Baseline evaluation report of the Levelling the Field Phase 2 Project using a girl-centred approach

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Submitted by:

Eddie Kashinka

Chowa Tembo Kasengele

Shadrick Kayeye

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Acronyms

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
ARHA	Adolescent Reproductive Health Advocates
AYP	Adolescent and Young People
FGDs	Focus Group Discussions
GBV	Gender Based Violence
GRS	Grassroot Soccer
HRB	Human Rights Based
KIIs	Key Informant Interviews
MC	Muchinga Corridors
MoGE	Ministry of General Education
MoH	Ministry of Health
SGBV	Sexual Gender Based Violence
SRHR	Sexual Reproductive Health and Rights
ZDHS	Zambia Demographic Health Survey

INTRODUCTION

Adolescents and young people aged 10–24 years comprise about a third of the Zambian population. This group faces several challenges in accessing many services including sexual reproductive health (SRH) services. Further, adolescent girls and young women aged 15–24 years are disproportionately affected by poorer sexual and reproductive health outcomes[1].

According to the 2018 Zambia Demographic Health Survey (ZDHS), 17 per cent of women began sexual activity before the age of 15 years and 69 per cent before 18 years. Twenty-nine per cent (29%) of young women aged 15-19 are already mothers or pregnant with their first child. Rural young women aged 15-19 are twice as likely to have begun childbearing than urban young women (37% versus 19%). Further, the statistics for childbearing show 34 percent of women give birth before the age of 18. UNICEF (2021) notes that early sexual debut may predispose Adolescent Girls and Young Women (AGYW) to poorer health outcomes related to pregnancy at a very young age and to an increased risk of sexually transmitted infections such as HIV[2].

Furthermore, comparing the adolescent girls and adolescent boys, 13% of adolescent girls and 16% of adolescent boys had sexual intercourse by age 15. Only 2% of adolescent girls and less than 1% of adolescent boys aged 15-19 were married by age 15. Two per cent of adolescent girls age 15-19 gave birth before age 15, and less than 1% of adolescent boys in that age group fathered a child before age[3]

Many institutions, both local and international have been working tirelessly to help improve the outcomes for adolescents in Zambia especially around Sexual Reproductive Health (SRH). Grassroot Soccer Zambia (GRS) is one such organization that has been working in the adolescent health space in Zambia. Grassroot Soccer Zambia uses the power of sport to improve adolescent Sexual Reproductive Health and Rights (SRHR) by building youth health and life skills assets, improving their demand for and access to key services; promoting their adherence to healthy behaviours.

Grassroot Soccer Zambia is implementing Phase 2 of the Levelling the Field Project which uses a girl's-centered approach to address factors at multiple levels that put AGYW at risk of

[1] https://www.unicef.org/zambia/reports/knowledge-and-use-sexual-reproductive-health-and-hiv-services

[2] UNICEF (2021), Knowledge and use of Sexual Reproductive Health and HIV services among Adolescent Girls and Young Women in Central and Western Provinces: A Qualitative Knowledge Attitudes and Practices Study [3] Zambia Demographics Health Survey (ZDHS) 2018

adverse sexual and reproductive health (SRHR) outcomes, prevent equitable participation in sport and communities, and limit access to life-saving health and social services. Phase 2 of the levelling project is a build-up from phase 1 where AGYW defined the challenges they faced and provided desired changes and solutions which feed into phase 2 of the Levelling the Field project. The project intends to reach 10,125 adolescent girls and young women (AGYW) aged 15-24, at-risk and survivors of violence, in 3 rural districts (Nakonde, Mongu and Chipata) in Zambia. This report presents the findings of the baseline evaluation phase 2 of the Levelling the Field project

Evaluation Objectives

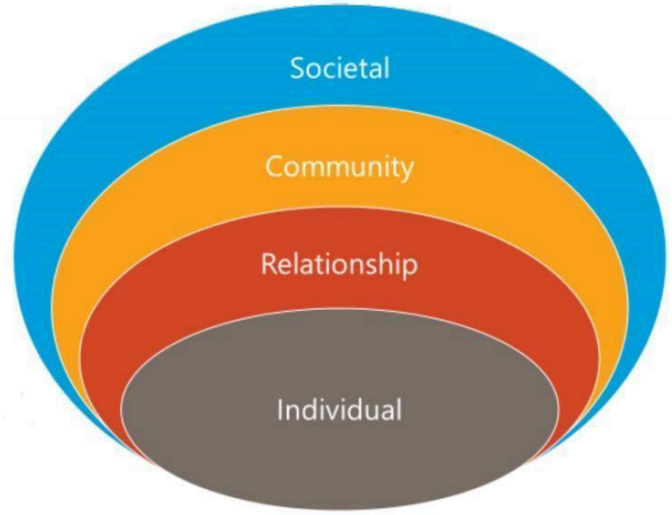
The following are the objectives of the evaluation;

- Explore AGYW perceptions and experiences in their role of designing, leading, and monitoring HRB advocacy efforts, aiming to influence the enabling environment and government policy for GBV prevention and response;
- Identify how AGYW and ABYM discuss, share information, and reconstruct attitudes and beliefs about traditional socio-cultural and gender norms, power, and healthy relationships and what motivates or prevents them from doing this;
- Evaluate the effectiveness, scalability and sustainability of the integration of sportbased GBV prevention and advocacy as well the partnership between GRS, MC and ARHA.

Evaluation Conceptual Framework

For this evaluation, we adopted the socio-ecological model and structural model of health behaviour (Cohen et al., 2000; Svanemyr et al., 2015; Krug et al., 2002; Garbino, 1985; Sommer and Mmari, 2015) (see Figure 1). We collected and analyzed the research data based on the 4 key elements: Individual, Relationship, Community and Societal. The model is based on four guiding principles: 1) identify the role of factors that exist at the individual, interpersonal, community and public policy or societal level; 2) hypotheses that these factors interact across the different levels; 3) requires the need to focus on specific health behaviours and outcomes, and the need to identify the factors that have the greatest influence on these behaviours at each level; and, 4) posits that interventions that deal with factors at multiple levels may be more effective than those that address only one level.

Figure 1



Level	**Key areas and questions**
Individual	Current approaches that build their economic and social assets as well as the resources of adolescents. ● What interventions/approaches are currently contributing to increased knowledge and self-efficacy among adolescents? ● What interventions/approaches are currently contributing to the creation of safe spaces for adolescent girls to ensure their safety, to build their assets and to connect to social networks. ● What approaches currently contribute to the economic empowerment of girls
Relationship or Interpersonal	Relationships that support and reinforce positive health behaviour of adolescents. ● What interventions/approaches influence sexual and reproductive experiences/interactions of adolescents, such as parents, intimate and other sexual partners and peers
Community level	Social norms and community support for adolescents to practice safer sex behaviours and access SRH. ● What approaches are targeted at community members and institutions outside the family such as neighbourhoods, schools and workplaces. ● What is the community's social norms for adolescent sexual activities?

Societal level	Current laws and policies related to the health, social, economic and educational spheres and to build broad societal norms in support of SRH and helping adolescents realize their human rights. ● What are the available and accessible resources such as SRH services, education, recreational activities, employment? ● What social structures and policies, which includes laws and policies relate to adolescent SRH, that limit high-risk behaviours and provide a framework for lowrisk behaviours such as a legal age for marriage, education policies. ● What is the adolescents level of exposure to media and cultural messages: including mass media (print, video, internet, films), cultural beliefs and myths.

Source: Authors' adaptation from ecological and structural models of health behaviour; Cohen et al.,2000; Svanemyr et al., 2015; Krug et al., 2002; Garbino 1985; Sommer and Mmari., 2015.

METHODOLOGY

Primary Data collection

The research team used female data collectors to collect primary data in the field. This is in line with the GRZ approach of a gender transformative approach. The following are the approaches to data collection

Qualitative approach

We conducted a total of 29 Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs). All the participants for this evaluation were purposively sampled. This was be based on the criteria of the participant residing within the program implementation site. The research team developed semi structured interview guides that were administered during the interviews

KIIs

A key informant refers to the person with whom an interview about a particular organization, social program, problem, or interest group is conducted and they possess expert knowledge about a topic related to the programme. We conducted a total of 17 KIIs with the

implementers, key health staff involved in the project (provincial, district and community staff), and community leaders such as village headman/women.

FGDs

Focus group research involves guiding a diverse group of participants through discussions on topics. This qualitative method is well suited to obtain diverse perspectives on particular issues and also offers the possibility of observing intragroup dynamics and norms during the discussion (Morgan, 1996). Generally, speaking, FGDs include five to eight participants who are guided through various discussion topics by a trained facilitator. For this study, we conducted 12 FGDs with groups of adolescent girls, adolescent boys and parents and community members in selected communities.

Qualitative data analysis

All qualitative data was coded and analysed using the NVivo 12 qualitative software program. The team created a preliminary coding outline and structure based on the conceptual framework, research questions, interview protocols, and memos of themes that emerge during data collection. The coding outline served as the tool to organise and subsequently analyse the information gathered from the KIIs and FGDs.

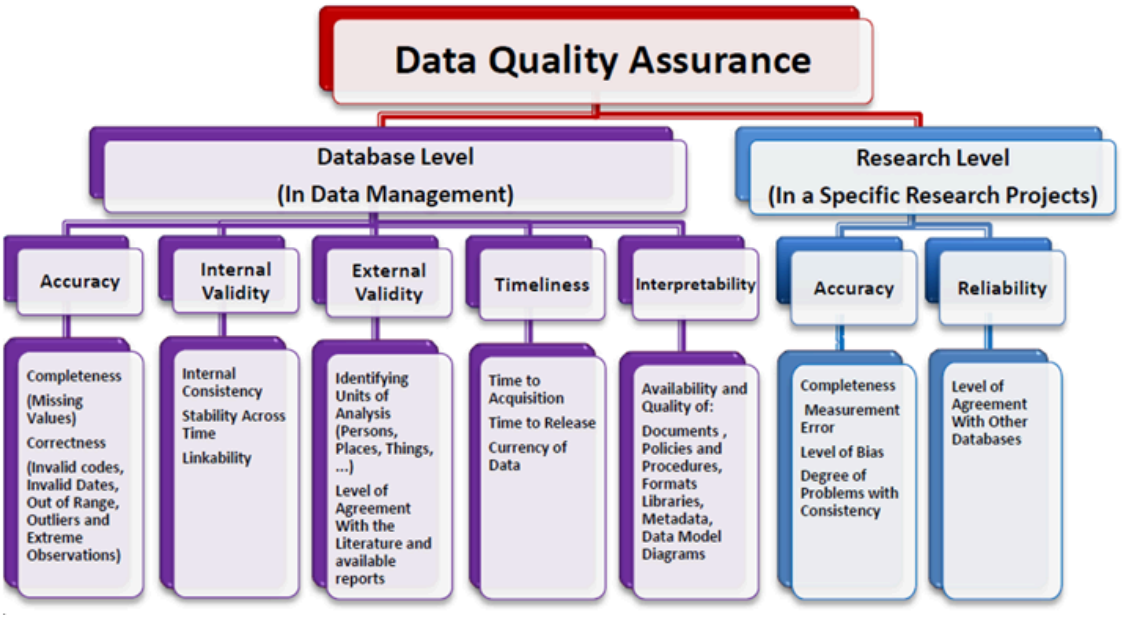
The outline was a living document that may be modified as new themes and findings emerge during data analysis. A list of definitions for the codes accompanied the outline to ensure that coders categorise data using the same standards. After inputting the raw data from the notes template into NVivo, coders selected a sample of interviews to double-code to ensure reliability. During this process of data reduction, researchers will characterize the prevalence of responses, examine differences among groups, and identify key findings addressing the research questions. A constant comparative method was used as the researcher moved through the data analysis stages to ensure information was complete and accurate.

Data Collectors training

Data collectors received a structured training on the project background, purpose and objectives of the evaluation, data quality standards, roles and responsibilities of the evaluation staff, participants' rights and informed consent, and procedures for maintaining client confidentiality. Data collectors also received a Manual of Operations, which summarized the evaluation procedures and serve as a reference guide during actual data collection.

Data quality assurance was built into the two macro levels of the evaluation process; database and research. Figure 2. Each level dimension i.e., accuracy, internal validity, external validity, etcetera, was addressed during preparations for fieldwork (training of data collectors and data tool collection design) and during actual fieldwork management and subsequent evaluation process phases; data management and readiness for analysis, data analysis and interpretation, drawings findings, conclusions and recommendations.

Figure 2: Data Quality Assurance Levels



Ethical Considerations

Ethical clearance

We obtained ethical clearance from ERES Converge. After Ethical approval, we also obtained authority to conduct research from the National Health Research Authority.

Child safeguarding approach

The research team is cognisant of the need for adequate safeguards for any children participating in study activities. Therefore, no one on the research team will ever be permitted to be alone with a child outside the sight or hearing of caregivers.

Consent

We informed participants that the information they share is confidential. We also informed them that their participation was voluntary and that they can end their participation at any time or skip any questions they do not wish to answer. During the qualitative research, we obtained informed verbal consent from each participant after reading the consent form aloud. We also obtained assent from the parents of the participating adolescents less than 18 years old.

Assurances of Confidentiality

All data was collected in accordance with approved ethical protocols and procedures. Standard practices include digital recording, transcription and translation where necessary, complete anonymisation of data, and protection of confidentiality.

The study protected confidentiality by several methods. We did not identify any individual or any community member by name in any report or publication about this study; we did not share specific information about any participant with anyone outside the research team, and we developed data handling procedures to safeguard completed forms. Data was anonymised at the data cleaning stage to ensure that all analysis was conducted without names.

COVID-19 Precautions

For the safety of the data collector and people in the communities in which the evaluation was done, The Covid 19 measures were put in place to mitigate the spread of COVID-19 during training and data collection.

