



**USAID**  
FROM THE AMERICAN PEOPLE

**HEALTHY YOUTH  
HONDURAS**



## PROJECT

### STRENGTHENING ADOLESCENT REPRODUCTIVE HEALTH IN HONDURAS USAID/ HEALTHY YOUTH HONDURAS

REVISED FEBUARY 4<sup>TH</sup>

QUARTERLY REPORT



Capacity workshop with youth from the Parroquia  
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## ACRONYMS

AJH	Alianza Joven Honduras
AHMF	Asociación Hondureña Mujer y Familia
ASJ	Asociación por una Sociedad más Justa
ASHONPLAFA	Asociación Hondureña de Planificación Familiar
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavior Change Communications
CARSI	Central America Regional Security Initiative
CASM	Comisión de Acción Social Menonita
CDC	Center for Disease Control and Prevention
CDH	Centro de Desarrollo Humano
CEB	Centro de Educación Básica
CEPROSAF	Centro de Promoción en Salud y Asistencia Familiar
CIPRODEH	Centro de Investigación y Promoción de los Derechos Humanos
COCSIDA	Centro de Orientación y Capacitación en SIDA
COMVIDA	Comunicación y Vida
CSO	Civil Society Organization
COSOCITELA	Coalición de la Sociedad Civil de Tela
DHS	Demographic Health Survey
ENAPREAH	National Adolescent Pregnancy Prevention Strategy
FEREMA	Foundation Ricardo Ernesto Maduro
FP	Family Planning
FUNADEH	Fundación Nacional para el Desarrollo de Honduras
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IHSS	Instituto Hondureño de Seguridad Social
INFOP	Instituto Nacional de Formación Profesional

INJ	Instituto Nacional de la Juventud
IPC	Interpersonal Communications
MAP	Measuring Access and Performance
MARPs	Most-at-risk-populations
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
OCs	Outreach Centers
PAIA	Programa Nacional de Atención Integral al Adolescente
PASMO	Pan American Social Marketing Organization
PDA	Programa de Desarrollo de Área
PERFORM	Performance Framework for Social Marketing and Communications
PMP	Performance Monitoring Plan
PNPRRS	Programa Nacional de Prevención Rehabilitación y Reinserción Social
PSI	Population Services International
RH	Reproductive Health
SAM	System Activity Monitoring
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TRAC	Tracking Results Continuously
UIC	Unique Identification Code
ULAT	Unidad Local de Apoyo Técnico
UNAH	Universidad Nacional Autónoma de Honduras
UNFPA	United Nations Population Fund
USAID	US Agency for International Development

## I. EXECUTIVE SUMMARY.

PSI/PASMO submits the first quarterly report of the second year (October to December 2013) for implementing the project "Jóvenes Saludables: Strengthening Adolescent and Reproductive Health in Honduras". A project technically and financially supported by the United States of America International Development Agency (USAID), through Central America Regional Security Initiative (CARSI), for the period October 12, 2012 - September 30, 2015.

Below are the achievements made during the October to December 2013 quarter, as well as the challenges and actions taken to ensure the achievement of results:

- Hiring an educator in October to strengthen the project team in Tegucigalpa.
- Completion of the report of FOCUS Qualitative Study with adolescents who reside in the geographical areas of intervention of the Healthy Youth Project.
- 241 unschooled adolescents beneficiaries (105 completed the intervention cycle and 136 are still in process) of outreach centers, youth networks, NGOs, community organizations in Tela, La Ceiba, Central District, Choloma and San Pedro Sula, intervened by training workshops on pregnancy prevention according to PASMO's education program.
- 209 teachers from education centers in the municipalities of La Ceiba, Central District and Choloma were trained in the implementation of the Ministry of Education's "Caring for my Health and my Life" methodological guidelines. It is expected that these teachers will reach approximately 7,530 students between 4<sup>th</sup> and 9<sup>th</sup> grades.
- 2,320 schooled youth intervened (2,034 through the implementation of "Caring for my Health and my Life" methodological guidelines and 286 adolescents reached through PASMO/Healthy Youth's community-based education activities). 1,859 completed the intervention cycle and 461 are in process.
- 73 teenagers from education centers in San Pedro Sula and La Ceiba, trained as Change Agents to support activities with their peers and social mobilization.
- 13 Programs "En Conexión Radio" transmitted by radio station XY.
- Visit from Mr. Vincent Tracy, Policy Director at USAID, to the Healthy Youth project in Tela (Youth Network in Grant neighborhood).

- Healthy Youth Project Management and Technical Staff were trained in Tiaht Amendment Requirements with a focus on adolescent pregnancy prevention and gender.

In terms of financial execution, PSI / PASMO has executed during quarter 1 fiscal year 2014 a total of \$ 210,493.15 and cumulative total 878,007.61 (including cost share). The execution represents 55% of the \$ 1, 600,000 budget obligated until FY 2014 and represents 38% of \$ 2, 350,000 total budget project.

## II. PROJECT CONTEXT AND OBJECTIVES.

### **National Context:**

With a population of 8.5 million habitants, Honduras presents the highest teenage pregnancy rates of the region (24%), and only a 14.1% of the women between the ages of 15 and 19 make use of modern methods of family planning<sup>1</sup>. Additionally, the population mostly affected by HIV in Honduras is the group of 15 to 29 years of age<sup>2</sup>.

In Honduras, the average age for sexual initiation in young people, from ages 15 to 24, is 14.7 years. In spite of the high levels of awareness of condom use as an effective method of HIV prevention and on how to obtain them, only a 9% of the youngsters report use of condoms during their first sexual intercourse experience and a 61% made use of condoms during their last sexual intercourse experience.<sup>3</sup>

The Ministry of Education holds the lack of education in “sexual and reproductive health among teenagers” in schools, as responsible for this situation. Furthering the problem even more, is the low rates of school enrollment in the country: 75.5% of the youth between aged 12 to 14 assist to school but this figure drops to a 45.2% on teenagers between ages 15 to 19.<sup>4</sup> Additionally, only a 19.4% of individuals between the ages of 20 to 24 assist to educational institutions and only a 36.4% of the young people graduate from high-school. Given these low school-enrollment rates, interventions should focus on both, the young people who assist to school, especially in the group of 10 to 14 years of age, as well as the individuals that do not assist, particularly on the groups aged 14 and older<sup>5</sup>. Recent political changes in the country have created a suitable environment for sexual and reproductive health among teenagers. The Ministry of Health’s declaration advocates for the inclusion of SRH in schools, and the government’s position concerning the youth gives priority to the universal access to education and services in SRH for teenagers.

