Ipas Zambia has worked in Zambia since 2006 to expand women’s access to sexual and reproductive health information and services, especially comprehensive abortion care. Ipas Zambia works with the Ministry of Health and the Ministry of Community Development, Mother and Child Health, along with many other key stakeholders, to reduce abortion-related deaths and injuries and to increase women’s access to high-quality care.

Adolescents comprise more than one fourth of the total population in Zambia, where the median age of first intercourse is 17.4 years and 60 percent of women ages 18–24 had sexual intercourse before age 18. Abortion is legal in Zambia; however, young women and girls often face unique social, economic, policy and health systems barriers when trying to access care. A major challenge is stigmatizing attitudes among providers and communities regarding abortion and unmarried women who are sexually active.

FROM 2012 TO 2014, Ipas Zambia implemented the Comprehensive Abortion Care for Young Women pilot project in Lusaka Province to improve young women’s access to, use of and involvement in youth-appropriate, high-quality abortion care. The project sought to address young women’s rights and needs related to abortion care and to document how comprehensive abortion care services can be made more appropriate for young women through youth participation in all aspects of the project design, implementation, monitoring and evaluation.

Ipas Zambia selected five intervention health facilities in urban Lusaka where comprehensive abortion care services had not already been introduced: Chelstone Clinic, Kabwata Clinic, Kalingalinga Clinic, Kamwala Clinic and Matero Referral Hospital.

The objectives of the pilot project were to:

- Design and implement health systems interventions with youth content in collaboration with young people.
- Pilot and document a youth-adult partnership process to improve communication between providers and young people and to define and improve youth-appropriate quality of care.
- Assess improvements in the attitudes of managers, providers, trainers and clinical mentors toward comprehensive abortion care for young women.
- Assess improvements in facility and provider responsiveness to youth needs.
- Monitor service delivery and assess utilization and acceptability of services among young women.

This brief will focus on the first two objectives. A second brief will document stakeholders’ attitudinal changes; facility improvements; service delivery data; and young women’s use of, experiences and satisfaction with services.

YOUTH PARTICIPATION

In the Comprehensive Abortion Care for Young Women pilot project, young people meaningfully participated in all aspects of the intervention design, implementation, monitoring and evaluation. Ipas Zambia’s Youth Team included a Youth Advisor and two Youth Coordinators—all under age 28. This Youth Team provided key inputs, facilitation and implementation of the strategies utilized.

Ipas Zambia

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YOUTH AND UNSAFE ABORTION

Unsafe abortion burdens adolescent and young women disproportionately:

- **41%** young women ages 15–24 (AGES 15–24), according to a 2012 study in Reproductive Health Matters.
- **50%** young women ages 10–19 (AGES 10–19), according to a 2010 Guttmacher Institute study.
- **70%** women younger than age 20 (YOUNGER THAN 20), according to the International Planned Parenthood Federation.

**RESULTS**

Ipas Zambia’s three-person Youth Team demonstrated the important role young people can play in project design, implementation, monitoring and evaluation. Youth Team accomplishments include:

- Active and ongoing participation in decisionmaking about training content and delivery, facility assessments and improvements, budgeting and activities planning and other interventions
- Co-facilitation of trainings and workshops for Ipas staff and colleagues on youth-appropriate care
- Training, support and monitoring of a successful Youth Friendly Corner volunteer program that places trained volunteer peer educators at health facilities
- Project evaluation through routine monitoring and analysis of service delivery and other data and qualitative, in-depth interviews with young women who received services at Ipas facilities
- Advocacy and interventions with facility staff when young women contacted the Youth Team about problems with abortion care

Ipas Zambia’s Youth Team led community sensitization activities to increase community awareness and facilitate referrals to care.

- Community sensitizations implemented collaboratively by the Zambian Youth Advocacy Action Team, volunteers from Youth Friendly Corners and a local youth drama group called Africa Directions—including abortion-themed dramas, small group and one-on-one discussions—reached a total of 1,295 community members (906 female and 389 male).
- Youth Team members served as points of contact for young women in the community seeking safe abortion care, thereby reducing the fear and stigma that is often a barrier.