FINDINGS

1. INDIVIDUAL FACTORS AFFECTING AYP

a) Current level of awareness among adolescents

The adolescents expressed basic knowledge of issues that are affecting them within their respective communities. They expressed awareness on issues such as gender-based violence and their sexual reproductive health rights. Sexual reproductive health was the most commonly discussed topic among adolescents, this could be because of the many ASRH interventions offered by different institutions/programs.

Gender-Based Violence

The adolescents we interviewed stated that they were aware of GBV within their communities. From the interview data, the adolescent girls seemed more aware of GBV compared to the adolescent boys. This could be because the adolescent girls are mostly the victims of GBVhence, they are more aware. However, only a few adolescents were able to highlight how to approach the matters relating to GBV in case they were a victim. Some other adolescents explained that they have attended group discussions where GBV was discussed. One girl narrated how she had advised her friend to report her abuse case. She explained the following:

> *For me what can be done is reporting all the cases. If you are being abused you need to report. I have a friend who was being abused by the uncle and I encouraged that person to talk to the guidance teacher about what that person was going through. That person was also living in fear, especially at home, the uncle was threatening to kill her if she told anyone else. So, we can report to the nearest police station or tell a teacher we are close to. (FDG Girls, Nakonde district)*

Sexual Reproductive Health

Many of the respondents including the adolescents explained that the adolescents were aware of SRH and other services offered by various institutions/programs and at their community health facilities. According to one adolescent, the health facility offered '*HIV testing and information on HIV, Abstinence' (FGD Girls, Mongu district).* The adolescent also expressed how they can get HIV and STIs, for example, one adolescent explained that it was through unprotected sex. The adolescents spoke about how to prevent pregnancy through abstinence and through using condoms. The adolescents expressed openness about using a condom when

one cannot manage to abstain. Some adolescents were appreciative of some of the messaging on SRH they have received in the past. The following are some of the excerpts from the group discussions with the adolescents:

> *I think what we need to do is abstain from having sex. Also, if you fail to abstain you can use condoms from the hospital. (FGD Boys, Nakonde district)*

> *How I see it is that whether you are taught or not, people are still engaged in sex, they know about condoms and pills. So, the education they offer helps some of us who do not want to engage in sex so that we know the dangers. It is more like leave it or take it. There are others who have the information but still say they will do what they are being encouraged not to do. There are also others who find this information useful and say they will abstain. Otherwise educating about this is very useful (FGD Girls, Nakonde district).*

Further, some adolescents were reserved about engaging in any sexual activity or even using contraceptives and they seemed to understand the advantages and disadvantages of using some contraceptives.

> *I think the contraceptives that we use are not good. Because everything has an advantage and a disadvantage, so it is not all the time that it is safe. This is so because one day the condom might break or not be properly worn which will result in something else (FGD Girls, Mongu district).*

However, one male adolescent explained some traditional method of contraception that prevents pregnancy. He stated: "*pills for girls, traditional method 'umuti wachikaya' they say if you are drinking that medicine, you will not get pregnant. Mostly it is made from roots and leaves'*. This traditional remedy may be a harm to the adolescents and general population given the lack of information about the ingredients of these contraceptives and their side effects on the human body

b) Adolescent problems and practices

Adolescents explained that they had several personal issues that are affecting them, these included teenage pregnancy, HIV and STIs, early marriages, GBV, and substance abuse. Many of these challenges were mostly influenced by personal curiosity, peer pressure, and household poverty. Furthermore, the adolescents admitted to engaging in sexual activities and they expressed several reasons for their early sexual debut. Some of the reasons included: the adolescents felt like they had grown and needed to try out sex, other adolescents engaged in

sex out of curiosity about the sexual experience and lack of self-control, other adolescents also explained that they were influenced by hormonal factors in their bodies while others expressed that they engaged in sex for financial support which their parents could not provide. When we asked adolescents about some of the reasons for early sex debut, they explained the following:

> *There is a lot of pressure from friends since everyone is doing it. (FDG Adolescents, Chipata district)*
>
> *There is a common proverb that goes like "Ukususha ilungu kwendamo". This means that we want to try new things now that we are grown (FGD Boys, Nakonde district).*
>
> *Others are not well supported by their parents, with school things and other things at home. If that person asks for anything at home the answer is always I do not have. That will be reason enough for her to go and have sex for her to have money to get what she wants (FGD Girls, Nakonde district)*
>
> *When parents are telling us what not to do, we always just want to experience it ourselves. The other cause that I can say is what we are eating now is also a cause, for example, eggs and salt. Those are causing us to have a high libido. Also watching pornography has contributed to so many engaging in sex. Even movies are a cause, these Philippian tele novellas have scenes where people are nude and are kissing (FGD Boys, Nakonde district).*
>
> *Lack of support also causes this. You find that girls are offered money, in return told to sleep with men (FGD Boys, Mongu district).*
>
> *There are certain things that girls need and it is not all the time that they ask their parents for that. Other times they ask their mothers and they are told that they do not have. We are very different people, so others may go to men so that they can get money (FGD Girls, Nakonde district).*
>
> *Sometimes if you are in a sexual relationship you are forced to do what your partner wants even when you don't. (FDG, Chipata district)*
>
> *For me it's peer pressure because these days we don't even listen much to our parents (FDG Boys, Mongu district).*
>
> *The things we are exposed to on social media and Television also contribute (FDG Adolescents, Chipata district)*

2. RELATIONSHIP OR INTERPERSONAL FACTORS AFFECTING AYP

Adolescents and Young People are affected by interpersonal relationships. These relationships can influence the adolescents' different aspects of life such as perceptions, knowledge, attitude, and practices. The key actors reported in this evaluation are the adolescent parents, peers, and health workers.

a) Parental involvement and support for adolescents

There are split views among the respondents regarding parental support and involvement in issues affecting adolescents. A key informant explained that "*I can say it is 50 50. Some [parents] support their children to access these services [adolescent programs] while others do not allow" (KII Coach, Nakonde district)*. Other key informants from the health facilities and partners explained that they have been engaging parents on many issues affecting adolescents, even though not all parents are supportive especially of the sexual reproductive health program, some parents are reported to be unsupportive because they were busy with economic activities and other reported that ASRH information was too much information to give an adolescent. The male parents were reported to be the most unsupportive. Key informants narrated the following:

> *The way we have engaged our parents when it comes to these issues, we have not left them behind. It is from these same platforms where our mothers are part and parcel and key players to help our young ladies in terms of myths that they have. We have also tried to create a platform where the parent and the young children, where they should be open to their mothers about their menstrual hygiene. To enable them to feel free to say "I do not have pads". Of course, other ladies fear talking to their parents in regards to that. We have tried to create a link to ensure that they are taken through this information so that they can have an understanding of how to respond to adolescent challenges. Yes, they do come but not as compared to youths. The male parents are not as involved in comparison to the mothers. I think parents have majorly concentrated on their economic activities, and they feel participating through the platforms that have been created for them is a waste of time. (KII, Muchinga Corridors, Nakonde district).*

> *… Some people like parents they usually restrict their children from getting involved. Saying they are teaching about SRH which will be too much information and causes the adolescent to know what they do not need to know now (KII Coach, Nakonde district).*

Further, a parent attested to the fact that they are busy discussing issues relating to the adolescent in the following verbal account

I have found it to be challenging because we live in a busy world and as a parent, I leave home early and my children go to school so by the time we come back we are all tired then we have these gadgets that don't allow us to talk (FDG Parents, Chipata district).

Moreover, some parents also reported that they were uncomfortable discussing issues relating to sexual reproductive health with their adolescent children. Some parent still expressed their reservations regarding what should be acceptable within the community and emphasized that culture should be maintained while embracing the changing times.

It is uncomfortable but experience has taught me that silence is worse. So we can still talk about these issues and with time it will be easier (FDG Parents, Chipata district)

I think our civic and religious leaders must sit together and come up with laws and policies that guide on what should be accepted or not in our communities. All forms of sex that put young people at risk must not be condoned in our societies (FDG Parents, Chipata district).

We must not do away with our culture. But we must take into account that times are changing and so we as parents must encourage our youth to concentrate on school and then their lives would be free of such forms of sex (FDG Parents, Nakonde district).

The adolescents also expressed the split views regarding their parental support with the majority indicating that they had received no support from their parents. Many adolescents explained that their parents were not supportive because they were either too busy to discuss any issues with them or found it uncomfortable to discuss such issues of sexuality and in other cases not supportive of ASRH. In some cases, the adolescent reported that they were equally uncomfortable discussing issues relating to sexuality with their parents. The following are verbal accounts from the adolescents in the different study sites where the group discussions were conducted:

Our parents are too busy trying to give us a good life that they don't create time to sit down with us and educate us about our bodies and the world around us (FGD adolescent, Chipata district).

Parents have little time to educate their children on sexuality (FDG Boys, Mongu district)

… Some parents are really involved while the majority of them are unconcerned and too embarrassed. I think some of them still think it's a taboo to open up about their children's sexuality. (FGD adolescent, Chipata district).

I do not talk about that [SRH] with my parents (FGD Boys, Nakonde district)

When you bring anything up that has to do with ASHRS you will be scolded at, saying "you are the same people busy impregnating other people's children". (FGD Boys, Nakonde district)

As for me my mother does not talk about any of that (FGD Girls, Nakonde district).

My parents do not encourage me to get access to such (FGD Girls, Nakonde district).

My mother does talk about such and she discourages me from engaging in sexual activities. (FGD Girls, Nakonde district)

You will find that at home my mother doesn't talk about ASRH but when I come to school the teacher talks about that. (FGD Girls, Nakonde district).

I also do not have such conversations with my parents. (FGD Girls, Mongu district).

Some parents do not educate their children on sexual issues. (FDG Boys, Mongu district)

It is often not the case that a parent sits a child down, even children aren't usually comfortable talking about such issues. Having the notion that my mother has never said anything this so where can I even start from. Others have said they do have conversations, and it is because they have that relationship with their parents so it is easy for them. Their strictness does not give room for a child to say anything even when something happens. (FGD Girls, Nakonde district).

The observed lack of parental support for ASRH could be attributed to most parents being conservative and certain issues are still regarded as abominations to be discussed openly, especially with their children involved. Further, according to the Ministry of Health staff we interviewed, the observed lack of support from parents especially on ASRH was due to a lack of information on ASRH programming and this has greatly contributed to the misconceptions about ASRH programming. One key informant explained:

Barriers to ASRH in the community are that some parents still think we are sexualizing their children without knowing the actual content. Lack of information on what ASRH is. (KII MoH, Western province)

On the other hand, only a few adolescents expressed that their parents were supportive and talked to them about many issues affecting them. Some adolescents explained that they were also supported by other close family members such as aunties, uncles, and sisters.

> *I will speak about my parents, especially my mother. My mother is really open and she engages and teaches me all I need to know. I am comfortable talking to her about anything. (FGD adolescents, Chipata district).*

> *My father sits with me sometimes and we have discussions on various topics which include ASRH. (FGD Boys, Mongu district)*

> *I have conversations [with my parents] about ASRHS and they discourage me from engaging in sexual activities. (FGD Girls, Nakonde district)*

> *My parents emphasize that I should not have relationships with boys until I finish school, that's the only time I can get married. (FGD Girls, Nakonde district)*

> *My parents and I do have such conversations because of the relationship that we have. (FGD Girls, Nakonde district)*

A few parents also attested to having a conversation with their adolescent children on issues that are affecting them. This was reported to be dependent on the kind of relationship the parent had built with their adolescent children. Some parents expressed the following:

> *I have three girls and I can say I have a good relationship with them and I do not fear talking about these things. So, I usually talk to them telling them that nowadays men are the real danger we have, so be careful. (FGD Parents, Nakonde district)*

> *I do sit my children down and I think that will help them. Because when some of us were growing up all we were told was that you will get burnt if you touch a woman. That somehow put fear in us. But with our adolescents today, because of technology even know more than we do. We should not be scared but get to the point. I usually sit with my first born and explain clearly the results and consequences of their actions. (FGD Parents, Nakonde district)*

> *I also sit my girl down and tell her what she needs to know. I get to the point without beating around the bush. (FGD Parents, Nakonde district)*

Furthermore, some parents are open to having more ASRH programs to help adolescents. A few parents supported ASRH programs because they believe that abstinence has not been effective but these programs shall contribute to the reduction in teenage pregnancy.

I think they should continue distributing condoms for that prevents a lot of pregnancies (FGD Parents, Mongu district)

The youths we have today it seems as though abstinence is not really working so that is why I think the distribution of condoms must be encouraged. So we need to educate them on the importance. There are other youths who are married so it is hard to convince them to abstain (FGD Parents, Nakonde district).

b) Health service providers' support

Health care workers' attitudes towards adolescents can have an impact on their sexual interactions and their subsequent utilization of SRHR services. The adolescents expressed different opinions regarding the support they received from health care providers from the health facility. Some adolescents expressed that the support they received from the facility was dependent on the health personnel available at the facility on a particular day. This suggests that some health care workers are unreceptive of the adolescents while others are receptive.

It is mainly determined by the person you find at the clinic. Because some you will find them in a bad mood and others in a good mood and those welcome. Some doctors are in that line of work for money and so they do not have the heart to serve people (FGD Boys, Mongu district)

Many adolescents explained that they received negative support from the health care workers at the health facility. Several factors affect health care workers' service delivery. The receptiveness of the healthcare workers could also be affected by how busy a particular health facility is, health care workers are sometimes overwhelmed by the demand for healthcare services within the community, this is sometimes made worse by the shortage of healthcare workers, which is mostly the case in rural health facilities. Other factors could be the health care workers' personal religious beliefs. The following are verbal accounts of the adolescents regarding the health care worker support they have received:

When we go to the clinic the main challenge is how we are received. Some are not very welcoming (FGD Boys, Mongu district)

Some doctors are very rough and not friendly, so there are times when you go to the clinic and find them there. So that is not so encouraging (FGD Boys, Nakonde district).

Not respected very much especially if you don't seem to come from a well to do family (FDG, Chipata district).