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<sup>1</sup> Demographic and Health Survey (DHS) – Honduras 2011-12. INE/Secretaría de Salud / ICF International, Obtained July 13, 2013.

<sup>2</sup> Honduras Ministry of Health Powerpoint Presentation. (2011). Teen Pregnancy (Embarazo en la adolescencia) Comprehensive

Youth Care program.

<sup>3</sup> Population Services International/Pan American Social Marketing Organization. (2011). TRaC study on Evaluation of healthy

behaviors among youth or adolescent. Washington, DC. Population Services International

<sup>4</sup> Demographic and Health Survey (DHS) – Honduras 2011-12. INE/Secretaría de Salud / ICF International, Obtained July 13, 2013

<sup>5</sup> A study by the Honduran Secretary of Education (as cited in Honduras Ministry of Health Power Point Presentation (2011).

**Project Context:**

Based on the situation described above, as well as national statistics and factors, the Healthy Youth project is being developed by Population Services International (PSI) and its local affiliate, the Pan-American Social Marketing Organization (PASMO), since October 2012, and is joining efforts with the private and public sector to achieve results in SRH among teenagers and young people between 10 to 24 years of age.

The “Healthy Youth” project is supported technically and financially by the United States Agency for International Development agency (USAID) through the Central America Regional Security Initiative (CARSI) in association with the Embassy of Finland and the SUMMIT Foundation, and is being executed within the frame of the National Strategy for pregnancy prevention among teenagers that is being forwarded by the Ministry of Health.

**Objective:**

The project’s main objective is: To improve health outcomes of teenagers (aged 10-24) in vulnerable urban and North Coast regions of Honduras, who are at-risk of unintended pregnancies STIs). To achieve this objective, PSI/PASMO develops activities and processes framed within the following results:

- **Result 1:** To increase awareness on sexual and reproductive health among teenagers and young people.
- **Result 2:** To increase the use of modern contraceptive methods.
- **Result 3:** To reduce the rate of pregnancies on teenagers.

PSI/PASMO is implementing a Communication for Behavioral Change campaign based on evidence to increase the awareness and use of reproductive health products and services in different “at-risk” groups through health education, and referrals to sexual and reproductive services that are youth-friendly, as well as through social communication media. Furthermore, it is promoting and extending its Club in Connection Program aimed to the urban youth through different channels of communication. The Project has aligned its activities with the social marketing of condoms and it focuses on strengthening links to youth-friendly sexual and reproductive health products and services.

The establishment of allegiances and collaboration agreements with associates from the CARSI strategy are being pursued as they work directly with “in-school” and “out-of-school” youth; efforts are being coordinated with the Alianza Joven de Honduras (AJH) to define the relations with CARSI partners that manage the Outreach Centers (OC) “For my Neighborhood”, as well as to settle on the strategies to intervene teenagers and young adults who assist to the OCs located

in the more insecure areas, within the municipalities of the Central District, San Pedro Sula, Villa Nueva, Choloma, La Lima, Tela and La Ceiba.

Moreover, PSI/PASMO coordinates with other associates such as the Ministry of Health/National Program of Integral Attention for Adolescents, the Ministry of Education, Impactos Project, and other non-governmental organizations (NGO) such as AHMF, Save the Children and Children International. Such partnerships are of great importance to the development of youth intervention strategies with the non-formal and formal sector of education.

### **III. PROCESS AND ACTIVITIES ADVACEMENTS TOWARD RESULTS.**

#### **1. GENERAL PROJECT ACTIVITIES.**

a. In October, an educator was hired to strengthen the team of Healthy Youth Project in Tegucigalpa (Jorge Moreno), the induction process took place and he has now begun to perform his duties. The selection of an educator was also carried out to cover the responsibilities of the Project in La Ceiba and Tela, but this process was aborted because the person selected during the initial selection process stated not to be interested in accepting the job with PASMO, instead, she decided to keep her previous job. PASMO will complete this process again in order to find the right person to serve as an educator for the area and facilitate the achievement of project objectives.

b. In order to gain further understanding of the legislative and regulatory requirements governing activities that receive United States assistance for family planning (FP), 11 members of the Healthy Youth Project (9 women and 2 men) took the course (virtual) on US Abortion and FP Requirements-2013 (Tiaht Amendment).

c. During this quarter, a training workshop on sexuality with an emphasis on adolescent pregnancy prevention was conducted. The workshop's goal was to strengthen educators' knowledge and skills to improve the training processes they perform with the beneficiaries of the Project, implementing, this way, new learning methodologies. 17 Project members attended this workshop (13 women and 4 men).

d. In December 2013 PASMO conducted a retreat with PASMO staff including personnel from Healthy Youth Project, the purpose of the activity was to socialize the achievements of each department and projects during 2013 and also discuss new challenges for 2014. The Healthy Youth Project personnel focused on: analyzing the performance and progress of the limiting indicators, solutions,

analysis addressing non-schooled young people, radio linked to social mobilization, interaction with CARSI partners and identification of new partners and opportunities in the current fiscal year (2014). The staff showed great interest in continuing efforts to achieve project outcomes. In all, 26 people participated (17 women and 9 men) and specifically 19 persons from the Healthy Youth Project (14 women and 5 men).

**Activities for the next quarter:**

- Monthly technical meetings to plan the activities of the second quarter of Fiscal Year 2014.
- Conduction of training workshop for educators of the Healthy Youth Project, to improve educators teaching management with an emphasis on active and constructive methodologies.
- Participation in the security workshop to be conducted by USAID at Soto Cano Military Base in Comayagua.
- Make the selection and hiring of the educators for La Ceiba and Tela.

