

No taboos at Zambia SRH workshop

The Solutions for Supporting Healthy Adolescents and Rights Protection ([SHARP](#)) Project, funded by the European Union, is dedicated to improving access to adolescent sexual and reproductive health (ASRH) commodities and services and addressing the high unmet need for family planning in six countries across Africa's Great Lakes Region. Health Action International recently visited two of the countries (Zambia and Democratic Republic of Congo (DRC). In a series of blogs, colleagues Alex Lawrence (Zambia) and Alice Beck (DRC) give a taste of what they experienced in the countries.

First, we hear Alex's experiences in Livingstone, Zambia.

It's 09.30 and the plane touches down on the tarmac in Livingstone, gateway to the Victoria Falls and Zambia's tourism hotspot. But SRHR Coordinator Ange Moray and I aren't here to sightsee. We're here for an advocacy capacity strengthening workshop on ASRH with local civil society organisations (CSOs), journalists and religious leaders, organised by our in-country partner, Medicines Research and Access Platform ([MedRAP](#)).

There isn't much time to rest after a long night of travel, but it doesn't bother us too much as the excitement for what is to come keeps us going. It's great to see our colleagues from MedRAP again, and meeting local CSOs dedicated to improving the lives in the Livingstone district provides excellent motivation and a good omen for the workshop that awaits us for the next few days. MedRAP has assembled a diverse group of people, all of whom are ready to engage and learn from one another.

We open with a discussion about the SHARP project and its aims. There is a lot of buy-in, including from the media and religious representatives, though admittedly some take more persuading than others about the solutions we present. But over the course of the three-day workshop, we are all pulling in the same direction, with the main goal to strengthen capacity for advocacy purposes. Across a number of engaging and interactive sessions covering policy skills, planning, monitoring and evaluation, and advocacy communication, there is a real buzz and eagerness to get started with the work on the ground. It's encouraging to hear the strong commitments being made by participants, including journalists and religious representatives. Such commitment from the latter isn't a given. There has been a tendency in the past towards preaching abstinence or denying that there is an issue at all. But I've seen a journey over the last few days, one that gives me hope for the goals of the project and the advocacy that is to come. I'm most moved by the closing words of a leader from the Muslim community, who commits to bringing young people from his community to discuss issues related to ASRH with the wider

group. If you had told me at the start of the meeting that this would happen, I may not have believed it.

We also have the opportunity to speak with civic leaders (we're visited by Deputy Mayor John Banda) and government representatives (we go as a group to see District Commissioner, Eunice Zulu Nawa). Again, their openness to the project and its aims is incredibly encouraging. When they tell us their doors are open, we promise to return with the results of our research and further recommendations, on which we expect action.

It's been a great trip, with the workshop setting a high standard for those that will be repeated by the MedRAP team in a number of other districts. Sadly, Ange and I won't be there for those. But if Livingstone is anything to go by, the workshops—now led and owned by our partner—will be a great success.