At the facility, if I want to say something I am not even free, because the personnel I find there are not welcoming. You will find that everyone is just doing their own things, so you cannot even have the courage to say anything even if it concerns ASRHS. When you look at the personal you can even tell that they will start questioning in a judgmental way. So we are not free I can say (FGD Girls, Nakonde district).

The community hasn't fully embraced this, so when you go to the facility for such services, they'll see you in some type of way (FGD Boys, Nakonde district).

They are shouted at and accused of not listening (promiscuous) (FDG, Chipata district)

Other are scared of going to the facility and get services especially when they have HIV. The fear is that people will know if I go and confide in the personnel at the facility, in the end everyone in the community will know (FGD Boys, Nakonde district)

Some ignore us when we confide in them concerning such issues (FGD Girls, Nakonde district)

Sometimes their issues are not treated in a private and confidential manner (FDG, Chipata district).

… the community makes us think twice about visiting the health facility. The other issue is that the facility does not have medicine mostly so that also causes me to think I might not get the help I need. Sometimes doctors do not have secrets and that they may share very sensitive information like, "this boy does not shave and the like" so that prevents us from accessing services (FGD Boys, Nakonde district)

Further, a few adolescents stated receiving positive support from their health care providers. The adolescents mentioned that they felt welcome at the facility and had not experienced any challenges:

They actually encourage us to speak more about those issues (FGD Girls, Nakonde district)

The health workers are welcoming and personally I have not had any challenges (FGD Boys, Nakonde district)

I think the health care workers are doing a good job. (FDG, Chipata district)

Mostly it is private so there is confidentially and we talk in private (FGD Girl, Nakonde district)

c) Peer influence on AYP practices

Almost all adolescents we interviewed expressed that their peers influenced many activities that they engaged in. Most of the peer pressure the adolescents experienced was to engage in sexual activities, the adolescent felt pressured by what their peers owned.

The other cause mostly is peer pressure. For instance, I am a young girl who is sexually active, I come at school and tell my friends about it and how I am making money out of it. They will start evaluating themselves and weigh the benefits, especially having in mind that if I just have sex I will get money. So that is how they engage in sex and she'll start getting the money. (FGD Girls, Nakonde district)

You may have a friend who has been raised different from how you have been raised. You will find that their morals affect you and just like that you will be influenced to try. (FGD Boys, Nakonde district).

Sometimes it is peer pressure. Especially when you see your friend has bought new clothes from Tanzania and you do not have. You end up engaging in sex so that you can make money to afford those clothes (FGD Girls, Nakonde district)

The other thing is that some of us have friends that have bad behavior that they may want you to indulge in. The first time you may say no, but those thoughts will still linger in your mind and at the end of the day you will be forced to do that. (FGD , Mongu district).

Girls like us we like trying things. For example, you got friends and your friends have tried sex before, then they tell you its cool, you will feel good and feel like a woman. Due to that you will engage. That's why they try (FGD Girl, Nakonde district)

d) Information sharing

Information gathered from the interviews and group discussions seems to suggest that there is a very limited structured program/ resources for discussing other issues that are affecting adolescents. Issues affecting adolescents were reported to be discussed at home, school and church. However, the only issue that is described in a structured approach is ASRH, this could be because of the several ASRH programs and youth-friendly spaces. Topics such as gender roles and power and healthy relationships were not reported to be discussed in any structured platform or guided through any program.

Sexual Reproductive Health

Adolescents shared information on SRH through different platforms such as youth-friendly spaces. Adolescents also shared information with their peers on how to avoid pregnancy and diseases, and menstrual hygiene. Most of the information sharing was reported to be done through physical interactions and using mobile phones.

> *In most cases, you see that, the motivation that they have is that they have information to say that there is a youth-friendly space and the personnel there are their fellow adolescents. So, they are willing to come and share with fellow adolescents, other than to share with someone older. It becomes difficult if it is someone older, they might feel that that person may share with the mom or the dad. So, they have no confidence to buy-in (KII Health Facility Staff)*

> *I and my friends talk about not falling pregnant while we are still young (FGD Girls, Nakonde district)*

> *We talk about menstrual hygiene (FGD Girls, Mongu district)*

> *We always talk about such issues. These days though we don't concentrate much on roles we just talk about sex and how to avoid disease and pregnancy (FGD Adolescents Chipata district)*

> *When we meet as girls for instance, we talk about what we can do if we fall pregnant and who can help us in case we didn't want to keep the pregnancy (FGD Adolescents Chipata district)*

Gender norms and power

Some adolescents explained that they had discussions on gender norms and power among each other. Some adolescent expressed their gender norms based on the religious values from the bible. Other adolescents expressed that they discussed issues relating to equal rights between girls and boys. The following excerpts describe some of the gender roles and power discussions that the adolescents have:

> *Yes we do talk about gender roles, and there are definite known roles for women (FGD Boys, Mongu district)*

> *What me and my friends talk about is that girls and boys should be at the same scale, not saying a girls place is just at home. Because girls are capable of doing so many things, maybe you're even capable of doing something better than the men.*

We like challenging ourselves saying we can do more than they think. (FGD Girls, Nakonde district)

For instance the bible talks about a man being a provider and a woman a helper. An example dishes are supposed to be cleaned by a woman and as a man you are supposed to be thinking about other things that the household needs in the future. (FGD Boys, Nakonde district)

One adolescent girl expressed concerns at the prescribed cultural gender norms where a man seemed to have more rights than a woman. She explained: *We must remove the cultural belief that a man has more rights than a woman. We all have equal rights (FDG Girls, Nakonde district)*

Healthy relationships

Only a few adolescents indicated that they shared information about healthy relationships. For some adolescents, healthy relationships meant not having multiple partners. Other adolescents obtained information about healthy relationships through discussing with married people and their fellow adolescents who were in relationships. According to the adolescents, healthy relationships were based on respect and abstinence:

We talk about what a healthy relationship should be, in that we should not have multiple partners (FGD Boys, Mongu district)

We do talk about that. Sometimes when you are watching soccer with married men they complain about what their wives are doing or not doing. Concerning healthy relations, I know my girlfriend is in school, so I think having focus on that would help us complete and not indulge into sexual activities. (FGD Boys, Nakonde district)

Respect and abstinence are some of the things that we say promote a healthy relationship (FGD Boys, Mongu district)

I think what makes young relationships healthy is abstinence (FGD Girls, Nakonde district)

Motivation and challenges for information sharing

Some adolescents explained that the motivation for information sharing was because they wanted to learn more from their friends and share their experiences as well. The motivation to share information was also influenced by how comfortable the adolescents were with their

friends. Some adolescents were motivated to share information about particular community challenges they were experiencing or observed.

> *… what motivates me is that I can learn more from my friends and share experiences (FGD Girls, Nakonde district)*

> *What motivates me to talk about this is because my friends are close to me, and I feel very open to talk about different issues that we are facing. Another thing being others consider it a taboo to talk about sex. (FGD Girls, Nakonde district)*

> *In our community girls are getting married early and having children early so that is why we talk about that. (FGD Girls, Mongu district).*

On the other hand, challenges with sharing information included getting negative responses to the shared information, other challenges include adolescents feeling shy to discuss certain information with their peers, other adolescents reported that they were not comfortable being viewed as different when they shared their information with other adolescents.

> *Sometimes the response we get is very negative, so you will not dare bring about that subject again. It means everyone will stick to their opinion or view and there won't be sharing of information. (FGD Girls, Nakonde district)*

> *The other cause is that some of us feel shy talking some of these issues. (FGD Girls, Mongu district)*

> *What prevents other people from talking about some of these issues is that they are shy thinking how will people see me. (FGD Girls, Nakonde district)*

> *Others are prevented from talking about it because they feel people see me in a different way and that how do I know. They always look guilty, and they do not stay long. (FGD Girls, Nakonde district)*

> *Most people feel embarrassed to talk about such. (FGD Adolescents, Chipata district)*

3. COMMUNITY FACTORS AFFECTING AYP

a) Community member's involvement in AYP programs

Generally, the communities have been reported to welcome initiatives that are targeted toward adolescents. One key informant explained that they had community members who were engaged and active in various technical working groups at the health facility: "*We have formed*

technical working groups which involves adults in each facility, so they are able to meet quarterly. In that way we are able to disseminate information in the community". However, the respondents have noted gaps in community acceptance and involvement in AYP programs, especially on ASRH program, this gap has been reported to be slowly narrowing with the engagement of the community.

> *They have welcomed the initiative [ASRH programs]. I say so because these are issues that are troubling us and they concern everyone (FGD Boys, Nakonde district)*

> *It was challenging in the beginning because people were very judgmental, but it is getting better now. They had a notion that we were going to corrupt their children (KII Coach)*

> *The communities have been accepting most of the adolescent-friendly services being offered to the adolescents. Most of the cultural myths we had in the past have been dispelled and even parents are more willing to allow their children access some of these services. (KII MoH, Chipata district)*

One key informant narrated how engaged the community is with matters relating to GBV and violence against girls. They explained the following: "*people here are very active when it comes to addressing GBV and violence against girls. Sometimes I even get scared that they can beat the perpetrator"* KII Coach.

b) Community structures and services involved in AYP programs

A few institutions were mentioned as working within the community to increase the level of knowledge and awareness on adolescent related issues. The health facility, schools and a few partner organizations were mainly listed as organizations that are working with adolescent related issues. Sexual reproductive health was mentioned as the program widely implemented and the health facilities were the most common institutions providing the service. Sexual reproductive health services such as HIV testing and contraceptives were mostly accessed from the health facility. Nonetheless, other topics that were reported to be taught to the adolescents included how to be creative and cultivate their talents, public speaking, economic empowerment, mental health, human rights, and substance abuse.

> *We educate adolescents about SRHR and so that way we empower adolescents with the right information that will enable them to make sound and informed decisions in regards to their sexual well-being. The institutions involved are the clinic and Muchinga corridors. (KII Coach, Nakonde district)*

Personally the services I utilize are from Muchinga corridors and according to what they do give confidence to people to say what they want. Muchinga corridors does not come to our school but they meet somewhere and that's the only time I has an opportunity to attend one of their meetings. But they established a club at this school and they called it "our voice matters". As for our voice matters we usually meet three days a week and when we have something to present to the school. Activities that consist of teaching, speaking or poetry and because of such we sometimes meet five days a week to perfect what we present (FGD Girls, Nakonde District)

However, some adolescents reported that they had not heard of any community programs/institutions that were aimed at working with adolescents except the health facility and the schools. Additionally, adolescents reported that they did not have any recreational facilities except the football fields from their respective schools.

Barriers and Enablers to accessing AYP services

Many respondents highlighted several barriers that have been limiting adolescents from accessing the AYP services within the communities. Some of the barriers included the health facility operation hours, distance to the facility, lack of youth-friendly spaces in the facilities, and having someone familiar at the facility who would be able to identify them. Health care workers were reported to be unwelcoming and broke confidentiality, especially to the adolescents accessing SRH services such as contraception. Further, the lack of youth-friendly spaces in schools has been mentioned as a barrier.

Like my friend said I will add STI testing and antenatal services being offered by nurses and doctors. The timing is sometimes not okay for because I can only go to the health centre after school hours and am told to come the following morning. I don't see anyone in the communities either sensitizing or distributing anything (FGD Adolescents, Chipata districts)

The barrier mostly is that most elderly people are not so welcoming especially when it comes to issues that address ASRHS. And so we find it hard to talk about this (FGD Boys, Nakonde district)

My cousin once came here for an HIV test but was asked personal questions in the presence of many people so she backed out (FDG girls, Mongu district)

Sometimes we shy away from going to the clinic to get condoms because there are people who know us there. The distance also discourages us (FGD Boys, Nakonde district)

Another barrier is that when we go to the health facility, we are questioned on why we want them because we are young (FGD Boys, Mongu district)

When you are below the age of 18, when you think of going to the clinic you feel shy saying they will think I do not listen. So if you want that you go and buy from the nearest shop they sell there. (FGD Girls, Nakonde district)

Also a limitation is youth friendly spaces in schools. You will find that there is no coordinator at school, there is no focal person and there is no room that has been provided for constant sensitization. So all those are barriers (KII MoH, Chipata district).

Barriers relating to accessing GBV services for adolescent victims have included the adolescent being abused by a close family member who is a breadwinner and so reporting the abuser may not be well received by the family. Further, there are no safe houses to hold the victims

GBV is fairly common but most of the times the people that suffer GBV do not report it but rather tolerate and hide it. I remember this other time while going to study at night last year I overhead a woman screaming in the nearby bush so I followed the pathway and found a man beating a woman but when I asked what was happening the man just held the woman by the hand and said let's go and the woman went along pretending as though nothing was happening" so most of the times survivors hide it (FGD Boys, Mongu district).

Firstly the abuser is the father or grandfather so the family will try so hard to ensure they protect the abuser. Secondly distances, here we do not have a vehicle there is not much funding so it is a barrier (KII Coach, Nakonde district)

Mostly the perpetrators are the sponsors of these children and so they know that if they pursue these things further they may stop going to school or other consequences that may follow (KII MoH, Chipata district).

The first barrier is that we do not have they safety house, because when you do not have the safe house it becomes a barrier. If I have my niece in my home and I have been constantly abusing her, and then I have told her that if you disclose then you will die or leave then she has got no option. But if we have such services, and someone has been sensitized then she will be able to disclose and then withdrawn from my environment. This is because my environment won't be user friendly it will be hostile. So that is one major barrier (KII Health Facility Staff, Nakonde district).

Additionally, the enabling factors to accessing AYP services were mostly serviced based. The adolescents explained that the enabler was mostly the information that a particular service

equips the adolescent with: *Sexual education equips the adolescents with information (FGD Boys, Mongu district)*. According to the key informants, enablers for adolescents' access to AYP services have included the sensitization that the health care workers have been conducting. As opposed to how the adolescent felt, some partner service providers reported that another enabler was that they were non-judgmental toward adolescents when receiving a particular service.