**2. DEVELOPMENT OF THE HEALTHY YOUTH PROJECT PLANNING FOR THE THIRD YEAR OF IMPLEMENTATION.**

a. PASMO/Healthy Youth, developed a work plan for fiscal year 2013-2014, which was approved by USAID and has been implemented beginning in October 2013, The Project's biggest challenges are related to the non-schooled adolescent population. PASMO is continuously making efforts to seek mechanisms, changes in methodologies, and alliances with CARSI partners and others who are in the priority areas for healthy youth in order to better reach this population. PASMO is continuously identifying and monitoring potential partners to join the effort to prevent adolescent pregnancy and violence prevention in the geographic areas prioritized by the Healthy Youth Project.

b. Between October and December, the Healthy Youth team completed Plan DELTA- 2014, with inputs obtained from the Segmentation Study (FoQus), whose objective was to better understand the knowledge, attitudes and practice of adolescents in relation to sexual and reproduction health. Audience profiles that represent the target population of the Healthy Youth Project were reviewed; these profiles will become the basis for adjustments of the Project's objectives, contents

and messages of the educational plans being implemented especially with non-schooled young people.

At the end, 10 audience profiles based on three behaviors were developed: 1) Delay first intercourse; 2) Correct and consistent condom use; 3) Use of family planning methods.

**The profiles are as follows:**

- 10 to 12 years: Schooled (Josué y Diana)
- 13 to 14 years: Schooled (Luis y Paola)
- 15 to 19 years: Schooled (Mario y Nicole)
- 15 to 19 years: Non-Schooled (Carlos y Vanessa)
- 20 to 24 years: Non-Schooled (Allan y Angélica)



In order to ensure that audience profiles respond closely to the needs identified in young people population in both studies and favorable influence in the results of the Healthy Youth Project, the last review of Plan DELTA-2014 will be done next quarter in light of the Results Tracking Continuously, which will be the baseline for monitoring and improving the communication programs for behavior change (CCC) and the design of strategies and activities to determine the factors associated with the desired health behaviors.

**Activities for the next quarter:**

- Review and make technical adjustments to Plan DELTA-2014 based on results from the quantitative study: Tracking Results Continuously.

### 3. CREATING STRATEGIC ALLIANCES

During October and December, PASMO/Healthy Youth Project continued its relationships with its partners and identified new partners to expand approach opportunities for non-schooled young people. The most important advances are as follows:

a. Meeting with the Director of Casa Alianza (José Guadalupe Ruela), was carried out. Both organizations had the opportunity to socialize their projects. The Director of Casa Alianza presented the organization's mission is to respond to the needs of homeless children, helping them to take self-protective conditions and to stay away from risks, he made a brief summary of the different levels of care these children received upon entering Casa Alianza, such as: formation of habits, sense of permanence, admission to school, life plans, autonomy and family reintegration. Currently, this institution houses an average of 120 children and adolescents. The Director of Casa Alianza expressed interest for PASMO to contribute to train these boarding children and adolescents in pregnancy prevention, as well as the request that staff/educators in charge of these adolescents and teenagers be trained on these issues, as they are permanently looking after them. The meeting was attended by 3 people (2 women and 1 man).

After the meeting, PASMO/Healthy Youth presented the proposed approach, including the objectives, content and methodology for the educational activities to be undertaken and that will be reviewed by Casa Alianza and then begin its implementation, plans are to start workshops in early year 2014.

b. During this quarter a meeting was held with the Director of METAS Project (Alejandro Paredes) and (Fabiola Aguilar) who is responsible for monitoring and evaluation. Four people attended (2 women and 2 men). Both projects were socialized; PASMO Director (Julio Zuniga) raised the interest in contributing to the educational process concerning pregnancy prevention with young beneficiaries of METAS Project in the municipalities with Healthy Youth Project. It was concluded that it is important that PASMO/Healthy Youth develop its activities based on two of the strategies that METAS Project implements, all the young people intervened by METAS Project are in situation of risk and social exclusion:

- Strategy 1: Develop opportunities to improve services for young people, strengthening their essential skills for work and life (most of the young people who participate in activities aligned with this result do not attend school and are being trained in technical fields).

- Strategy 2: Trains and certifies young people in basic labor skills developing their skills for success in work and in life (these are young people found in the formal system in secondary level grades).

After the meeting, the METAS Project provided PASMO with information databases, from which PASMO make the necessary filters and selection based on geographical areas and prioritized target population for each municipality. These database will also help identify implementing NGOs of METAS Project to proceed with negotiations and approaches that enable in the near future make an approach with young people, these organizations are: Federación de Organizaciones Gubernamentales para el Desarrollo de Honduras (FOPRIDEH), Centro de Investigación, Planeación y Evaluación (CIPE), Comisión de Acción Social Menonita (CASM), Children International, Asociación Programa Amigos de los Niños (APAN), Red Técnica para la Solidaridad Internacional (RE.TE-Movimondo).

c. During this quarter, PASMO also held two meetings with CREATIVE (Tegucigalpa and San Pedro Sula), with the Director and program officers. The goal was to socialize the Healthy Youth Project and be acquainted with the work done by CREATIVE and look for operational coordination mechanisms in the field, in order to create synergy between CARSI partners and contribute more effectively to the processes of violence prevention and pregnancy prevention among adolescents, since geographical areas prioritized by both projects are the same.

In Tegucigalpa the regions are: San Miguel, Campo Cielo and markets, and in San Pedro Sula: Sector Chamelecón and Rivera Hernández and Bonitillo, in La Ceiba: Primero de Mayo and El Confite neighborhoods. Both meetings were attended by 9 people (4 women and 5 men).

Since CREATIVE is focused on promoting strategies addressed to violence disruption through community cohesion actions towards achieving more conducive environments that foster a culture of peace, it was agreed that:

- Both organizations will fulfill activities of social mobilization (theater and fairs) in neighborhoods of common interest.
- CREATIVE also will contribute to implementing PASMO Healthy Youth Radio Program “En Conexión”, through the participation of its staff in addressing issues related to the prevention of violence.
- PASMO will continue to participate in technical committee meetings in San Miguel in Tegucigalpa and in technical committees meetings for implementation

of the Local Security Plan in San Pedro Sula, which is led by the Municipality and private enterprise.

d. During this quarter a meeting was held to follow-up on the coordination of the Programa de Atención Integral al Adolescente (PAIA), attended by 8 people (5 women and 3 men), including Dr. Karla Castro Head of PAIA and Julio Zuniga Director of PASMO. Among the most important commitments to improve friendly health services for adolescent are the following:

- PAIA will request adolescent clinics to begin reporting pregnancies among women under 19 years of age, since to date, the only information being captured is for young people under 18 years of age. It is required to be extended for more complete information to aid decision making regarding the needs of care and prevention of this population. With this change, PASMO expects to have a source of information available to help accomplish the monitoring of this program indicator.
- In order to better understand the operation and status of friendly health services for adolescents, PASMO will make a diagnostic of the health units with these services, including a consultation of the providers in coordination with PAIA, which allows to know the specific situation of each one in the areas of influence of Healthy Youth and seek alternatives to improve the response to adolescents and strengthening this service.

e. PASMO/Healthy Youth, also participated in two meetings of the Adolescent Technical Committee convened by the Secretary of Health/PAIA. These meetings were attended by representatives from UNFPA, INFOP, INJ, CARE, ASHONPLAFA, GO Youth and World Vision and the Health Regions of Cortés, Atlántida, Metropolitan Tegucigalpa, San Pedro Sula and Olancho among others, in order to continue coordinating work mechanisms between all the governmental and non-governmental organizations working with adolescents and young people on pregnancy prevention (the directory is already prepared).