All five intervention facilities made improvements to increase quality of care and responsiveness to young people’s sexual and reproductive health needs. Examples include:

- A new tent to house a Youth Friendly Corner and provide increased confidentiality
- Mentorship and support of health providers and Youth Friendly Corner volunteers to improve youth-provider communication and referrals for young women seeking services
- Facility upgrades such as air conditioners in rooms where abortions are provided
- Additional training of providers on youth-appropriate counseling and provision of long-acting, reversible contraceptives

Improved communication and collaboration between health-care providers and volunteers from each facility’s Youth Friendly Corner supported youth to influence quality-of-care improvement plans and led to a focus on five key areas for making services appropriate for youth:

- Ensuring consistent availability of medicines at health facilities, including pain medication
- Positive provider attitudes
- Respect for confidentiality and privacy
- Adequate number of trained, appropriate comprehensive abortion care providers
- Provision of adequate, accurate information on sexual and reproductive health, including safe abortion

Many health-care providers and managers demonstrated increased empathy and comfort—and decreased feelings of conflict—around comprehensive abortion care for young women after participating in Ipas Zambia trainings and values clarification activities.

“I am happy that I came to watch the drama. I have learned about abortion and that we should not go to the traditional healers or use herbs or sticks but go to the clinic if we want abortion services and it will be safe there.”

— Young woman from Kalingalings who observed a sensitization activity
### Comprehensive Abortion Care for Young Women Pilot: Intervention Strategies

<table>
<thead>
<tr>
<th>INTERVENTION STRATEGIES</th>
<th>PURPOSE</th>
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<tbody>
<tr>
<td>Facility improvements</td>
<td>To assess facility needs in the provision of comprehensive abortion care and related sexual and reproductive health services for young women and to provide materials needed for improvements, such as equipment, drug donations and infrastructure renovations.</td>
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<tr>
<td>Comprehensive abortion care trainings, values clarification interventions, mentoring and follow-up for health-care providers, managers and other health workers</td>
<td>To strengthen provider, manager and other health worker knowledge, positive attitudes, skills and performance in providing appropriate comprehensive abortion care to young women.</td>
</tr>
<tr>
<td>Whole facility sensitizations</td>
<td>To dispel myths and misconceptions, particularly those based on religious beliefs, and provide accurate information, values clarification and discussion on roles and responsibilities with facility staff to encourage provision of and referrals to comprehensive abortion care, especially for young women.</td>
</tr>
<tr>
<td>Partnership-Defined Quality for Youth workshop and Quality Improvement Action Plans</td>
<td>To bring together providers and young people to dialogue on and collectively define quality of comprehensive abortion care and to implement Quality Improvement Action Plans including improvements to Youth Friendly Corners in each of the five intervention health facilities.</td>
</tr>
<tr>
<td>Community sensitizations</td>
<td>To disseminate accurate information and foster community dialogue on Zambia’s Termination of Pregnancy Act, the dangers of unsafe abortion and the availability of safe abortion care at local health facilities—and to increase social support for women needing abortion-related care.</td>
</tr>
<tr>
<td>On-site orientation for Youth Friendly Corner volunteers</td>
<td>To facilitate values clarification; strengthen existing Youth Friendly Corner volunteers’ knowledge, positive attitudes and skills on abortion for young women; increase volunteers’ capacity to conduct community outreach activities to raise awareness of safe abortion care; and increase referrals for safe abortion services at volunteers’ facilities.</td>
</tr>
<tr>
<td>Capacity-building of Ipas Youth Team and mutual mentoring with existing Ipas staff</td>
<td>To build the capacity of the Youth Team members to contribute technically to the intervention implementation, monitoring and evaluation and engage Youth Team and other Ipas staff in mutual mentoring and knowledge sharing.</td>
</tr>
<tr>
<td>Multi-disciplinary Advisory Council</td>
<td>To ensure government and other stakeholders’ input in and support for the pilot project and to provide recommendations on how strategies and activities can be implemented more broadly.</td>
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**LESSONS LEARNED**

Consider cultural norms around youth leadership when designing and implementing interventions. Young people are not traditionally seen as decisionmakers who have important knowledge and experiences to teach adults. Efforts to develop youth-adult partnerships and mutual mentorship must be introduced sensitively and guidance provided throughout the process.

Youth-led, youth-focused community sensitization activities are critical for creating awareness of and access to abortion care. Health systems interventions should plan and budget for such activities.

Stakeholders must be engaged and their support cultivated throughout the project. In addition to the initial orientation and routine meetings, ongoing activities are needed to ensure stakeholder buy-in. For instance, organizing a multi-disciplinary advisory council and engaging stakeholders from the Ministry of Health and other organizations in facility walk-throughs and data review to observe the progress being made in provision of youth-appropriate services can increase commitment by government officials and health system managers.

