards set out the expected entitlements but there are no clear plans for its implementation.

To address this issue, RHU supported youth-led social accountability for ensuring more responsive services for young people in 2016. The project aimed (1) to better understand the issues faced by young people when they engage in accountability initiatives; (2) to strengthen young people's capacity to use accountability mechanisms, and (3) to support young people to exercise their rights. With a small budget of USD 20,000 youth-led accountability activities were successfully conducted in two districts, Gulu and Tororo, over a three-month period. We believe this to be a strong example of –Youth-led local level participatory monitoring that has effected concrete changes for young people.

RHU's youth team and youth volunteers worked with youth representatives in the districts to undertake community scorecards with local young people and service providers to assess four local health facilities. The aim was to link service providers and young people through a participatory assessment of youth-friendly services and develop action plans to address emerging issues. The scorecard provided a structured way for young people to assess youth-friendly services in terms of their quality, efficiency and transparency, and against the national standards.

Following initial awareness raising and alliance building, young people and service providers scored the services separately and then came together to jointly find solutions and develop time-bound action plans to address the challenges. The type of issues identified were the limited time service providers had for interacting with young people; the lack of trained staff to counsel young people on sexual reproductive and health needs; providers' bias against teenage mothers seeking services, lack of youth-friendly spaces, lack of feedback mechanisms; and inconvenient opening hours.

After a three-month period of activities, several changes occurred within the health facilities. By working with health facility staff and health committees, spaces were designated for youth-friendly spaces in the facilities. Staff were allocated to supervise the youth-friendly spaces and train peer educators with skills to work with young people coming to the facilities. In addition, young people became more involved in supporting service delivery e.g. peer counselling, youth mobilization and increasing awareness about national health standards and entitlements. Coupled with advocacy from other youth activists, the district health office in Tororo has designated a

time every week to address youth issues in all public health facilities. Facilities are now increasingly transparent about the type and timings of services available. Health workers' attitude towards serving young people has particularly improved.

In achieving these outcomes, several challenges were faced. The implementation of the action plans was slow and needed to be better coordinated with local planning processes, particularly as funds are needed for implementing the necessary changes. The initial scoring was met with resistance from health workers and administrators who saw it as confrontational rather constructive, such as the assessment process creating expectations and demands that outstrip the capacity of the facilities.

This relatively low-cost pilot project is now being scaled up by RHU in several districts and IPPF Member Associations in Ghana, Kenya, Ethiopia and Pakistan are receiving training to also scale up the work. Several key lessons have been learnt and are being included. To realize meaningful participation, young people need the right education, and skills development, preferably through peer trainers. Working with local civil society organizations with experience in the health sector can be beneficial. To ensure services are youth-friendly, young people should participate in the decision-making processes, for example being represented in the health governance structures like the health committee, which in turn should be supported to remain active and deliver on their mandate. In addition, health workers and local officials need support to better engage with young people. This includes non-judgmental engagement beyond merely providing information, to helping young people identify risks and devise protective measures. Duty bearers should continuously be supported through different forms of capacity building to effectively work with young people and further enhance Youth-Adult partnerships for health.