Each member of the Technical Committee presented the achievements of the year 2013. An activity was completed, socializing the educational tools that every organization uses with their target populations. PASMO/Healthy Youth, made a presentation and in general members of the Technical Committee expressed admiration for the work being done, especially in the neighborhoods of greater vulnerability and social exclusion, as well as the methodologies applied to adolescents and young people and the Radio Program “en Conexión”.

f. PASMO, also participated in the launch of the Execution Stage "Professional Training for Youth at Risk of Exclusion" of Pro Joven (Swiss Cooperation), which directs its actions to at-risk young people from socially exclude marginal neighborhoods of high conflict of Tegucigalpa, Comayagua and San Pedro Sula.

The purpose of Pro Joven's activities is facilitating job placement, self-employment and income generation for at-risk youth of social exclusion. PRO Joven began operations in October 2013, and is interested in PASMO's support to include the organization in its events and activities on adolescent pregnancy prevention. This event served to identify other potential partners for the Healthy Youth Project as: Fundación Unidos por la Vida, Comisión Cristiana de Desarrollo y Cruz Roja Hondureña.

#### **Activities for next quarter:**

- Continuation of work with CARSI partners: AJH, Metas, Creative, Proyecto Impactos.
- Identify new partners to address young people who neither study nor work in the project areas (Swiss Red Cross, INHFA Homes, Correctional Center, bus stations, private companies etc.).
- PASMO with launch pilot experiments in two San Pedro Sula schools to intervene unschooled, with the involvement of students supported by their teachers.
- Social Mobilization Activities: concerts, walks, fairs with the participation of local artists and aligned with the radio program in each city.

#### **4. STRATEGIC INFORMATION (DEVELOPMENT OF RESEARCH THAT WILL PROVIDE SCIENTIFICALLY COLLECTED INFORMATION TO MAKE THE PROGRAM'S DECISIONS SUCCESSFUL.**

a. Between October and December the FoQus and Segmentation Study was completed and the focus group technique was used. Mercaplan (Regional research agency based in Honduras) conducted the recruitment, the process of assent/consent and focus groups (12 groups in total). PASMO oversaw and controlled all activities the agency conducted. All agency staff involved in fieldwork provided a certificate of an Ethics Course that was taken online.

The objective of the Segmentation Study (FoQus) was to better understand the knowledge, attitudes and practices of young people in relation to sexual and

reproductive health to inform programmers. The findings of this study will be used to: 1. Design/redesign strategies that will positively impact the sexual and reproductive health of adolescents in Honduras by promoting healthy behaviors and decreasing gender-based violence. For example, better the educative component of the program for unschooled youth, creation of educative methodologies and promotional materials, and the revision of activities' content and messages with schooled youth, including the radio program. 2. Generate input for the design of a TRaC study and its data collection instrument that will measure program indicators.

The final report of the Study has been completed and at the beginning of next quarter will be submitted to USAID and socialized with the Secretary of Health. The management team has discussed the most relevant findings and planned a day of socialization with the technical team of the Healthy Youth Project (educators) for the next quarter. The findings will be used to improve the design and content of the methodology to address young people out of school, for example "123 Healthy" (card game with specific pregnancy prevention messages) and also update Plan Delta.

b. A significant level of progress was achieved with the Tracking Results Continuously (TRaC), field team from CID GALLUP (PASMO contracted this agency for conducting the study) was trained in questionnaire handling and selection methodology of informants. PASMO participated in order to sensitize the field team manager about the importance of research, ethical principles and respect for human dignity by the ages of the informants, also emphasized the safety measures to be considered in high-risk areas where this study was conducted. Prior to field work, a pilot test was conducted in Tegucigalpa.

PASMO technical team conducted ongoing monitoring at each stage of the study in order to ensure compliance with the protocol and quality of information. To date the information collection phase is completed and CID GALLUP is working in cleaning out the data.

c. The study with providers of friendly health services for adolescents: several meetings have been conducted with the Secretary of Health/PAIA, to define the objectives of the study to be done next quarter in collaboration with PAIA.

**Activities for next quarter:**

- Socialization of qualitative research findings with USAID, MOH, CARSI and other partners.

- Workshop with Healthy Youth staff to analyze the qualitative findings.
- Preparation of the final report of the Quantitative Study.
- Conducting consultation with health care providers to identify needs related to the role of suppliers of the friendly health services for adolescents.

## **OUT-OF-SCHOOL YOUTH, ACTIVITIES**

### **5. REVIEW, ADAPTATION AND/OR DESIGN METHODOLOGIES AND INTERVENTION STRATEGIES OF NON - SCHOOLED TEENAGERS (OUT- OF-SCHOOL YOUTH, ACTIVITIES).**

As for the design of educational methodologies as tools for addressing non-schooled young people, PASMO initiated this process redesigning the educational tool called "123 Healthy" that PASMO previously implemented with MARPSs and HIV/STI prevention. The adaptation was performed according to the experience of the Project educators and the outcomes of the FoQus Segmentation Study. 123 Healthy consists of a set of cards with images that are used to tell a story and interact with the participant. The guide for the use of 123 Healthy was technically validated and is under review at the Regional Office of PASMO/ Guatemala.

#### **Activities for next quarter:**

- Finish review, field validation and final design of the 123 Healthy educational tools.
- Train field team in handling 123 Healthy.
- Review of curricula (content and methodology) for non-schooled young people based on Qualitative and Quantitative Study results conducted by Healthy Youth Project.
- Develop the methodological guide on adolescent pregnancy prevention for change agents.
- Production of promotional materials to support the various educational activities with schooled and non-schooled young people.