> *For enablers we have adequate human resource, we have counsellors that is community counsellors and professional counsellors who are able to attend to them. They are able to go to school, we are able to sensitize them they can access these services, they are available at school level, community level and institution level. The enablers are that we have social media where we are able to go to radio stations and sensitize them. Then another enabler is that we have a strong team, partners such as teachers who are able to go to college and have that knowledge about comprehensive sexual education and they are able to implement the syllabus in schools (KII Health Facility Staff, Nakonde district).*

> *We are non-judgmental even when they come to collect condoms we do not judge them. So we create a comfortable environment (KII Coach, Nakonde district)*

c) Community leadership support in AYP programs

Furthermore, some respondents indicated that their community leaders were not as involved in matters affecting adolescents. The religious leaders were reported to be more involved as opposed to the traditional leaders within the community. The traditional leaders were said to be promoting their culture which is conservative on some issues affecting adolescents. Some of the reasons for the community leaders not being involved include the lack of engagement of the community leaders by the program implementers.

> *Though most of the community leaders are not involved in adolescent and reproductive health activities but acknowledge that teenage pregnancies and child marriages are a problem, traditional leaders have not taken an upper hand (KII MoH, Mongu district)*

> *Unfortunately the community has not done much where I am. The community leadership is not very much involved (FDG Boys, Nakonde district).*

> *Our leaders are not proactive about adolescent sexual issues so we need to improve in that area (FGD Adolescents, Chipata district).*

A few respondents stated that they had observed that their community leaders were involved: *"I have seen some leaders in my community trying at least. Others even encourage the free distribution of condoms so that we can have fewer challenges with STI's and unplanned pregnancies" (FDG Adolescents, Chipata district)*.

d) Community's cultural norms affecting Adolescent and Young People

The communities that we interviewed were rural and have similar cultural practices and beliefs on issues relating to adolescents. Many of these communities have been slowly changing but there remain cultural practices that negatively affect adolescents, especially in rural communities. Many of the cultural practices are detrimental to the adolescent as they affect the AYPs' education, mental health, SRH, and consequently economic welfare. Most of the cultural practices disadvantage the adolescent girl child. According to key informants, many of these communities do believe that an adolescent girl should not be educated but should be reserved for marriage. This has encouraged some parents to marry off their adolescent girl child when they attain puberty.

> *Our society believes that every girl child has to get married once they reach puberty. Most girls are taught about taking care of a house and not encouraging them to pursue education, so most of them end up pregnant having in mind that the next step in life is marriage (KII Coach Nakonde district)*

Similarly, another key informant expressed similar views, they gave the following verbal account.

> *You know one of the cultural issue is we believe that the adolescent girl is not supposed to be educated. They are just supposed to have basic education and go into marriage. You will find that when you go to school they started very well in primary and we had a number of girls, but as they are approaching grade 7 the number of girls starts dropping. Most of the schools when you go round you will be very disappointed. So, it is one of it, because they always send off their children to get married while they are still in school (KII MoH, Chipata district)*

Other cultural practices include polygamy where sometimes adolescent girls are married off in polygamous marriages. Further, some communities have continued to practice sexual cleansing where adolescent girls are mostly the victims.

> *The culture here promotes polygamy. So mostly polygamy is at play. You will find that such people are able to be abused at an early age. Also, the culture is inheriting*

(ukupyanika). When a woman dies the grandchild will take her place as the wife to the husband who has remained. You know such things are still at play. There is also sexual cleansing they have no option (KII Health Facility Staff, Nakonde district)

Further, one key informant narrated a cultural practice that is still being practiced in their community on preparing an adolescent girl as she attains puberty. They narrated:

On GBV one there is "ukusemya", it is a Namwanga cultural practice. When a girl starts developing breasts or reaches menarche, they will put her in a small house where she will be sleeping, outside from the main house, so that men have access to her. At the end she will be picked by a gentleman or an old man, then thy will make a follow up to inquire where she has been taken. Then she'll send a middle person to say where she is then they have married off that young girl. Traditionally they know she has reached menarche she has to be separated from the main house so that boys have access to her. That one is cultural and they are exposing their girls to STI's and all. Teenage pregnancies is at play, others will not even marry that girl, saying I am married I will just pay. Meanwhile she will just remain with the baby starving (KII Health Facility Staff, Nakonde district)

e) Engagement of adolescents in planning

Interview and group discussion data suggests that adolescents and young people have not been involved in any planning and monitoring of issues affecting adolescents such as GBV, ASRHR, or any HRB advocacy efforts. Some of the reasons for the lack of involvement of the adolescents was because of how technical and extensive materials would be for the adolescents to be able to assimilate. Other reasons include a lack of resources to sustain the engagement and cultural reasons affecting young girls to speak up when males or men are participating. However, it was noted that only a few respondents narrated that peer educators who are adolescents have been involved although not extensively. Nonetheless, the adolescent expressed their willingness and the importance of having them included in the planning on issues affecting them. The following are excerpts from the respondents:

We should be included in the design and implementation because we are the ones who know what we need (FGD Girls, Nakonde district).

They say "the children today are the leaders of tomorrow", so if we are not included, we will not know or have knowledge on what to do in the future. So, we need to be included in those activities (FGD Girls, Nakonde district).

We should be included so that we have better understanding (FGD Girls, Mongu district).

We should be included so that we can also easily relay the message to other adolescents. That way they can listen to us (FGD Adolescent, Chipata district)

It is very important in that the programs will be owned by us and we will feel part of the whole thing. Unlike feeling like we are not valued and not understood (FGD Girls, Nakonde district)

4. SOCIETAL LEVEL FACTORS AFFECTING AYP

a) Current Laws and guidelines guiding AYP

Several laws and guidelines that affect AYP were highlighted by the respondents we interviewed. The respondents explained the government re-entry policy for adolescents who fall pregnant while in school. The respondents explained the legal age to get married. Some key informants highlighted other important guidelines or policy documents such as the Adolescent Health Strategic Plan, the Comprehensive Sexuality and Education Framework, and the Anti-GBV Act. However, most of the adolescents were only aware of the re-entry policy but had very scanty knowledge and information on any laws, policies or guidelines that affect them.

b) Harmonization of guidelines and laws affecting adolescents

Many of the key informants we interviewed expressed that there is harmonization, especially between the Ministry of Education and the Ministry of Health. This was mostly because of the multi-sectoral approach to adolescent programs.

Most of the government policies are synchronized, when you look at the Ministry of Health and Ministry of General education. (KII Health Facility Staff, Nakonde district)

There is harmony in most government ministries as they all work to improve the lives of the same population. Some of the differences I have seen have been of peoples beliefs mostly religious (KII GRS)

There is harmony. Through the technical working group meetings, we have been able to identify gaps and harmonize the differences. There is much room for us to further strengthen our ties (KII MoH, Chipata district)

However, some key informants explained that there were gaps in the harmonization of some of the adolescent laws, guidelines, and policies.

It is somewhat a challenge because MOH provides the services on demand including contraceptives whereas Ministry of Education only allows certain reproductive health messages to be shared with the pupils. To some extent there is no harmony (KII MoH, Mongu district)

The customary laws are slowly giving way to the statutory laws and we may soon find it difficult to act based on customary laws… I think the interpretation of CSE has to be revisited so that both ministries mean the same thing when sensitizing our communities. (KII MoH, Chipata District)

According to some key informants, some gaps related to harmonization could be attributed to how adolescent services are provided especially between the Ministry of General Education (MoGE) and the Ministry of Health (MoH). The Ministry of General Education does not provide certain adolescent services such as ASHR but only encourages the adolescents to access the service at their nearest health facility. This may present a missed opportunity to increase access to the adolescent friendly services.

c) The role of media

According to the respondents, the media has been used by health workers and partners to communicate various messages to adolescents. Media platforms such as community radio stations and social media have been used. Many respondents have reported that the media has impacted adolescents' practices and behaviours.

We have those programs and they sensitize on radio. Programs like GBV and early marriage (FGD Parents, Nakonde district).

However, some adolescents have reported having been influenced by media to engage in bad vices, for example, some adolescents admitted that they watched pornography and this influence them to engage in sexual activities.

Exposure to inappropriate images on (Media) such as blue movies (FGD Boys, Mongu district)

Sometimes the films we watch also causes us to engage in sexual debut. In the sense that when we watch sexual scenes, we have that curiosity to also try and do what we watch. So if you have a girlfriend you get motivated to try (FGD Boys, Nakonde district).

What cause mostly it is our friends and especially if we watch something on the phone. (FGD Adolescents, Chipata district)

These days there is technology and social media, so when you log in on Facebook and find a girl dressed in manner that arouses you as a guy I will start thinking about that. When we get aroused we will go and start looking for someone that can help quench that feeling. The other thing is that some of us have friends that have bad behavior that they may want you to indulge in. the first time you may say no, but those thoughts will still linger in your mind and at the end of the day you will be forced to do that. (FGD Boys, Nakonde district).

Also watching pornography has contributed to so many engaging in sex. Even movies are a cause, these Philippian tele novellas have scenes where people are nude and are kissing (FGD Boys, Nakonde district)

5. PROGRAM IMPLEMENTATION

Many of the issues discussed below are based on the key informants' perceptions of the sports-based program's potential. The program is yet to be implemented.

a) Integration of sport in AYP programs

According to the respondent, the integration of the sport in adolescent programs is a *"very good initiative"* that has the potential to reach a lot of adolescents and present an opportunity to reach a large number of adolescents at the same time. According to some key informants, sports is viewed as a form of entertainment that when packaged with another program shall be attractive, especially to the adolescents. Key informants expressed the following views:

Sport is very important as the lessons taught tend to sink more because youths themselves take part in the activities and the mind is never idle thereby reducing the energies to do evil. I am yet to see organizations that will actively involve sport in their outreach activities. At the moment my community has not received much (KII Religious Leader, Chipata district)

Yes. Soccer will attract different awareness AYP from all walks of life and with their different backgrounds, they will share their experiences. So after a match, they can gather and have a discussion about SRHR and GBV. How they are effected and what can be provided for the survivor. (KII Coach, Nakonde district)

Interestingly football has been perceived as a source of entertainment by the community. With the coming in of GRS and any other partners we'll be grateful for these activities will promote exposure. It will help our young ladies to have information through this. At the same time it will help young ladies make good decisions. Once the young ladies are empowered with information, we shall be rest assured that we shall raise a good standard of young ladies who will make empowered decisions which will benefit the country. This kind of empowerment will benefit them in areas such as business and education. (KII Muchinga Corridors)

b) Program effectiveness

According to the respondents, program effectiveness can be attained through having the adolescents actively engaged from the inception of the program. According to key informants, sports shall provide a platform for an interactive environment that is different from traditional lectures. Further, key informants expressed that the program implementer should include all the different sectors to ensure a holistic approach. One traditional leader explained that sport-based programs will not only keep the adolescents occupied but will create opportunities for the adolescents to pursue other careers in sport.

> *AYP need to be kept active so that their interactions don't become like "boring" lectures. Therefore by integrating sport in SRHR related issues, most of the young people have been empowered in different ways including those who had initially come for sport (KII GRS)*

> *This is definitely the way to go. Look at how many people gather to watch sporting events and most of them being young. We can take advantage of such gatherings and sensitize these members on adolescent friendly services. It's important that people who are trained come from different sectors so that a holistic response can be rolled out to the communities. And as has been mentioned, adolescents must make up the larger chunk of this number (KII MoH, Chipata district).*

> *Sport based trainings not only keep young people occupied but also create opportunities to become a better person. (KII Traditional leader, Chipata district)*

c) Program scalability

Many key informants we interviewed expressed that sport-based approach to adolescent issues has a great potential to be scaled because of the way it is designed using sports which is a form of entertainment. This approach has the potential to reach more adolescents. The key informants explained that to scale up the leaders at each level should be involved and also ensure availability of sports resources.

> *The significance of sport based SRHR provision cannot be over emphasized. We need to adopt methods of educating our young people that are relevant to the expectations of the young. We have seen the unity that has been brought about when sport has been used. To use this approach in almost all of our facilities in the district has great potential to improve adolescent health services. (KII MoH)*

> *Integration and scalability of sport based prevention is an avenue that will improve the general livelihood of adolescents. I feel these organizations working in this area*

must engage and sensitize communities more and not just be in health centres (KII traditional leader, Chipata district).

It will be easy to scale up the integration of sports if there will be trained coordinators to spearhead the scaling up and availability of resources like sports accessories logistics for monitoring and coordination (KII MoH, Mongu district).

d) Potential Sustainability

According to the key informants, to ensure sustainability, the program shall require adequate funding that should be able to carter for prizes for the participating adolescent in the sports activities. Further, other key informants emphasized the engagement of community leaders and the adolescents to ensure ownership of the program. Other key informants, also explained that the implementer needed to be adequately empowered to be able to sustain themselves even when the program was closed.