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“I was treated like a mature person that should not be judged...they were very professional. I was given information and options and the environment wasn’t crowded or threatening in any way.”

— Young woman who received services at an Ipas intervention health facility

“Decisionmaking by the Ipas Zambia team has improved through the Youth-Adult Partnership model, which has helped many Ipas staff members realize that young people are to be treated as partners in development. This starts from consulting and seeking opinions on issues that concern them and also realizing that decisionmaking is not based on chronological age as cultural norms demand.”

— Ipas intervention team member
Ipas Zambia’s Comprehensive Abortion Care for Young Women pilot project met its implementation objectives. Young people worked side by side with existing Ipas and health system staff to define quality of care and integrate young people’s rights and needs into health systems interventions. Ipas and health system staff experienced a positive change in their attitudes about youth leadership, youth-adult partnerships and comprehensive abortion care for young women. Stakeholders in Zambia will draw from the project results and recommendations to develop implementation strategies to improve abortion access and service delivery for more young women. Health system officials, program managers and technical advisors around the world are encouraged to undertake similar efforts to partner with young people to integrate their rights and needs into abortion service delivery systems.

This project was conducted by the following implementation team: Dr. Bellington Vwalika (Principal Investigator), Dr. Maxmillian Bweupe (Co-Principal Investigator), Dr. Patrick Djemo, Nana Zulu, Wilfred Manda, Katherine L. Turner, Tamara Fetters, Dr. Tibebu Alemayehu, Anna de Guzman, Cheri Pass and Drewallyn Riley. The implementation team would like to thank Karah Pedersen, Amanda Drury, Cheryl Hendrickson, Jennifer Colletti and Kristin Swanson for their contribution to the project and documentation process. Special thanks goes to Lindsay Memory Mwansa and Edick Njobvu for their leadership and guidance, and to our anonymous donor for support of this project. Please contact youth@ipas.org for more results and information about this project.

Below: Community members gather to observe a drama sensitization. photo © Ipas

**CONCLUSIONS**

Ipas Zambia’s Comprehensive Abortion Care for Young Women project met its implementation objectives. Young people worked side by side with existing Ipas and health system staff to define quality of care and integrate young people’s rights and needs into health systems interventions. Ipas and health system staff experienced a positive change in their attitudes about youth leadership, youth-adult partnerships and comprehensive abortion care for young women. Stakeholders in Zambia will draw from the project results and recommendations to develop implementation strategies to improve abortion access and service delivery for more young women. Health system officials, program managers and technical advisors around the world are encouraged to undertake similar efforts to partner with young people to integrate their rights and needs into abortion service delivery systems.

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**RECOMMENDATIONS**

...for increasing utilization and acceptability of comprehensive abortion care services for young women

- Conduct data review and quality improvement processes with providers, managers and young people.
- Involve young people in development and administration of service delivery tools.
- Remove policies that limit access to services for young people, such as parental or partner consent requirements.
- Remove financial barriers through approaches such as referral vouchers, free or reduced-cost services and shorter waiting times.
- Implement the Youth Friendly Corners model where feasible, improve existing Youth Corners and strengthen the capacity of youth volunteers to act as an entry point for young women seeking safe abortion information, services and referrals.

...for improving reproductive health service delivery and uptake

- Offer health-care staff and managers information and training on high-quality abortion care for young women.
- Improve health-care providers’ attitudes, counseling and interaction skills with young women.
- Provide the full range of contraceptive methods, including long-acting reversible contraceptives, to young and unmarried women.
- Provide on-site service delivery job aides and guidelines focusing on abortion service delivery for young women.
- Involve facility managers and district health officials in planning services and linking with community outreach programs.
- Promote and support services at convenient times and locations for young people.

...for improving provider and facility staff attitudes and responsiveness to young women’s sexual and reproductive health needs

- Involve youth advisors in designing and delivering training, values clarification sessions and supervisory visits.
- Conduct values clarification training focused on comprehensive abortion care for young women for all stakeholders, even those who already support abortion more generally.

...for integrating youth into all aspects of health system interventions

- Hire young people with sexual and reproductive health program experience as staff or program advisors.
- Provide capacity-building workshops on technical and other skills for youth advisors and for staff on comprehensive abortion care for young women.
- Facilitate mentoring relationships between current staff and youth staff and coordinators.
- Engage a representative Community Advisory Council to provide programmatic input and support.

“I have learned that for quality of care to improve, youth have to be involved in decisionmaking within health care.” — Provider, after Partnership-Defined Quality for Youth workshop