## 6. IMPLEMENTATION OF EDUCATIONAL ACTIVITIES WITH NON-SCHOOLED YOUNG PEOPLE.

During the period from October to December 2013, PASMO conducted various educational activities with adolescents beneficiaries of OCs, community centers and youth networks in accordance with the commitments set with some CARSI partners and new partners that have been identified in this quarter period. Progress is as follows:

a. In the Municipality of Central District (Tegucigalpa and

Comayagüela), through coordination with the Project Pro Joven (Swiss Cooperation), Comisión Cristiana de Desarrollo (CDC-Colonia La Era), the Jacaleapa Market Vendors Association (Colonia Kennedy), PASMO/Healthy Youth completed education activities, such as workshops and information sessions, specifically designed to capture unschooled youth.



b. In the Sula Valley, during the quarter education activities were completed with the beneficiaries of the following centers and/or community based groups: Community Center-Gil Meléndez (Neighborhood Asentamientos Humanos-Sector Rivera Hernández), soccer league “Club Atlético”, OC-Los Ángeles (Neighborhood El Carmen), OC-López Arellano, OC-Japón y OC- Las Pilas in Choloma.

c. In Tela, capacity building workshops focusing on adolescent pregnancy prevention were completed with Youth Networks (Colonia Grant and Tornabé).

d. In La Ceiba, activities with workers from the Empacadora de Frutas Exóticas and with adolescents at sports fields in the neighborhoods El Sauce and Paseo Ceibeño.

Some of the youth who participated in the mentioned activities were able to complete the full educative cycle of 4 themes related to pregnancy prevention, while others began but were not able to finish the process. In total 527 schooled and un schooled adolescents participated in these activities (241 unschooled and 286 schooled adolescents).

Themes covered during the interventions included: sexuality, relationships, delay of sexual debut, transmission of sexual transmitted diseases, HIV/AIDS, contraception methods, gender based violence, consistent and correct condom use, creating a life plan, promotion of youth friendly health services and “En Conexión” radio program.

Based on our experience implementing activities, we have decided to no longer intervene in markets as there was very little adolescent traffic.

The following table reflects the 241(136 women and 105 men) unschooled youth captured in the aforementioned activities realized in the Central District, Sula Valley, La Ceiba, and Tela. Of this group 136 adolescents are still in process and have not completed the education cycle, 105 completed the education cycle of 4 themes. During the next quarter, we will monitor and follow up with the 136 in process youth..

**Table No. 1**  
 Unschooled Adolescents Trained on Adolescent Pregnancy Prevention in OC, Youth Networks, NGO’s and Other Community Organizations  
 Period: October to December 2013.

Population	Sex	In Process	Completed Cycle	Total
Unschooled Adolescents	Women	65	67	132
	Men	71	38	109
	<b>Total</b>	<b>136</b>	<b>105</b>	<b>241</b>

**7. COORDINATION OF YOUTH REFERRALS TO SRH SERVICES AND ADDRESSING SUPPORT GROUPS FOR PREGNANT TEENAGERS AND/OR PARENTS.**

PASMO/Healthy Youth, managed to finish the design and printing of the reference sheets (Annex 4) to be used in cases that deserve referring adolescents and/or young people to friendly services available in each sector, nearby health centers, NGOs that provide these services and other care institutions specialized in topics such as gender violence. In the next quarter coordination with Regions and Health centers will be continued to ensure timely and quality care is provided to adolescents referred by PASMO/Healthy Youth.

### 8. COORDINATION WITH SCHOOLS AND STRENGTHENING OF THE TEACHER CAPACITIES FOR THE IMPLEMENTATION OF CARING FOR MY HEALTH AND LIFE METHODOLOGICAL GUIDELINES.

a. During the months of October to December, in coordination with the General

Directorate of Student Services from the Secretary of Education, including Departmental and District Educational Directorates of Cortés and Francisco Morazán, PASMO/Healthy Youth continued with the training of teachers for the



Training workshop with Teachers. Tegucigalpa, M.D.C

implementation of the Methodological

Guide "Caring for my Health and my Life" through intensive two-day training workshops. This process was carried out with the technical support from representatives from the Departmental and District Directorates.

A total of 209 teachers (139 women and 70 men) from La Ceiba, Choloma and Central District were trained. It is expected that these trained teachers will reach an estimate of 7,530 students (4,120 women and 3,410 men) through implementation of the "Caring for my Health and my Life" guides in their classroom.

PSI/PASMO/Health Youth will provide technical assistance and monitoring to trained teachers to ensure that educational activities are carried out in each grade according to relevant planning guidelines and the Methodological Guide. The training process of change agents, theater groups, and social mobilization activities inside and outside schools will be held in these education centers, involving the participation of parents. The table below shows detailed information of trained teachers by school and students reached:

**Table No. 2**

Trained Teachers for the Implementation of the Methodology Guides Caring for my Health and my Life.

Period: October to December 2013.

Municipality	Education Center	Teachers			Estimated Number of Students		
		Women	Men	Total	Women	Men	Total
La Ceiba, Atlántida	Instituto Técnico Litoral Atlántico (ITLA) Herminio Fajardo	30	18	48	652	534	1,186
	Instituto Manuel Bonilla	50	28	78	2,553	2,089	4,642
Choloma, Cortés	Escuela Augusto C. Coello	3	2	5	37	43	80
	Escuela Éxitos de Anach	0	5	5	158	155	313
Central District, Francisco Morazán	CEB Estado de Israel	21	4	25	224	183	407
	CEB Juan Ramón Molina	35	13	48	496	406	902
<b>Total</b>		139	70	209	4,120	3,410	7,530

The training agenda consisted of issues related to the handling of the issue on adolescent pregnancy prevention, as well as legal and methodological aspects, such as: objectives and background of the Methodological Guide, STIs, HIV/AIDS, sexuality, anatomy and functioning of male and female sex organs, sex, adolescent pregnancy, contraception, correct and consistent condom use, special laws relating to HIV/AIDS and equal opportunities for those living with HIV/AIDS, knowledge and learning management guidelines.



Training workshop with teachers in La Ceiba, Atlántida.

The methodology was practical and participative, teachers had the opportunity to practice the planning process, content development and prepare teaching material according to the appropriate school grade.