This is where funding comes in. If proper funding comes in they will be more motivated especially if there are prices that can be won through soccer. That will encourage the adolescents to get involved and participate (KII Coach, Nakonde)

For sustainability we need to extend to church leaders and have adequate centers. Involving adolescents is a critical part, because me I will be selective in the things that I think they need. But for them they will pick what will suit them and with proper guidance a resolution will be realized. Furthermore, there will be ownership by the adolescents (KII Health Facility Staff, Nakonde district)

Let's ensure that implementers of this project are adequately empowered so that they can be self-motivated especially when things get tough. This project will use a sport based approach so lets utilize individuals with expertise in this field so that we don't have health workers being misplaced. Motivation in whatever way will be vital if this program is to be sustained. (KII MoH, Chipata District)

Empower adolescents about this project and let them own it as you supervise them and all partners involved. (KII MoH, Chipata district)

It will be sustainable if stakeholders, indunas and communities will be involved from the beginning, communities should own the programs especially the young people themselves. The commodities for family planning and condoms and educational material should be available all the time. (KII MoH, Mongu district)

e) Partnerships between GRS, MC and ARHA

Key informants described their partnerships with GRS, MC and ARHA as 'strong' and 'good'. The key informants explained that they have built strong relationships with their partners and it has been easy to work with GRS because of their experience working together. Some key informants added that they are working toward a similar goal whose target is the adolescent. A key informant highlighted:

> *So far so good, the relationships we have built are strong. So, it is easy to partner with these stakeholders. It is very easy because we have worked with them before and they know what kind of work we do. So, it is very easy for us to involve them (KII Muchinga Corridors, Nakonde district).*

Furthermore, many key informants we interviewed explained that they had partnerships with other stakeholders in other government line ministries such as home affairs (GBV unit)

> *We are in partnership with the GBV committee even from the health facilities. Including other stakeholders and radio station (KII Religious Leader, Chipata District)*

> *In terms of SRHR, Muchinga corridors has taken it up on themselves, by sensitizing the adolescent girls in the district. More especially in selected wards, and equally in schools. So they are very instrumental in that area. We have also facilitated young ones in the wards regarding SRHR. So they are very much aware and they have created that system in different places. (KII Health facility staff, Nakonde distrit)*

> *We have built a good relationship with most of the district offices. Including the office of the DAO (district administration officer), the council and ministry of health in most of the activities they do they recognize us as part of them. Even ministry of education includes us in their activities such as sensitization. Yes, adolescents are present in these meetings. With ministry of health there is a technical working group and also with the office of the DAO (KII Muchinga Corridors, Nakonde district).*

However, the community leaders expressed a lack of partnerships with either GRS, MC or ARHA. The community leaders explained that they had only worked with other organizations such as World Vision

6. RECOMMENDATIONS

The recommendations have been drafted in two parts: the respondents' recommendations and the research team's recommendations.

The following recommendations are based on the respondent's views

1) Adolescents should be included in the designing, planning and implementation of adolescent programs.
2) GRS should be consistent with conducting activities so that the momentum can be maintained for the adolescents to be kept engaged.
3) GRS should consider establishing a safe house for GBV adolescent victims within the communities
4) Community leaders should be engaged starting at the early stages of the program and at every stage
5) Other line ministries should be engaged as well to provide their expertise, for example, the Ministry of Agriculture should be considered to impart skills such as farming to the adolescents
6) GRS to consider having a follow-up program to get feedback on the program

The following recommendations are based on the research team's observations

1) GRS should consider strengthening the engagement with parents to have their buy-in to allow their children to participate in the program.
2) GRS should consider strengthening the engagement of parents on the disadvantages of social media, the internet and its impact on the adolescent when not supervised.
3) GRS should consider strengthening the engagement with community leaders

7. CONCLUSION

In summary, adolescents are generally aware of issues affecting them in the community. The adolescent girls seem more aware and knowledgeable about the issues affecting adolescents such as SGBV compared to the adolescent boys. Generally, the adolescents are open to learning more about their issues and expressed willingness to access the services as long as they are provided. Adolescent is not involved in designing and planning their programs and according to some respondents, this has weakened the ownership of these programs. Adolescent girls may be culturally disadvantaged to participate in the planning and implementation give the power dynamics. Overall, the adolescents expressed willingness to participate in the planning and implementation of the programs.

Adolescent have various ways sharing the information which was mostly through the use of social media and physical meetings. The adolescent discussed many things from SRH, GBV, and gender roles. The adolescent can identify some the challenges relating to these topics.

Lastly, the use of sports base approach to preventing GBV has been well received by the stakeholders, they are optimistic about the reach and the impact that the program will have.

Appendix

Team composition

Principal investigator and team lead and qualitative research expert-Eddie Kashinka holds a Master of Public Health and a Bachelor of Arts in Psychology. Eddie has experience in leading the qualitative components of evaluations including designing, data collection, validation, analysis using NVivo, and interpretation of qualitative data. He has experience in conducting evaluations in Adolescent health, ECD, Mother and Child Health, WASH, Sexual Reproductive Health among many others. Eddie recently concluded an adolescent health-related project with UNICEF titled: Knowledge and use of Sexual Reproductive Health and HIV services among Adolescent Girls and Young Women in Central and Western Provinces: A Qualitative Knowledge Attitudes and Practices Study. He is also conducting a summative evaluation of the REPSSI regional program. Further, he has recently led qualitative components of evaluation for International Organizations such as the American Institutes for Research, CDC Foundation-USA, UNICEF, OXFAM-USA, USAID and DFID among others.

Chowa Tembo Kasengele a Co-investigator is an Adolescent Health expert who possesses a Master in Research and a Bachelor of Science in Nursing. Chowa has experience in qualitative research including proposal writing, data collection, data analysis using NVivo and qualitative interpretation of data. She also has vast experience in evaluating international, regional and national adolescent health programming by working with stakeholders such as adolescents and young people, NGOs, CSOs, media, Traditional and Religious Leaders and Government ministries. Nationally, she has conducted various adolescent related activities around key 6 areas namely; SRHR, STIs including HIV, GBV, NCDs, Drug & Substance abuse and Adolescents with Special needs. She also recently spearheaded a Stillbirth Project as a Principal Investigator for 4 years (2017-June 2021). For the first time, peer educators under GRS Zambia were trained as community-based distributors and Chowa advocated for that training to respond to the national unmet need of contraceptives among adolescents and young people. Currently, Chowa is implementing a study in Livingstone District, Zambia through Consultancy around teenage pregnancy with a youth-led organisation Contact Trust Youth Association (CTYA) by mentoring the young researchers throughout the research process.

Shadrick Kayeye, team quantitative researcher and M&E expert is key research, monitoring and evaluation technical lead, overseeing capacity building programs for Keno Institute of Training & Research. He developed the current curriculum for MEAL programs offered by Keno Institute. He was the in country lead Monitoring and Evaluation Specialist for the baseline and evaluation evaluations of the sexual reproductive health project under ICAP Zambia. Mr. Kayeye recently led the development of data collection tools and reporting templates including a data capturing system using Kobo Toolbox for ChildFund Zambia and OXFAM USA. He was the lead evaluator of the FSDZ Covid 19 Evaluation Assessment and has just completed working on the comprehensive M&E Plan and Training Manual for FSD Zambia. He further developed the M&E Framework for Civic Forum on Housing and Habitat Zambia as a private consultant and he also provided input into the development of the M&E results framework for the Zambia Ministry of Health Multisectoral National Action Plan on Antimicrobial Resistance, developed the Data Collection manual for ZRDC, developed data collection tools for Zambia Rising Project (CHAMP/Save the Children).

PARTICIPANT INFORMATION SHEET

Title: Baseline evaluation of the Levelling the Field Phase 2 Project using a girl-centred approach.

1. Introduction:

Hello, good morning/afternoon, my name is _____. I am working with a team of researchers to conduct this baseline evaluation. I am requesting you to participate in this research study which will take approximately one hour to about one and half hours. This research is not treatment or medical care, but seeks to obtain information and find answers to certain scientific questions.

Before you decide on whether or not to participate in the study, I would like to explain what research we are doing and how you would be involved. Please read the following information to understand the scope of the study. You can ask any research team member involved in the study a question about the research study at any point.

After reading the information, it is solely up to you to decide whether to participate or not. You may or may not decide to join and this will not affect any access to care or facility treatment. You may talk to family or friends about the study to help decide whether you choose to participate.

2. Background and Study Rationale:

Adolescents and Young Women (AGYW) aged 10–24 years faces several Sexual Reproductive Health and Right (SRHR) challenges, including child marriage, widespread GBV, early and unintended pregnancy and HIV, that have a profound and disproportionate impact on their physical, intellectual, psychological, and emotional health and development. Poor SRHR outcomes among AGYW lead to and are perpetuated by harmful gender norms and attitudes, traditional practices, power dynamics in favor of boys and men, socialization at home and in school, and inadequate implementation of existing laws and policies.

Many institutions, both local and international have been working tirelessly to help improve the outcomes for adolescents' girls and young women especially around Sexual Reproductive Health (SRH). Grassroot Soccer Zambia (GRS) is one such organization that has been working in the adolescent health space in Zambia. Grassroot Soccer Zambia uses the power of sport to improve adolescent Sexual Reproductive Health and Rights (SRHR) by building youth health and life skills assets, improving their demand for and access to key services, promoting their adherence to healthy behaviors.

2.1 Purpose:

The purpose of this study is to determine how meaningful engagement of Adolescent Girls and Young Women (AGYW) in design, monitoring, evaluation, and Human Rights Based (HRB) advocacy efforts facilitate a positive change in social-cultural beliefs and attitudes towards GBV and SRHR.

Procedures:

If you agree to participate:

- For participating adolescents under 18, we shall obtain a signed assent forms from their parents/guardians and consent form from those older than 18 years old.

3. Risks and Benefits:

Overall, there are no known risks to participating in this study, but if at any time you feel uncomfortable in this study, you are welcome to discontinue participation without giving any reasons.

No direct benefits will be gained by study participants. However, the information provided will be used by Grassroot Soccer Zambia, and other stakeholders to improve Adolescent Health. This will lead to evidence-based planning and priority setting for Adolescent health programming.

Cost:

Anticipated costs for study participants only include the time taken to participate in the interview.

4. Study related questions:

If at any point during the interview, you have questions about the study or other information, a study team member or the Principal Investigator will readily answer any questions you may have. If questions arise after the interview has ended, you can contact the study investigators using the information provided in order to address any questions or concerns you may have.

If questions arise related to your rights as a study participant, you can contact research investigators using the information provided or contact ERES Converge.

5. Voluntary Participation:

Please be advised that your participation in this study is entirely voluntary. While we would be grateful for your willingness to participate, you are free to decline. If you choose to decline, you will experience no negative consequences. Additionally, if you agree to participate, but then decide you no longer want to be a part of the study you are able to withdraw at any time with no risks or consequences.

6. Confidentiality:

All personal identifying information obtained during this study remains strictly confidential. Your responses will be used only for research purposes related to the study objectives. Your name, date of birth, or any other personal information will be kept anonymous and will not be tied to your survey responses in any way. All survey responses will be granted a key identifier that will not indicate any personal information. Any paper records will be locked and only accessed by authorized study personnel. All responses will be stored on a password protected computer. Results from the study will be disseminated but will not have any identifying information for study participants. It should be noted that Research Ethics Committees or Institutional Review Boards for human research and regulatory authorities will be allowed access to study records to ensure proper compliance with ethical and study procedures, but your confidentiality will be maintained.

The research team member has discussed this information with me and offered to answer my questions. For any further questions, I may contact the investigators or the Chairperson of ERES Converge IRB on the following details:

The Chairperson

ERES CONVERGE IRB

33 Joseph Mwilwa Road, Rhodes Park

Principal Investigator: Eddie Kashinka

Phone: +260 979092266

Email: eddiecashinka@gmail.com

Tel: +260 955 155633

E-mail: eresconverge@yahoo.co.uk

CONSENT FORM

TITLE OF RESEARCH: Baseline evaluation of the Levelling the Field Phase 2 Project using a girl-centred approach

REFERENCE TO PARTICIPANT INFORMATION SHEET:

1. Make sure that you read the Information Sheet carefully, or that it has been explained to you to your satisfaction.
2. Your permission is required if tape or audio recording is being used.
3. Your participation in this research is entirely voluntary, i.e. you do not have to participate if you do not wish to.
4. Refusal to take part will involve no penalty or loss of services to which you are otherwise entitled to.
5. If you decide to take part, you are still free to withdraw at any time without penalty or loss of services and without giving a reason for your withdrawal.
6. You may choose not to answer particular questions that are asked in the study. If there is anything that you would prefer not to discuss, please feel free to say so.
7. The information collected in this interview will be kept strictly confidential.
8. If you choose to participate in this research study, your signed consent is required below before I proceed with the interview with you.

VOLUNTARY CONSENT

I have read (or I have been explained to) on the information about this research as contained in the Participant Information Sheet. Where necessary, I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction.

I understand that:

- In this study, my personal information will be kept confidential.
- By signing this form, I do not waive any of my legal rights but rather have been informed about the research study that I am volunteering to participate in.
- A copy of this form will be provided to me.
- There are no known or anticipated physical risks, neither is there any direct gain by my participation but rather, the information I will provide will help in addressing issues surrounding the research topic

I now consent voluntarily to be a participant in this project. My signature below suggests that I am willing to participate in this research:

Participant's name (Printed): .....

Participant's signature: .....Consent Date: .....

Thumb Print

Witness name (Printed): .....

Witness signature: .....Consent Date: .....

Thumb Print

Researcher Conducting Informed Consent (Printed): .....

Signature of Researcher: ..... Date: .....

Should you have any further questions, you may contact the investigators or the Chairperson of ERES Converge on the following details:

The Chairperson

ERES CONVERGE IRB

33 Joseph Mwilwa Road, Rhodes Park

LUSAKA

Tel: +260 955 155633

+260 955 155634

E-mail: eresconverge@yahoo.co.uk

Principal Investigator: Eddie Kashinka

Phone: +260 979092266

Email: eddiecashinka@gmail.com

ASSENT FORM

TITLE OF RESEARCH: Baseline evaluation of the Levelling the Field Phase 2 Project using a girl-centred approach

Hello everyone. Thank you very much for being here today. We would like to ask you to participate in a one-hour activity to help us better understand issues that affect you as adolescents. Let's begin by describing a little bit about the activity to you.

What is a research study?

Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer. This paper talks about our research and the choice that you have to take part in it. We want you to ask us any questions that you have. You can ask questions any time.

Important things to know…

- You get to decide if you want to take part.
- You can say 'No' or you can say 'Yes'.
- No one will be upset if you say 'No'.
- If you say 'Yes', you can always say 'No' later.
- You can say 'No' at anytime.
- We would still take good care of you no matter what you decide.

Why are we doing this research?

We are doing this research to find out more about how your meaningful engagement of interacting and involvement Human Rights Based (HRB) advocacy and sports for change approach facilitate a positive change in social-cultural beliefs and attitudes that perpetuate GBV, early pregnancy, child marriages and poor SRHR outcomes. This information is very important to help us understand some of the social- cultural issue that affect adolescent in relation to GBV, early pregnancies, child marriages and uptake of SRHR services.

