

INTRODUCING SOLUTIONS FOR SUPPORTING HEALTHY ADOLESCENTS AND RIGHTS PROTECTION (SHARP)



Introduction

Adolescence (10-19 years old) is a unique period of physical, psychological, emotional, and social maturation from childhood to adulthood, with unique challenges and risks. These risks include early pregnancies, high maternal mortality rates, unsafe abortions, and high prevalence of sexually transmitted infections and HIV/AIDS. The Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) programme is dedicated to improving adolescents' sexual and reproductive health (ASRH) and address their high unmet need for family planning.

Working across six countries of Africa's Great Lakes Region (GLR)—Burundi, DRC, Kenya, Rwanda, Tanzania and Zambia—SHARP brings together a unique group of organisations that include adolescent, commodity, gender, SRH and faith experts with a wide constituency and track record in advocacy for improved budgets and policy implementation at the subnational, national and regional levels.

Objective

The chief objective of the programme is to improve both the supply side of SRH (availability, accessibility, acceptability and quality of services and commodities) for adolescents, in particular for girls. At the same time, increase demand for SRH services, through convincing religious and socio-cultural intervention.

Long-term Outcomes

1. Duty-bearers adopt, develop, improve, and implement subnational, national and regional policies and budgets that advance ASRH, particularly for girls.
2. All health service providers (public/private/faith sector) have quality assured SRH services and commodities, including family planning, available, especially for adolescents.
3. Decision-makers utilise inclusive multi-stakeholder platforms to address ASRH at the subnational, national, and regional level.
4. Opinion leaders have amplified their voice to position ASRH on the public agenda, leveraging their different constituencies and communication channels, including social media, mass media and faith media.

Why the Great Lakes?

The Great Lakes region is marred by health inequality, with socio-economic divides and large adolescent populations. Over the last few years, the COVID-19 pandemic has had a detrimental impact on ASRH in the region. In Kenya, for example, 15.8% of adolescent girls didn't use family planning because they feared

[contracting COVID-19](#) at the facility, [while in DRC](#), 54% of women who needed a health facility during COVID-19 restrictions experienced difficulties with access. Coupled with this, there was an increase in teenage pregnancies. Meanwhile, even before the pandemic, [research](#) by Health Action International (HAI) showed that the availability of SRH commodities in Kenya, Tanzania and Zambia was poor, at less than 50%.

ASRH policies are relatively strong in the GLR countries, but implementation remains poor, often due to limited investment and low political prioritisation. At the regional level, several policy harmonisation efforts need to be brought to fruition if they are to have an impact on SRH at national level. Of course, traditional knowledge, attitude, belief and practice also influences SRH, with the majority of the region's population identifying as having religious or traditional faith, which influence adolescents' choices when it comes to SRH and family planning.



Research on ASRH

Research is a key ingredient for the success of the programme, which is vital to evidence-based decision-making and advocacy that makes a positive impact on the lives of young people in the region. As such, SHARP measures the price, availability and affordability of SRH commodities and gaps in the supply chain by applying a modified version of the World Health Organization (WHO)/HAI [gold-standard methodology](#). Furthermore, we conduct research into the barriers faced in accessing SRH commodities and services from the perspective of both healthcare workers and adolescents.

Policy and Budgetary Dialogue

SHARP engages with duty-bearers to ensure that policy developments move in the direction of improved ASRH, offering evidence-based, adolescent-driven policy recommendations and tracking systems—coupled with technical assistance—to aid in policy development. At the regional level, SHARP will support civil society participation in regional networks that promote policy dialogue, information sharing, knowledge exchange, and best practice.

A Multi-stakeholder Approach

In the GLR, decision-makers have chosen a multitude of channels to deliver SRH services and commodities to adolescents, involving stakeholders across different sectors. However, full participation in these multi-sector platforms is incomplete. Therefore, SHARP will enhance multi-sector collaboration at subnational, national, and regional level. HAI will coordinate the establishment or strengthening of multi-sector platforms in each country. The key methodology in this regard is the Medicines Transparency Alliance (MeTA) approach. The [MeTA model](#), fundamentally committed to multi-actor engagement, is a safe space, where the public- and private sectors, civil society, multilateral organisations, such as the WHO and UNFPA, can meet to engage in policy dialogue. Crucially, for this programme, will be the engagement of faith leaders and traditional key opinion leaders.

Amplifying Voices

SHARP mobilises social media influencers, journalists, faith leaders and youth leaders to provide, inter alia, reliable information about ASRH (and counter stereotypes and fake news). SHARP identifies and uses the most appropriate communication channels (both social and traditional) to reach and inform adolescents, their guardians and other significant figures in their lives about SRH and family planning needs. A key part of this is understanding which channels are most effective at reaching young people in the first place, and the type of content that has the greatest impact, whether that be video, graphic or interactive.

The SHARP Partners

- Alliance Burundaise de Lutte Contre le SIDA (ABS) – Burundi
- Cadre Permanent de Concertation de la Femme Congolaise (CAFCO) – DRC
- Eastern Africa National Networks of AIDS & Health Service Organizations (EANNASO) – Tanzania
- Faith to Action – Kenya
- Health Action International (HAI) – The Netherlands
- Network of African National Human Rights Institutions (NANHRI) - Kenya
- Medicines Research and Access Platform (MedRAP) – Zambia
- Rwanda NGOs Forum (RNGOF) – Rwanda

For more information: info@haiweb.org