During the workshops and in general there was greater participation and controversy when gender was developed, teachers were tuned and very interested to clarify certain concepts and attitudes toward traditional and different ways to educate children on these issues. At the beginning of the gender approach some teachers expressed radically some traditional ideas about gender roles socially assigned to men and women, which gave the opportunity for the teachers to openly discuss and reflect the issues addressed during the workshop.

The individual commitment of each teacher was obtained (signed commitment act) in the workshops in order to implement the Methodology Guides in the education centers where they work. Each school developed an annual operative plan specifying the activities related to the issue of Sexual and Reproductive Health that will be developed in the education center during 2013-2014. PASMO/Healthy Youth will assist education centers to review work plans in February 2014.

According to the evaluation results of the workshops, all participants expressed that the workshop was excellent, their expectations were met, some mentioned that it was an opportunity to enhance their knowledge about some topics especially those related to the issue of STI/HIV/AIDS, sexuality, gender. Most of them also expressed their commitment to the development of these issues with their students.

One teacher said: "It is urgent and necessary to inform all our students, parents and family on this issue."

Another teacher said, "... it is important that our students and parents learn more about the risks to which they are exposed." Another teacher said: "... we need healthy young people, fewer early pregnancies....child, mothers and an educated and healthy community. Another teacher said: "... young people need to learn about these issues in particular to prevent and reduce the rate of STIs and early pregnancy."

These expressions show the interest of teachers to improve knowledge, contribute to the improvement of healthy sexual practices of young people, and it is expected to contribute to the achievement of goals and objectives of the Healthy Youth Project and the goals established in the National Adolescent Pregnancy Prevention Strategy (ENAPREAH).

This quarter PASMO tracked the Trained Education Centers in the municipalities of La Ceiba, Tela and Central District, the lists of students who received sexual and reproductive health education in their classes (Spanish, Social Sciences, Natural Sciences, Mathematics and Physical Education) were collected according to the

organizational contents of the Methodological Guide Caring my health and my Life (lesson plans) in each grade, fourth through ninth. In La Ceiba, 4 education centers conducted classes with their students, 2 education centers in Tela, 1 center in Choloma, 2 in centers La Lima, 1 center in San Pedro Sula, 1 center in Villanueva and 4 centers in the Central District. Table 3 below reflects the total number of children reached in these activities was 2,034 of whom 1,042 were women and 992 men:

**Table No. 3**

Schooled Adolescents Intervened through Implementation of the Methodological Guide  
 “Caring for my Health and Life”  
 Period: October to December 2013.

Municipality	Education Center Name	Schooled Adolescents Intervened Inside Education Center		
		F	M	T
La Ceiba	CEB Mario René Espinal	211	180	391
	CEB Rafael Pineda Ponce	160	149	309
	Escuela Francisco Regis	14	19	33
	Escuela Policarpo Paz García	113	106	219
	Sub total	514	469	983
Tela	CEB Benjamín Mungía	46	50	96
	Escuela Zenobia Rodas	42	31	73
	Sub total	88	81	169
Choloma	Escuela Maria Antonia Crevelli	18	16	34
	Sub total	18	16	34
Lima	Instituto Alfonso Hernández Córdova	111	102	213
	CEB República de Honduras	18	8	26
	Sub total	129	110	239
SPS	Instituto Copantl	32	18	50
	Sub total	32	18	50
Villanueva	Escuela Minerva	120	166	286
	Sub Total	120	166	286
Distrito Central	CEB Carlos Roberto Reina	43	30	73
	Instituto José Pineda Gómez	30	16	46
	Instituto Saúl Zelaya Jiménez	7	22	29
	Escuela Inmaculada Concepción	77	79	156
	Sub total	157	147	304
<b>Total</b>		<b>1,042</b>	<b>992</b>	<b>2,034</b>

b. PASMO plans to make the process of strengthening and updating issues related to adolescent pregnancy prevention and methodologies for students of education centers while motivating trained teachers for the implementation of the Methodological Guide "Caring for my Health and my Life". Work has begun in the design of the virtual platform for the Healthy Youth Project, which will be embedded in the "Club en Conexión" website. This strategy will allow space for exchange of teachers, young people and peers, to share progress/achievements of the project (it will work as a complete and well-structured website). It is planned to become operational in mid-January 2014.

PASMO / Healthy Youth also produced an electronic directory of trained teachers in order to create a communication network that facilitates two-way communication and help strengthen the relationship with teachers. This directory will organize teachers by education center and include each teachers name, telephone, and e-mail address. For those teachers who do not have an email account or do not have access to internet service, the information will be physically delivered to their education center.

A total of 2,320 schooled adolescents were intervened during the quarter, this includes both adolescents in process and who have finished the complete cycle, as well as schooled adolescents intervened in their education centers and in community based activities that took place outside their education center (this includes 286 schooled youth). The table below reflects the 2,320 schooled youth who received interventions both inside and outside their education center.

**Table No. 4**

Schooled Adolescents Intervened through Implementation of the Methodological Guide "Caring for my Health and Life" and in OC, Youth Networks, NGO's and Other Community Organizations  
 Period: October to December 2013.

Population	Sex	In Process	Completed Cycle	Total
Schooled Adolescents *	Women	937	261	1198
	Men	922	200	1122
	<b>Total</b>	<b>1859</b>	<b>461</b>	<b>2,320</b>

### **Activities for next quarter:**

- Completion of the training process with teachers in Central District, La Ceiba and Valle de Sula.
- Coordination meetings and follow up on the implementation of the Methodological Guides and update work plans per education center.
- Monitoring and follow up activities in the Trained Schools in the Central District, Valle de Sula, La Ceiba and Tela.
- Promoting Healthy Youth website, sending information related to the adolescent pregnancy prevention to teachers electronically, promotion of the radio program "En Conexión Radio" and friendly services for sexual and reproductive health for adolescents in the Municipalities of the Central District, Valle de Sula, Tela and La Ceiba.
- Definition of teaching materials to support the implementation of the Methodological Guides of "Caring for my Health and Life" for teachers.

## **9. PERFORMING EDUCATIONAL ACTIVITIES IN SCHOOLS.**

In the quarter, PASMO/Healthy Youth made advances in the formation/ strengthening of Schooled Change Agents in San Pedro Sula, a workshop was held to train 43 change agents (20 women and 23 men) from seven education centers in Valle de Sula: Instituto Copantl, Instituto Alfonso Hernández Córdova, CEB Mirtha Torres, Carlos Flores, Honduras, Presentation Centeno and Gilberto Pineda Madrid.