What would happen if I join this research?

We shall begin by discuss issues affecting you as adolescents. If you feel comfortable to share and discuss your thoughts and feelings during the session you can do so, but if you do not you can say 'No response' and keep quiet. You do not have to participate and choosing not to participate will not negatively affect you in any way. What you share with us will not be revealed to others. This is known as confidentiality. We will ask you about your experiences and we will note down your responses, without noting down your name on the answer. So even if somebody reads what we have written, they cannot make out who said what. We will not reveal or share what you discuss during the session with anyone else.

Finally, we would like to record the session. You may request that we stop recording at any point during the interview. The recording will be saved on a secure computer network, and no one outside of our research team will have access to the recording. If you would like us to turn off the recorder at any point, you may say so. If anyone has any questions about this session, you can ask us now. Those of you who have a question about this session, please raise your hand.

If you have questions about the study, please contact Eddie Kashinka on Phone: +260 979092266. If you have concerns or questions about your rights as a participant, contact The Chairperson ERES CONVERGE IRB, 33 Joseph Mwilwa Road, Rhodes Park, LUSAKA. Tel: +260 955 155633 or +260 955 155634 (they responsible for the protection of project participants)

If you would like for us to continue please sign below: Your signature below says that you understand the purpose of this study and agreed to participate in this research:

Adolescent's name : ……....

Adolescent's signature: ……Assent Date: …….....

If you are unable to write your name and sign, I will check this box below

☒ Verbal Assent Obtained _____

Name of adolescent

We hereby state that we have explained to this adolescent the details about this session and the terms of his/her participation. We have in a language understood by this adolescent, explained that consent to participate in this session is totally voluntary and that he/she can resign or withdraw consent at any point of time or opt out of the session without need for an approval or an explanation. We have made it clear that the adolescent is free to reveal or share as much information as he/she is comfortable with and that there will be no pressure or force for him/her to share or reveal more than he/she wants to. We hereby understand that whatever is revealed by the adolescent during the session has to be handled with utmost confidentiality and cannot at any cost be revealed to any other person, except with the consent of the adolescent, and we promise to honor this requirement.

_____ _____

(Name of interviewer) (Signature of interviewer)

Interview Guides

KII Grassroot Soccer Zambia Staff

Introduction, setting ground rules:

Introduce yourself, thank participants for taking part and confirm that the interview is taking place.

- Ensure the environment is comfortable.
- Review the nature and purpose of the research.
- No right or wrong answers but the aim is to understand how the implementation of the previous program was.
- Assure confidentiality and use of data.
- Explain the use of a data recorder, transcription, use of pseudonym (invite to choose), use of verbatim quotes, will be taking field notes.
- The participant can decline to answer any question or prompt; can ask to stop at any time if they feel like without giving reasons.
- Expected duration of interview explained.
- Check consent/assent form signed.
- Ask if you have any questions.
- Switch on tape recorder.

Opening question

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1. Kindly state your current role in GRS Zambia
2. How long have you served in your role?
3. Describe your involvement in Phase 1 of the Levelling the Field project

Individual *(Current approaches that build their health and social assets as well as the resources of adolescents).*

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4. Please describe any interventions/approaches that are currently contributing to increased knowledge and self-efficacy among adolescents in your implementation sites?
5. What interventions/approaches are currently contributing to the creation of safe spaces for adolescent girls to ensure their safety, to build their social assets around gender equitable norms and beliefs and to connect to social networks?
6. What approaches currently contribute comprehensive knowledge on SRHR , and available GBV support services that improve the confidence of AGYW to report instances of violence or intimidation and seek post-violence care & counseling.

Relationship or interpersonal (Relationships that support and reinforce positive health behaviour of adolescents).

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7. Please describe if any, the interventions/approaches that influence sexual and reproductive experiences/interactions of adolescents in your implementation sites?
    a. Probe on parents' communication with Adolescent on access and utilization of ASRHS, intimate and other sexual partners and peers
    b. Probe on health service provider communication with adolescents and young people, especially AGYW on access and utilization of SRHR services and youth friendly spaces and post GBV care.
8. Based on your experience, kindly describe how AGYW and ABYM discuss, share information, and shape their attitudes and beliefs about (i) traditional socio-cultural and gender norms, (ii) power, and (iii) healthy relationships. That is, how do adolescents talk about gender norms and healthy relationships? Where do they learn about these concepts?
    a. Please describe what motivates or prevents them from doing this?

Community level (Social norms and community support for adolescents to practice safer sex behaviours and access SRH).

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9. What approaches are targeted at community members and institutions outside the family such as neighbourhoods, schools and workplaces to promote access and utilisation of SRH and GBV services?
10. Please describe the community's social norms for adolescent sexual activities? Probe on acceptability, personal values and beliefs.
11. Describe the community leadership's level of s involvement ion adolescent sexual activities?. Probe on community acceptability, engagement involvement of parents, community leaders (traditional, counsellors, church leaders, etc)
12. Describe any community structures that you work with to improve adolescent sexual health? Probe on available structures that fight GBV focusing on adolescent, structures that improve access to adolescent health services

Societal level (*Current laws and policies related to the health, social, economic and educational spheres and to build broad societal norms in support of SRH and helping adolescents realize their human rights*)

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13. Kindly tell me your experience of the different laws, policies and guidelines you had to adhere to when you were implementing the previous similar project.
    a. Probe on harmonisation of policies for example Ministries of Health and Ministries of Education etc
14. What are the available and accessible resources for AGYW in your implementation sites such as (SRH services, education, recreational activities, employment)?
    a. Probe on availability of adolescent friendly or safe spaces, recreation facilities, social cash transfer for adolescent headed homes, school fees being paid for, food packs
15. Kindly describe any SRH social structures and policies/laws available that contribute to management/control of high-risk and low-risk behaviours among AGYW?
16. Based on your experience, tell me about the adolescent's level of exposure to media and cultural messages: including mass media (print, video, internet, films), cultural beliefs and myths)?
17. How involved and engaged were the AYP in the planning, implementation, monitoring and evaluation leading up to phase 2 of the program?
    a. Probe; what motivated or influenced them to participate or not to participate
18. What are the available and accessible resources for AGYW in your implementation sites such as (SRH services, education, recreational activities, employment)?
    a. Probe on availability of adolescent friendly or safe spaces, recreation facilities, social cash transfer for adolescent headed homes, school fees being paid for, food packs
19. Based on your experience, what role would the AGYW do in supporting HRB Advocacy efforts?s (Probe on designing, leading, and monitoring)?

Program effectiveness, scalability and sustainability

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20. How would you describe the effectiveness of the integration of sport based GBV prevention and advocacy as well the partnership between GRS, MC, ARHA and Government.

a. Probe on how the trainings have been conducted, do partners have the specialized skill to conduct the trainings?
b. Are Ministry of Health staff (Adolescent Focal Point persons) also trained in this methodology for ownership and sustainability sake?
c. Probe on the reach of the adolescents in refugee camps, correctional facilities
d. Probe on settings where these projects have been implemented before that is rural and urban

21. Please describe the potential scalability of the integration of sport based GBV prevention and advocacy as well the partnership between GRS, MC, Governments and ARHA?
22. Please describe the potential sustainability of the integration of sport based GBV prevention and advocacy as well the partnership between GRS, MC, Governments and ARHA.
    a. What measures have been put in place to ensure the sustainability of the program?

Feedback on Phase I

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23. In your opinion, what were the Phase I achievements of this project?
24. What were some of the challenges you experienced in implementing the phase I interventions?
    a. Probe: Human resources, cultural barriers
25. What lessons did you learn in Phase I Project?
26. Are there any anticipated challenges for leveling the field phase II?
27. What suggestions do you have for addressing the anticipated challenges ?
28. Would you recommend that these activities continue from Phase I? Specifically, what parts would you continue and what parts would you drop and why?
29. Were there any negative consequences of the intervention that you wanted to highlight?
30. What recommendations would you make on how best this project should be implemented?

Thank you for your time

KII Community/ Health facility Adolescent focal point person and School Guidance Teachers

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Introduction, setting ground rules:

Introduce yourself, thank participants for taking part and confirm that the interview is taking place.

- Ensure the environment is comfortable.
- Review the nature and purpose of the research.
- No right or wrong answers but the aim is to understand how the implementation of the previous program was.
- Assure confidentiality and use of data.
- Explain the use of a data recorder, transcription, use of pseudonym (invite to choose), use of verbatim quotes, will be taking field notes.
- The participant can decline to answer any question or prompt; can ask to stop at any time if they feel like without giving reasons.
- Expected duration of interview explained.
- Check consent/assent form signed.
- Ask if you have any questions.
- Switch on tape recorder.

Opening questions

1. Kindly state your current role in this Health Facility or school ?
2. How long have you served in your role?
3. How long have you worked in partnership with GRS Zambia, Muchinga Corridors and ARHA?
4. Please, explain your experience working with GRS, Muchinga Corridor's and ARHA in relation to interventions that focus on AGYW in relation to GBV and SRHR?

Individual *(Current approaches that build their health and social assets as well as the resources of adolescents).*

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5. Please tell me about early marriages,GBV and teenage pregnancies in yourcommunity.Would you say that child marriage , GBV and teenage pregnancies is a problem in your community?
6. Does your health facility or school offer SRHR and GBV support services to AGYW and ABYM? Please, explain your reasons

7. Please provide some example if any of any institution or organization that offers SRHR and GBV support services to AGYW and ABYM in your community?

8. To begin, please walk me through the process of how AGYW and ABYM are offered SRH services within this facility or your communities?
    a. What services are available in the facility for the adolescents and young people in the health facilities or communities? Who initiates follow ups if any? and do you think most of adolescent and young people have access to these services (describe the accessibility rate or ration in relation to 5– how easy is it for adolescents). to get services here?
    b. In relation to GBV support services, in your opinion do AGYW and AGBYM access GBV support services and what are some of the barriers or enablers?
    c. In relation to HIV prevention services, in your opinion do AGYM and AGBYM access HIV prevention services and what are some of the enablers or barriers?

9. Please describe any interventions/approaches currently contributing or available that are supporting uptake of information on SRHR in relation to HIV , gender equitable norms most and builds confidence of AGYW?

10. Are there certain SRHR/GBV services that you recommend to the AGYW and ABYM more than others?
    a. Why do you prefer those services for these target groups?

11. Describe for me the referral process for AGYW and ABYM who would like to access SRHR and GBV support services in your health facility or communities or school?
    a. Where is she/he referred? How are these referrals tracked to make sure she/he received the service to which she was referred? Are they escorted referrals?
    b. What mechanism or system is in place on the feedback of the services provided and followed up care?

12. In your school or health facility, what are some of the interventions that are available currently contributing to the creation of safe spaces for adolescent to ensure their safety, build their uptake of SRHR and GBV related information and connect to social networks?
    a. Does your facility or school have a designated adolescent friendly safe space or club?

b. Are adolescents and young people in your area aware of this space at your facility or club?
c. Is the space accessible and utilised by adolescents and young people? If so, please provide details on how often AGYM and ABYW met?
d. Do you have dedicated school and adolescent health focal point persons trained in right based approaches and sports for change in space or school clubs ?.Please explain.Prompt for more details on organizations and institutions that provided this training and content.
e. Does your adolescent health space or school club utilize sports for change and human rights-based approaches in delivering SRHR and GBV sessions and do you have a curriculum in place that guides your activities? Please explain

f. How inclusive are the adolescents with disabilities in your spaces or school club?

13. What evidence-based approaches currently contribute to the economic empowerment of girls in your implementation sites? Please describe these empowerment programs.

Relationship or interpersonal (Relationships that support and reinforce positive health behaviour of adolescents).

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14. In your school or adolescent youth friendly space or community do you have trained peer educators? Please, indicate which institution provided this training.
15. What health activities are carried by peer educators to prevent some AYP engage in risky behaviours?
16. What health and social activities are AYP engaged in which help them deter from risky behaviours?
17. What are the common health problems in your catchment area encountered by AYP?
18. Kindly describe how engaged and involved parents/guardians are in issues pertaining to sexual and reproductive health of AYP. Probe on acceptability by parents
19. Please describe if any, the evidence based interventions/approaches influence sexual and reproductive experiences/interactions of adolescents? Probe parents, intimate and other sexual partners and peers

20. Kindly describe how AGYW and ABYM discuss, share information, and reconstruct attitudes and beliefs about (i) traditional socio-cultural and gender norms, (ii) power, and (iii) healthy relationships.
    a. Please describe what motivates or prevents them from doing this?
21. How do your values and beliefs influence the services you provide AYP? Probe on religion.

Community level (Social norms and community support for adolescents in relation to GBV, teen pregnancies and child marriages and access to SRH and GBV services).

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22. In what ways do you support community members and institutions outside the family such as neighbourhoods, schools and traditional leaders address some of the SRHR issues that AGYW in relation to GBV, child marriages and teen pregnancies and access to SRHR services?
23. Please explain what cultural practices facilitate early sexual debut, child marriages, GBV and teenage pregnancies among AYP in your catchment area. Probe: for incidence of sexual GBV, intergenerational sex, transaction sex, child marriage, teenage pregnancy
24. How involved are community members on aspects pertaining to addressing GBV and Violence Against Girls in your catchment area?
    a. What mechanism is in place to report these cases?
    b. Describe the structures for reporting GBV for adolescent
    c. Describe the factors for withdrawal of cases and main reason why they are withdrawn
    d. Are girls and adolescent boys confident to report cases of GBV and VAG in your communities or catchment area?
    e. In your opinion, do you think AGYW and AGBYM are aware of their rights in relation to reporting cases of GBV and VAG in your community or catchment area? Probe for enablers or motivators.
    f. Have you heard of advocacy campaigns led by AGYW and AGYM that hold parents and communities accountable in relation to their SRHR rights? Please, elaborate some of these campaigns and topics of focus.
    g. Are you aware of any interventions in your community that empower AGYW with information on SRHR including gender equality and health services using sports? If so please, mention these interventions and institutions involved?

h. In your opinion, do you think soccer can be used raise awareness on SRHR information and services including GBV to AGYW and ABYM in your community? If so, please provide some of the ways that you think this can be done?

