



From 2012 to 2015, the Act2Live Youth Health Initiative supported nearly 120,000 young people in Sub-Saharan Africa to improve their access to healthcare information and services.

We worked with young people, service providers and decision makers to improve knowledge on health, increase access to health services and improve policy and practice around health.

**Act2Live: Healthy lives
for young women and
men in Africa**

The results

How we did it

Act2Live worked through 7 Young Men's Christian Association-Young Women's Christian Association (YMCA-YWCA) movements across West and Southern Africa, with technical support from the African Alliance of YMCAs, Sweden YMCA-YWCA and Y Care International.

We wanted to support the development of quality information and health services in these countries with the long term aim of improving the health of vulnerable young people. We did this by:

- ▶ Improving awareness and understanding amongst young people on neglected health issues;
- ▶ Working with health providers to improve skills, care and accessibility in response to young people's health needs;
- ▶ Supporting young leaders to lobby their local and national decision makers to prioritise and invest in health services.

Engaging young people

In 2012, young people in the 6 countries spoke to 2,705 of their peers to understand their health and social situation, the challenges they faced and identify potential solutions. We focused on neglected health issues which were identified as those which were not openly talked about or addressed by health providers, civil society organisations and young people themselves.

Due to fear of stigma and taboo, sexually transmitted infections were one of the most neglected health issues identified by the young people as they were heavily affected by them yet had limited access to information and resources for support. 71 per cent of the young people reported that the biggest barriers to healthcare services were high cost, distance to the medical centres and negative attitudes of healthcare staff towards them.

Our research gave young people a voice on challenging issues and helped us to shape the type of activities and services we provided.

Improving knowledge

We trained 392 young peer educators across the 6 countries to deliver messages on safe practices, identifying symptoms of illness and providing referrals to healthcare providers. Our peer educators and media messaging reached a total of 118,000 people against a target of 50,000!

76 per cent of young women and men report that their communities are now more supportive of young people's health needs and 81 per cent of young women and men have shared the information they learnt with their family, community and decision makers or made changes in their behaviour.

Improving access to health services

One of the biggest challenges young people face when trying to access healthcare is unfriendly staff who do not respect confidentiality. We provided training and support to 472 healthcare workers and centres so they had the skills and resources to improve their approaches. As a result of our capacity building, 61 per cent of young women and men now feel their local health centres are friendlier towards them and 70 per cent feel more confident in accessing healthcare.

Demanding change

We wanted to create change in how healthcare for young people was planned, funded and implemented. We trained and supported 437 youth advocates to design and lead advocacy campaigns targeted at national and local level decision makers.

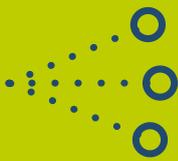
The youth advocates engaged nearly 6,000 decision makers with messages about young people's needs and rights to healthcare. Whilst change at policy and practice level can be slow, the work of the advocates led to improvements at local and national level across the 6 countries: in Clara Town, Liberia, the work of youth advocates led to a psychosocial counsellor being placed in the local clinic to support the needs of young people with mental health problems; in Senegal there was a 5-10 per cent increase in budget allocation to the Ministry of Health; in Kadoma, Zimbabwe, a young YMCA member was invited to sit on the local council's budget committee and directly influenced an increase in the budget allocation for youth-friendly services in the region.

Our project in numbers



392

PEER EDUCATORS
reached



79,000

young people with **positive health messages**



6,000

decision makers consulted
about the need to improve health
services for young people



It cost just

£2.92

to reach a young person with
positive health messages



70%

of young people are **more confident** in accessing
healthcare services



83%

of young people said the
project had a **positive impact** on their lives

Icons: OCHA, Eliricon and romzicon
from the Noun Project

What next?

Despite improving information and health services, young people still face financial barriers when accessing health services. We will continue to support young people to improve their employment and enterprise opportunities so they can increase their incomes and have greater access to healthcare services.

We think it's important to keep engaging with families and communities on sensitive and neglected health issues. We saw great improvement on communication between young people, their families and communities on health issues but we want to keep tackling stigma so that culture isn't a barrier to young people making positive health decisions.

Healthcare services in many of the communities we work in are still not sufficient for young people. Whilst we will continue to work with healthcare specialists and young people to increase capacity and awareness, we believe that governments must improve their funding and prioritisation of healthcare, especially for young people. We will continue to support young people to lobby their government and decision makers on policy and provision around healthcare for young people.

Stories of change

“Before becoming a Peer Educator, I was on the path to ruining my life with drugs and alcohol. I didn't have any confidence and easily gave in to peer-pressure. Some of my friends joined the project so I followed them.

I started to recognise my bad habits and choices and slowly my confidence built up. I knew my friends needed this information as well but I was still embarrassed at the thought of advising them. How could they take me seriously when I used to do the things I am advising them not to do?

Over time, I realised that I could reach other young people like me and they would listen. I spoke with

my friends about their choices and many listened to me and started to change and reduce their drug use, some even became peer educators like me. Without this project I would have still been taking drugs and been on the path to getting myself in serious trouble. My life has changed so dramatically, now I plan to become a teacher”

Joseph, Young Man, Zambia

“The Act2Live project belongs to us, the young people, because we participated at every turn”

Anashe, Young Woman, Zimbabwe

Project dashboard: Act2Live

Goal

Relevant, quality health information and services respond to the specific needs of vulnerable and marginalised groups of young people in 6 sub-Saharan African countries

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Y Care International creates opportunities for vulnerable young people across the globe to change their lives for the better. Inspired by and faithful to our Christian values, we work with people of all faiths and none to build a more just world, free from poverty.