Change Agents practicing communication techniques. La Ceiba, Atlántida.



Change Agents learning about pregnancy prevention.

The objective was to continue strengthening communication skills and capabilities to manage the issues of adolescence, pregnancy prevention, modern contraceptive methods, self-esteem, self-efficacy, prevention of domestic violence and subsequently implement activities with peers within educational centers.

Change Agents in San Pedro Sula, have begun to

support activities of social mobilization and next year will be involved in carrying out replica messages on pregnancy prevention with their peers in educational centers and accompanied by the educators of Healthy Youth Project.

In addition, a workshop for training new Agents of Change in La Ceiba was held. 30 Adolescents (14 women and 16 men) from 3 education centers participated in this process, the workshop lasted 4 days. Trained adolescents came from the following educational centers: CEB Marcio René Espinal, Rafael Pineda Ponce and Escuela Policarpo Paz García.



Training of Change Agents in La Ceiba, Atlántida.

These workshops were completed with the objective to continue strengthening youth's communication abilities and to deepen understanding of themes of adolescence, adolescent pregnancy prevention, self-efficacy, and gender based violence

prevention, peer education and leadership. The adolescents created a work plan to develop replica activities that include adolescent pregnancy prevention themes in their education centers and with out-of-school adolescents.

#### **Activities for next quarter:**

- Continue training (communication skills, leadership, peer methodology, pregnancy prevention) of Change Agents in Tegucigalpa, Valle de Sula, Tela and La Ceiba.
- Perform Change Agents replica with peers and social mobilization activities in education centers and communities.

## OUT-OF-SCHOOL AND IN-SCHOOL YOUTH

In this quarter, 566 adolescent (461 schooled adolescent and 105 unschooled adolescents, see (Annex 2) completed the formative education cycle focusing on pregnancy prevention. PASMO will continue to strengthen its activities in order to ensure that more adolescents complete this formative education cycle of 4 themes, including the correct and consistent use of condoms, gender, and pregnancy risk among adolescents.

### 10. MASS MEDIA AND SOCIAL NETWORKS CAMPAIGN (INCLUDING EN CONEXIÓN RADIO PROGRAM).

In this quarter, PASMO/Healthy Youth managed to transmit 13 programs of the radio program "En Conexión Radio" through XY Radio station which has coverage in the different municipalities prioritized by the Project. The topics covered were: friends with benefits, decision making in adolescence, pregnancy prevention, modern contraceptive methods, influence of social networks on young people, HIV/AIDS prevention, creating a life plan, self-esteem, and life priorities in 2014.

During these programs, approximately 148 communications were sent out as follows: 75 telephone calls were received, along with 6 Facebook, 44 Blackberry messages, 11 text messages, and 12 what Sapp messages. These phone calls were part of participation in the section of the Program "La Cuadra Suena", in which adolescents respond to questions related to each issue discussed. Some of the messages sent by the adolescent are: "... think positive and fight despite all the difficulties because if you do not fight, how will you get results, at the end of it all, the sacrifices are worth it, another message:" ... Hey guys, it is important because this way we aim to achieve goals to have a life and a better future, likewise to have organized life". It is important to mention that that phone calls and messages began to be registered in a communication log beginning in November 23, 2013.

The Healthy Youth team also began to distribute and hang posters promoting the "En Conexión Radio" program in education centers and OCs, as well as other community spaces. During the next quarter the team will finish this distribution.



Adolescent hanging poster for "En Conexión Radio" in education center.

## Activities for next quarter

- Meetings between speakers prior to transmission of the show.
- Programs transmission in Conexión Radio.
- Initiate the development of scripts for the series of spots with key messages on pregnancy prevention.
- Carry out community social mobilization including transmission of part of the events during the En Conexión Radio program to promote the weekly radio program.

## **11. DESIGN AND IMPLEMENTATION OF MOBILIZATION PARTICIPATION IN SPECIAL DAYS WITH OTHER ORGANIZATIONS.**

During this quarter PASMO/Healthy Youth Project carried out several social mobilization activities in the Central District, Valle de Sula and La Ceiba, in order to capture and address adolescent and non-school young people and disseminate messages on pregnancy prevention. Achievements are as follows:

a. Six events were carried out in coordination with other partners in the Central District (Tegucigalpa y Comayagüela):

- Health Fair in Rosalinda neighborhood, was conducted in coordination with the CEB Dr. Carlos Roberto Reina, a total of 74 schooled adolescents between ages 15-24 years (42 women and 32 men) attended. Information was provided to young people about STI/HIV and pregnancy prevention. During this activity various educational activities were conducted in small groups. Examples of activities included: the ship sinks, discussions, singing contest, all helped capture the attention of the participants.



Adolescents participate in fair in the Rosalinda neighborhood, M.D.C.

The Director of the CEB and teachers believed there was great participation and expressed their appreciation for the support Youth Health Project offers this community.

- Health Fair "Exposida" at Saul Zelaya Jimenez Institute in Flor del Campo neighborhood, was conducted in coordination with the Department of Guidance and Youth Population and Health Unit from the Ministry of Education, 29 young people (7 women and 22 men) attended the fair. During the activity conversations were held with young people on the importance of pregnancy prevention, STIs/HIV and demonstrations of proper condom use. Finally a little contest took place to assess the specific knowledge covered in the activity.



Change Agents helping in fair Exposida.

- Health Fair "Exposida" in Instituto José Pineda Gomez in La Joya neighborhood, was conducted in coordination with the Orientation Department and the Youth Population and Health Unit from the Ministry of Education y, 45 young people (29 women and 16 men) were addressed. During the activity young people participated in active chats and energizers on importance of preventing pregnancy, STIs / HIV and demonstrations of correct condom use, they also had the chance to practice what they learned. Finally a little contest was conducted to assess the specific knowledge covered in the activity.
- Festival 24-0 in San Miguel neighborhood, PASMO / Health Youth participated in the festival that was aimed to promote twenty-four hours with zero violent deaths in Honduras, through art and culture. It was organized by Project Colectivo Atlantis with the participation of various violence prevention projects supported by CARSI / USAID (Creative, World Vision, Libre Expresión) and other civil society organizations. 23 young people were addressed (11 women and 12 men) in pregnancy prevention, HIV and sexually transmitted infections.
- Health Fair in Comunidad Social in Monterey neighborhood, was conducted in coordination with the Nursing Career Department of the Autonomous University of Honduras (UNAH), 57 young people (32 women and 25 men) were addressed. The activities were very participatory, young people were interested in the issues and had the opportunity to talk in small groups about the importance on pregnancy prevention, STIs / HIV and demonstrations of proper condom use.