25. Are you aware of any social norms for adolescent sexual activities in the communities under your catchment areas? Probe on community acceptability
26. Describe the community leaderships involvement on adolescent sexual activities in relation to child marriages and teen pregnancies. Probe on community acceptability
27. Describe any community structures that work improve adolescent sexual health? Probe on structures that fight GBV focusing on adolescent, structures that improve access to adolescent SRHR and GBV support services ?

Societal level (Current laws and policies related to the health, social, economic and educational spheres and to build broad societal norms in support of SRH and helping adolescents realize their human rights)

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28. Is your institution aware of any guiding policies that affect or support your work on adolescents? *(Probe for knowledge on any of these: Re-entry policy, Ending child Marriage Strategy , Anti-GBV act, Adolescent Health Strategy plan and Comprehensive Sexuality and Education framework.*

a. How often does your institution apply some of these policies in relation to addressing the needs of ABYM and ABYW?
b. There are instances when policies from different Government institutions do not harmonise with yours. How do you go about that to provide SRHS to AYP?

29. Can you tell me the linkages and networks which are readily available which you use to help address some of SRH needs of AYP in relation to teen pregnancies, child marriages and GBV?
    a. On how easy and difficult it is to collaborate with other stakeholders ?
    b. Which stakeholders do you collaborate with in relation to the above highlighted issues that affect AYP?
    c. Are there district networks or technical working groups are specific to discussing issues that affect AGYW in relation to GBV, teenage pregnancies and child marriages?

d. Have you ever attended or heard of stakeholder engagement meetings that invite AGYW and ABYM to discuss issues that affect? Please, mention the convener of this meeting and issues discussed and perceived level of engagement.
e. Do you a joint task force that is engaged in supporting communities with technical supervision and mentorships on some of the government polices in relation to adolescents and young people. How often are these supportive visits conducted by TWG members/stakeholders?

30. How involved are peer educators and AYP in general in the adolescent health program?
    a. Probe: If AYP or Peer Educators (PEs) are involved and engaged in program design, budgeting, implementation, monitoring and evaluation.
    b. Probe: If AYP or PEs are involved and engaged in development policy documents, training manuals, development of IEC materials etc.
31. How does community perceive their role in enabling a conducive environment for traditional laws for GBV prevention and response?
    a. Probe: If they have community leaders and ABYM who are trained as champions in preventing GBV , teenage pregnancies and child marriages in their communities?
32. Kindly describe the AGYW perceptions in their role of designing, leading, and monitoring HRB advocacy and sports for change approaches, aiming to influence an enabling environment and government policy on GBV, child marriage, HIV and teenage pregnancy prevention.
33. What are the available and accessible resources such as SRH services, education, recreational activities, and employment for AGYW?
34. What social structures and policies, which includes laws and policies relate to adolescent SRH, that limit high-risk behaviours and provide a framework for low risk behaviours such as a legal age for marriage, education policies.
35. What is the adolescents level of exposure to media and cultural messages: including mass media (print, video, internet, films), cultural beliefs and myths.

Program effectiveness, scalability and sustainability

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36. How would you view the proposed integration of sport based and right based advocacy as well the partnership between GRS, MC, Government and ARHA in

addressing GBV , teenage pregnancies and child marriages and supporting uptake of SRHR services among AYP in your community/school or health facility?

37. In your opinion, do you think the proposed integration of integration of sport based and right based in SRH interventions can be effective in empowering AGYW and communities in addressing GBV, teenage pregnancies and child marriages while supporting uptake to SRHR services?
38. What is your opinion what are some of the measures that can be put in place to ensure sustainability of the proposed integration of sport based and right based approaches in ensuring sustainability? (Probe if engaging adolescents in the design, implementation and monitoring is crucial).

Recommendations

39. What are your further recommendations on how to best implement the leveling of the field program with focus on addressing SRHR needs of AGYW in relation to GBV, teenage pregnancies, child marriages and uptake to SRHR and GBV support services?
40. Would you have any questions for us in relation to the issues discussed?

Thank you for your time

KII District/Provincial/National MoH and MOGE staff

Introduction, setting ground rules:

Introduce yourself, thank participants for taking part and confirm that the interview is taking place.

- Ensure the environment is comfortable.
- Review the nature and purpose of the research.
- No right or wrong answers but the aim is to understand how the implementation of the previous program was.
- Assure confidentiality and use of data.
- Explain the use of a data recorder, transcription, use of pseudonym (invite to choose), use of verbatim quotes, will be taking field notes.
- The participant can decline to answer any question or prompt; can ask to stop at any time if they feel like without giving reasons.
- Expected duration of interview explained.
- Check consent/assent form signed.
- Ask if you have any questions.
- Switch on tape recorder.

Opening questions

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1. Kindly state your current role in your organization
2. How long have you served in your role?
3. How long have you as an organization worked in partnership with GRS Zambia, Muchinga Corridors and ARHA?

Individual *(Current approaches that build their health and social assets as well as the resources of adolescents).*

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1. Please describe any interventions/approaches currently contributing or available that are supporting uptake of information on SRHR in relation to HIV , gender equitable norms most and builds confidence of AGYW?
2. What evidence-based interventions/approaches are currently contributing to the creation of adolescent friendly and safe spaces for AGYW and AGYM to ensure their safety, to build their assets and to connect to social networks.
3. What approaches currently contribute to the health and social empowerment of AGYW and ABYM in your province/district?

Relationship or interpersonal (Relationships that support and reinforce positive health behaviour of adolescents and young people).

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4. Please describe if any, the interventions/approaches that influence access and utilisation of sexual and reproductive including GBV experiences/interactions of adolescents and young people in your province/district?
    a. Probe on availability of policies and guidelines to guide health care workers/ teachers in the provision of SRHR to AYP.
    b. Probe: If clear age of consent of all services are available especially SRHS, GBV support and HIV services etc.
    c. Probe: If re-entry policy is applied in most schools and enablers and barriers?
5. How has the multisectoral approach helped you in the provision of health, GBV and education support services to AYP for their well-being?. Probe for barriers and enablers.
6. Have Comprehensive Sexuality Education (CSE) and girl-centered interventions been widely accepted by some sections of society especially in relation to advocating for prevention of GBV, teenage pregnancies and child marriages? In your own opinion, what do you think are enablers and barriers at community level especially parents?.
7. What can be done for acceptability of CSE and girl-centered interventions for in school learners and out of school AGYW among community by stakeholders?
8. Kindly describe how AGYW and ABYM discuss, share information, and reconstruct attitudes and beliefs about (i) traditional socio-cultural and gender norms, (ii) power, and (iii) healthy relationships.
    a. Please describe what motivates or prevents them from doing this?
    b. Do AGYW take an active role in claiming their rights to SRHR services and information in relation to GBV, teenage pregnancies and child marriages?

Community level (Social norms and community support for adolescents to practice safer sex behaviours and access to SRH services such as HIV testing and GBV support services).

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9. What approaches are targeted at community members and institutions outside the family such as neighbourhoods, schools and workplaces?
10. Please describe the community's social norms for adolescent sexual activities in relation to chid marriages, teenage pregnancies and GBV among AGYW? Probe on community acceptability

11. Describe the community leaderships involvement on adolescent sexual activities in relation to child marriages, teenage pregnancies and GBV among AGYW?Probe on community acceptability.
12. Describe how community structures have worked to improve adolescent sexual health in relation to child marriages, teenage pregnancies and GBV?
    a. Probe on community structures that fight GBV cases, child marriages and teenage pregnancies focusing on AGYW?
    b. Probe: On structures that improve access and utilisation of adolescent health services especially on GBV, HIV testing and contraceptive support services?

Societal level (Current laws and policies related to the health, social, economic and educational spheres and to build broad societal norms in support of SRH and helping adolescents realize their human rights)

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13. How are harmonisation of government policies in the provision of adolescent health services achieved?
    a. Probe: On Ministry of Education and Ministry of Health fragmentation of laws
    b. Probe: On customary and statutory laws at community level.
14. How much funding is allocated to adolescent health programs?
    a. Probe: GRZ funding to the program
    b. Probe: Partner financial support
15. Does your office engage with other stakeholders and communities in holding consultative meetings when you are developing some policies and guidelines in the quest of not working in silos but as a united workforce? Are AYP also involved in these consultative meetings? Probe when last such as consultative engagement meeting was held and the institution that funded this initiative.
16. How best can relevant stakeholders such as communities and policy makers be engaged in the designing and development of policy documents that seek to address the challenges that AYP face in relation to GBV, child marriages and teenage pregnancies and SRHR services?
    a. Probe: On probable challenges among some stakeholders
    b. Probe: How these challenges can be mitigated

17. Kindly describe the AGYW and ABYM perceptions in their role of designing, leading, and monitoring HRB advocacy efforts, aiming to influence the enabling environment and government policy for GBV prevention and response
    a. Probe if AYP are involved and engaged at National level in policy document development pertaining to the adolescent health program.
18. How inclusive are gender issues in adolescent health programming?
    a. Probe: What adolescent health services are available for ABYW services in health facilities or schools or communities ?
19. How inclusive are AGYW at risk or survivors of GBV in your current programming and policy documents?
20. What social structures, laws and policies, which includes laws and policies relate that relate adolescent SRH, that limit high-risk behaviours and provide a framework for low-risk behaviours such as a legal age for marriage, and education policies.
    a. Probe: What school and community platforms are available for AYP to access SRHR information and services especially GBV support services?
    b. Probe: What are some of the school and community platforms available for AGYW at risk or survivors of GBV?
    c. What is the incidence of teenage pregnancies and child marriages among AGYW in your local communities?
    d. In your opinion, what is the incidence of GBV cases in your communities among AGYW?
21. What is the adolescents level of exposure to sport based and right based SRHR messages: including use of sports such as soccer and HRBA approach.
    a. Probe: What are some of the organizations or interventions using sports as platforms for disseminating information on SRHR and services such contraceptives and GBV support services to AYP?
    b. Probe: What are some of the organizations or interventions using rights based approaches as platforms for disseminating information on SRHR and services such contraceptives and GBV support services to AYP?
    c. Are you aware of any organizations or interventions that are using both sports for change and rights-based approaches in disseminating information on SRHR and services such as contraceptive and GBV support services to AYP?

22. Kindly describe the AGYW experiences in their role of designing, leading, and monitoring HRB advocacy efforts, aiming to influence the enabling environment and government policy for GBV prevention and response
23. What are the available and accessible resources such as SRH services, education, recreational activities, and employment for AYGW ?

Program effectiveness, scalability and sustainability

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24. How would you describe the proposed integration of sport based and rights based as a as a teaching methodology in SRHS provision and GBV and aswell the partnership between GRS, MC, Government and ARHA.
    a. Probe on how the trainings can and capacity building activities can be conducted among partners?
    b. Probe on the reach of the AYGW though not limited to adolescents with special needs such those with disabilities,YLWHIV and sex workers.
25. Please describe the scalability of the integration of sport based SRHS provision, GBV prevention and advocacy as well the partnership between GRS, MC, Government and ARHA.
26. Please describe the sustainability of the proposed integration of sport based and right based in relation to SRHS provision, GBV prevention and advocacy as well the partnership between GRS, MC, Government and ARHA.
    a. What measures have been put in place to ensure the sustainability and ownership of the program?

Recommendations

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27. What are your further recommendations on how to best implement the leveling of the field project in relation to addressing GBV, teenage pregnancies and child marriages and uptake of services among AGYW.
28. Would happen to have any questions for us in relation to the issues discussed?

Thank you for your time

KII Community leaders (Traditional and Religious)

Introduction, setting ground rules:

Introduce yourself, thank participants for taking part and confirm that the interview is taking place.

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- Assure confidentiality and use of data.
- Explain the use of a data recorder, transcription, use of pseudonym (invite to choose), use of verbatim quotes, will be taking field notes.
- The participant can decline to answer any question or prompt; can ask to stop at any time if they feel like without giving reasons.
- Expected duration of interview explained.
- Check consent/assent form signed.
- Ask if you have any questions.
- Switch on tape recorder

Opening questions

1. Kindly state your current role in your community
2. How long have you served in your role?
3. How long have you worked in partnership with GRS Zambia, MC or ARHA?

Individual *(Current approaches that build their economic and social assets as well as the resources of adolescents).*

4. Please describe any interventions/approaches currently contributing or available that are supporting uptake of information on SRHR in relation to HIV , gender equitable norms most and builds confidence of AGYW?
5. What interventions/approaches are currently contributing to the creation of safe spaces for adolescent girls to ensure their safety, to build their assets and to connect to social networks.
    a. Probe: On availability of by or local laws which are in place to safeguard AGYW and ABYM in relation to child marriages, teenage pregnancies and GBV.
    b. Probe: On provision of resources and support by traditional leader to interventions seek to provide availability of Adolescent Friendly Space (AFS)/ Adolescent Safe Space (ASS)

6. What recreational activities are provided in your community to prevent AYP engage in risky behaviours.
    a. Probe: Where the place is designated for different activities.
7. Which health services should be provided to adolescents in relation to supporting reduction to teenage pregnancies, child marriages and GBV when they come to AFS/ASS?
    a. Probe: Those services which should be provided or not to be provided?
    b. Probe: Why? (for whatever answer is provided)
8. Are there safe spaces in the community where survivors/victims of GBV are kept?
    a. Probe: If they are known by community members and utilised
9. Can you tell me how traditional and religious leaders should collaborate with the Ministry of Health and MOGE in delivery of adolescent information and health services?
    a. Probe: If the church provides the platform for demand creation and awareness on Adolescent Sexual Reproductive Health Services (ASRHS)
10. What is your view on AGYW use of contraceptives in the prevention of unwanted pregnancies?
11. What is view of AGYW in accessing and utilising of SRH services, HIV testing, contraceptives and GBV support?
12. What skills do AYP possess in your community to sustain themselves?
    a. Probe: Which organisation trained them in sport based SRH and right based approaches?
    b. Probe if there are Government programs specifically for AYP in their communities
    c. Probe: If there are adolescent youth friendly spaces at community and facility level?
13. What approaches currently contribute to empowerment of girls in your communities in relation SRH services and information?

Relationship or interpersonal (Relationships that support and reinforce positive health behaviour of adolescents).

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14. Please describe if any, the interventions/approaches influence sexual and reproductive experiences/interactions of adolescents in your community? Probe parents, intimate and other sexual partners and peers

15. Kindly describe how AGYW and ABYM discuss, share information, and reconstruct attitudes and beliefs about (i) traditional socio-cultural and gender norms, (ii) power, and (iii) healthy relationships.
    a. Please describe what motivates or prevents them from doing this?

Community level (Social norms and community support for adolescents to practice safer sex behaviours and access SRH).

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16. What approaches are targeted at community members and institutions outside the family such as neighbourhoods, schools and workplaces.
17. Please describe the community's social norms for adolescent sexual activities? Probe on community acceptability
18. Describe the community leaderships involvement on adolescent sexual activities. Probe on community acceptability
19. Describe any community structures that work improve adolescent sexual health? Probe on structures that fight GBV focusing on adolescent, structures that improve access to adolescent health services

Societal level (Current laws and policies related to the health, social, economic and educational spheres and to build broad societal norms in support of SRH and helping adolescents realize their human rights)

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20. Kindly describe the AGYW perceptions in their participation (role of designing, leading, and monitoring) in HRB advocacy efforts, aiming to influence the enabling environment and government policy for GBV prevention and response
21. Kindly describe the AGYW experiences in their role of designing, leading, and monitoring HRB advocacy efforts, aiming to influence the enabling environment and government policy for GBV prevention and response
22. What are the available and accessible resources such as SRH services, education, recreational activities, employment?
23. What social structures and policies, which includes laws and policies relate to adolescent SRH, that limit high-risk behaviours and provide a framework for lowrisk behaviours such as a legal age for marriage, education policies.
24. What is the adolescents level of exposure to media and cultural messages: including mass media (print, video, internet, films), cultural beliefs and myths.

a. Probe on exposure to SRHR using sport based and right based approaches

Program effectiveness, scalability and sustainability

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25. How would you describe the effectiveness of the integration of sport based GBV prevention and advocacy as well the partnership between GRS, MC and ARHA.
    a. Probe on how the training has been conducted, do partners have the specialized skill to conduct the training?
    b. Probe on the reach of the adolescents
26. Please describe the scalability of the integration of sport based GBV prevention and advocacy as well the partnership between GRS, MC and ARHA.
27. Please describe the sustainability of the integration of sport based GBV prevention and advocacy as well the partnership between GRS, MC and ARHA.
    a. What measures have been put in place to ensure the sustainability of the program?

Recommendations

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28. What are your further recommendations on how best to implement the leveling of the field program?

Thank you for your time

FGDs with Adolescents

Introduction, setting ground rules:

Introduce yourself, thank participants for taking part and confirm that the interview is taking place.

- Ensure the environment is comfortable.
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- Assure confidentiality and use of data.
- Explain the use of a data recorder, transcription, use of pseudonym (invite to choose), use of verbatim quotes, will be taking field notes.
- The participant can decline to answer any question or prompt; can ask to stop at any time if they feel like without giving reasons.
- Expected duration of interview explained.
- Check consent/assent form signed.
- Ask if you have any questions.
- Switch on tape recorder

Individual (Current approaches that build their economic and social assets as well as the resources of adolescents).

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1. To begin, please tell us something interesting about yourself. (hobbies, favorite movie/show, song)
2. Are you in or out of school?
3. Please tell me about the services do that adolescents and young people access and utilise at the health facility in your area?
    a. Probe: Who provides these services
    b. Probe: Is the schedule convenient for young people?
    c. Probe: For the availability of young people working as Community Based Distributors of SRH services?
4. How would you rate the services you receive?
5. Can you tell what services you would like to be provided for AYP at your health facility
6. Can you tell me the challenges faced by AYP when they want to access and utilise ASRHS at the health facility?
    a. Probe: judged, disrespect, no privacy and confidentiality, not friendly, treatment you receive from health worker
7. Kindly tell me why you think some AYP engage in early sexual debut.
8. How involved are your parents/guardians in ASRHS?

a. Probe: Cultural barriers (taboos)
b. Probe: Time (available for a conversation)

9. Are there any institutions/organisations that are providing Adolescent Sexual and Reproductive Health Services (ASRHS and GBV) in your community? Please tell me anywhere else that adolescents and young people can access related services on SRHS and GBV?

10. Describe ASRH interventions/programmes being undertaken in your communities? Probe- Organisations/Institutions providing the ASRHS
11. Are there any interventions/approaches that are focusing on the creation of safe spaces for adolescent girls? If so please describe them and what activities these safe spaces provide. Probe on safety, build adolescent assets and social networks.
12. Do you know of any economic empowerment activities for AGYW are being implemented in your community? An economic empowerment activity could be something like programs that help people learn to save and budget money, or teach them business skills, or help them start their own small enterprise to earn income.
13. Do you know of any organizations /institutions that focus on providing ASRHS and GBV information and services that use sports (soccer) in your community?
14. How involved and engaged are you in planning, budgeting, implementing, monitoring and evaluation of adolescent programs?
    a. Probe : Institutions/Organisations providing empowerment activities ?

Relationship or interpersonal (Relationships that support and reinforce positive health behaviour of adolescents).

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15. Can you tell me any preventive measures that you know that are in place for AYP to improve their sexual and reproductive health? A preventive measure is something you do to keep from becoming ill, or to keep from falling pregnant when you don't want to get pregnant.
    a. Probe: Contraceptives, SRH education,
16. In your opinion, should AYP access and utilise contraceptives, condoms and other sexual and reproductive health services?
    a. Probe: If Yes or No, why?

17. What do you think influences the sexual and reproductive experiences/interactions of adolescents in your community? Who are the important people who influence these experiences?
    a. Probe parents, intimate and other sexual partners and peers
18. As adolescents, How well do you feel you can access and utilize ASRHS? Are there any barriers or difficulties you face when doing so?
19. How well do you think disabled adolescents can access ASRHS?
20. What types of services can young people in your community receive from Peer Educators (PEs)?
21. How, if at all, do you talk about gender norms and healthy relationships with your peers?
    a. Probe: For example, do you ever talk about traditional roles of women and men?
    b. Probe: What do you think makes a romantic or sexual relationship healthy vs. unhealthy.
    c. For example, do you discuss or ever talk child marriages among your peers and what one can do who is forced into marriage by her parents.
    d. For example, do you discuss or even talk about where to get support services for someone who has a boyfriend or man who hits them or forces them to have sex even if they do not want.
    e. Please describe what motivates or prevents you from talking about these things?

Community level (Social norms and community support for adolescents to practice safer sex behaviours and access SRH).

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22. What, if any, organisations in your community help AYP in economic empowerment programmes such as IGAs?
    a. Probe: Type of support
    b. Probe: Sustainability and ownership of these programmes
23. Can you tell me the common health problems which are faced by AYP in your community?
    a. Probe: teenage pregnancy

b. Probe: drug & substance abuse
c. Probe: GBV especially SGBV
d. Probe: STIs including HIV
e. Probe: Suicide, self harm and depression
f. Child marriages

24. What kind of sexual health information have you received in school or in any other program?
    a. Probe: Topics which are covered
    b. Probe: Please tell me about CSE, what lessons are adolescents learning, How does CSE information influence your day to day life activities?
25. What recreation facilities are in your community for you to spend time and keep fit?
26. Describe any programmes within your community that are targeted at community members and institutions outside the family such as neighbourhoods, schools and workplaces.
    a. Probe: Are there program within your that targeted on you but focus on your parents
27. How responsive is your community to help meet the sexual reproductive and health needs of adolescents (i.e contraceptives, HIV testing and GBV support services)?
    Probe: The extent to which parents or guardians are involved.
    Probe: The extent to which adolescent boys are involved.
28. What do you think is normal sexual activity for adolescents in your community?
    a. Probe on community acceptability
29. Describe the community leaderships involvement on adolescent sexual activities.
30. Describe any community structures that work improve adolescent sexual health? Probe on structures that fight GBV focusing on adolescent, structures that improve access to adolescent health services

Societal level (Current laws and policies related to the health, social, economic and educational spheres and to build broad societal norms in support of SRH and helping adolescents realize their human rights)

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a.

31. Describe any empowerment programmes or strategies are in place to positively and freely engage in their environments?

a. Economic empowerment (IGAs)
b. Educational opportunities (Re-Entry Policy, Free tuition fees/scholarships)
c. Free sanitary towels
d. Life skills
e. Vocational training
f. Adolescent Youth Friendly Safe spaces
g. Involvement in decision making
h. Support for AGYW at risk of GBV or survivors of GBV (Anti GBV act, and Ending Child Marriage strategy)

32. How inclusive are health programmes and services to meet your special needs, especially for adolescents with special needs such adolescents with disabilities?
    a. Probe: Health workers treatment
    b. Probe: Health workers placing their values and beliefs on services
33. Describe some of the cultural barriers, values, beliefs in you communty that affect your you to access and utilise ASRHS
34.
35. What role, if any, have you had in any organization or programme around girls empowerment or GBV prevention?
    a. How important do you think it is for young people to be involved in the design and implementation of programmes and policies around GBV prevention?
36. What resources are available and accessible to you in the community, including SRH services, education, recreational activities, employment?
37. Do you know of any social structures and policies, which includes laws and policies related to adolescent SRH?. Please explain.
    a. Probe: What do you think should be the legal age for marriage?
38. How much do you engage or consume different types of media, such as print, video, internet, films?
    a. Probe: How do you think these forms of media impact your beliefs?
39. What do you think can be done to curb SGBV?

Recommendation

40. What do you think should be done to help girls stay in school and avoid early sexual debut?

41. What do you think can be done to help adolescent girls who are at risk of GBV or are survivors?

    Thank you for your time

42.

FGDs with Parents

Introduction, setting ground rules:

Introduce yourself, thank participants for taking part and confirm that the interview is taking place.

- Ensure the environment is comfortable.
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- No right or wrong answers but the aim is to understand how the implementation of the previous program was.
- Assure confidentiality and use of data.
- Explain the use of a data recorder, transcription, use of pseudonym (invite to choose), use of verbatim quotes, will be taking field notes.
- The participant can decline to answer any question or prompt; can ask to stop at any time if they feel like without giving reasons.
- Expected duration of interview explained.
- Check consent/assent form signed.
- Ask if you have any questions.
- Switch on tape recorder

Individual (Current approaches that build their economic and social assets as well as the resources of adolescents).

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1. To begin, please tell us how many children you have? How many are adolescents and young people (10-24)
2. What interventions or programs are available in your community specifically to help adolescents?
    a. Probe: specifically to help improve adolescent knowledge and self-efficacy, or around SRHR and gender equitable norms.
    b. Probe: specifically, to help improve adolescents' knowledge on available SRHR services.
3. Do you currently have any interventions or programs that are focusing on the creation of safe spaces for adolescent girls? If so please describe them and what activities these safe spaces provide.
    a. Probe on safety, build adolescent assets and social networks.
    b. Probe whether these are in and out of school interventions.
4. What SRHR services do you think should be provided to AYP?
    a. Probe: especially in prevention of unwanted pregnancy and unsafe abortion?

5. What services should be provided to AYP in prevention of HIV transmission and teenage pregnancies?
    a. Probe: Abstinence
    b. Probe: Condom use
    c. Probe: PEP
    d. Probe: PrEP
    e. Probe for GBV support services
    f. Probe for short term contraceptives such as depo-provera, sayana press and pills.
6. What role should parents have to help AYP avoid engaging in intergenerational sex and transactional sex?

Relationship or interpersonal (Relationships that support and reinforce positive health behaviour of adolescents).

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7. What do you think influences the sexual and reproductive health of adolescents in your community?
    a. Who are the important people and influences?
        i. Probe: parents, intimate partners, peers
8. How do you think adolescents discuss and share information about gender, healthy relationships, and other similar topics?
    a. Please describe what motivates or prevents them from doing this?
9. Describe how you communicate with your adolescent children about SRHR and GBV? Are you comfortable to discuss that with your adolescent children? Please explain

Community level (Social norms and community support for adolescents to practice safer sex behaviours and access SRH).

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10. Describe any programming or interventions within your community that are targeted at community members and institutions outside the family such as neighbourhoods, schools and workplaces.
11. What do you think is normal sexual activity for adolescents in your community?
    a. Probe on community acceptability
12. Describe the community leaderships involvement on adolescent sexual activities.
13. Describe any community structures that work to improve adolescent sexual health?

14. Probe on structures that fight GBV focusing on adolescent, structures that improve access to adolescent health services

Societal level (Current laws and policies related to the health, social, economic and educational spheres and to build broad societal norms in support of SRH and helping adolescents realize their human rights)

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15. Has your adolescent been involved in any programming or advocacy efforts around GBV or girls empowerment?
    a. If so, please describe them
16. What are the available and accessible resources for adoelscents in the community such as SRH services, education, recreational activities, employment?
17. Are you aware of any social structures and policies, which includes laws and policies related to adolescent SRH?. Please explain.
    a. Probe: What do you think should be the legal age for marriage?
18. How much does your adolescent interact with different forms of media? (Print, video, internet, films)
    a. Probe: How do you think these types of media influence your adolescent's beliefs and attitudes?
    b. Probe: specifically around gender and SRHR
19. Are you aware of any organizations or institutions that use sports (soccer) to engage with adolescents and young people especially AGYW on SRHR information and services including GBV?
    a. Probe for a list of these organizations.
    b. Probe on how this is done either in school or out of interventions.

Thank you for your time