- Health Fair at Plaza La Merced, in the framework of the commemoration of the World Day AIDS Day, and in coordination with the Interagency Committee led by the Ministry of Health, the Healthy Youth Project provided information to young people through informative tables, where a total of 46 young people (30 women and 16 men were addressed), all between the ages of 15 and 24. They were interested in the issues and had the opportunity to talk in small groups about HIV, STIs, family planning and correct and consistent condom use. Informative trefoils were distributed. This activity involved other organizations working for sexual and reproductive health.
- b. In Valle de Sula, a fair was conducted in coordination with community partners, as explained below:
- Walk for Adolescent pregnancy Prevention in Villanueva, Cortés, in coordination with the Escuela Gabriela Mistral, who led the activity supported by PASMO/Youth Health. Four trained educational centers in the implementation the Guidelines "Taking care of my health and my life" (Escuelas Luis Bográn, Minerva, Gabriela Mistral and CEB José Trinidad Cabañas) participated. The purpose of this walk was to promote the reduction of adolescent pregnancy, through dissemination of messages to the population of the municipality of Villanueva. The route of the walk ended in the central park of Villanueva, where a cultural-artistic act and murals including themes of pregnancy prevention and gender-based violence were presented.

Each educational center made very impressive and artistic presentations and PASMO/Healthy Youth presented the sketch "Dreams", which resulted in a magnificent contribution to reinforce messages of adolescent pregnancy prevention.

A contest took place to reward the school center that had elaborated the clearest, most creative and direct messages to the student population, Escuela Minerva was the winner. The District Board of Education supported the activity and thanked PASMO/Healthy Youth for the collaboration and effort in the activities for the benefit of adolescents and Young people of Villanueva.

This type of activity is timely to contribute to the awareness of the community, especially parents who often expressed opposition to address this issue with their children. Approximately 500 students participated (300 women and 200 men) between 12 and 18 years, accompanied by teachers and parents. Besides, the Health Center of Villanueva, COMVIDA, Red Cross, National Police, Mayor of Villanueva and District Directors of Education also supported

this activity.

## **12. FRIENDLY, CONDOM OUTLETS.**

In collaboration with PASMO Sales Department, between October and December 2013; 47 condom outlets were directly monitored:

- La Ceiba y Tela: 22 outlets
- Valle de Sula (Choloma, SPS, La Lima): 21 outlets
- Central District: 4 outlets

This activity was specifically based on providing products and selling 590.712 condoms. In the next quarter the monitoring and opening of new outlets in the areas of interest of Healthy Youth Project will continue.

### **Activities for next quarter:**

- Opening of new friendly outlets in the Project's intervention areas, according to demand.
- Monitoring of outlets and strengthening the skills of business owners to ensure quality in the storage and availability of condoms to teenagers.

## **13. MONITORING AND EVALUATION**

a. During this quarter (October 28 to November 1), Dr. Gustavo Ávila/Project Management Specialist Health, Population & Nutrition Office/USAID, visited the Healthy Youth Project in La Ceiba, Tela, Villanueva and San Pedro Sula, in order to make an inspection of the intervention sites of PASMO in the cities of La Ceiba, Tela, San Pedro Sula and Villanueva and to know the progress of activities, lessons learned and the adjustments to be done in second year work plan.

Dr. Ávila observed different activities in education centers that have been trained by PASMO/Healthy Youth, with the purpose of learning about the progress of the project, work methodologies being utilized in the implementation of the Methodological Guides "Caring for my Health and my Life" and coordination mechanisms with different partner organizations.

In La Ceiba he visited two education centers (Escuela Gustavo Adolfo Alvarez and CEB Marcio René Espinal) and two outreach centers (Armenia Bonito and Primero de Mayo), and participated in a meeting with school principals and representatives of the departmental Directorate of Education Atlántida.



Education activity in Escuela Gustavo Adolfo Alvarez.  
La Ceiba, Atlántida.

In Tela, he participated in the Walk For Peace, where two education centers trained by PASMO participated (CEB Benjamin Munguía and Zenobia Rodas). He also visited the CEB José Santos Guardiola of Triunfo de la Cruz.

In San Pedro Sula, he visited the Outreach Center Los Ángeles located in Aldea El Carmen and la Escuela Minerva in Dos Caminos neighborhood (Villanueva).

Dr. Avila had the opportunity to observe different activities such as classes related to the issue on pregnancy prevention, civic acts, mural expositions, puppet shows and chats with teachers. He also meet with PASMO educators to analyze the progress and challenges of the Project.

Some of Dr. Avila's conclusions regarding these visits and activities were:

- The implementation of the methodological guide "Caring for my health and my life" in education centers in La Ceiba, Tela and San Pedro Sula, had received the support and involvement of the entire faculty which resulted in a successful experience.
- The combination of intra and extramural activities promoting enhanced educational messages about sexual and reproductive health in schools.
- Addressing young people who neither study nor work (Ninis) remains a great challenge for the Youth Health Project so, in the second year of the project alternatives and alliances with other organizations will be explored in order to reach these populations.
- The technical support performed by PASMO facilitators has been fundamental to the successful implementation of the program in education centers.

The recommendations provided by Dr. Avila towards improving the implementation of the Healthy Youth Project and achievements of results are as follows:

- Develop a monitoring guide for educational centers contemplating the criteria to be considered in implementing best practices in health promotion in education centers. (Annex 5.)
- Design a web site where teachers can share their experiences in the classroom (stories, photos, initiatives) to create a community of educational practice on the promotion of sexual and reproductive health in schools.
- Promote and distribute a school calendar with sexual and reproductive health themes throughout school year to ensure continuity of messages on sexual and reproductive health in school environment.
- Train teachers so they know that the educational messages about sexual and reproductive health must be adjusted according to the guidelines established in the education materials for each school population.
- Identify nongovernmental organizations whose target population is young people who neither study nor work to establish strategic alliances that allow the project intervene these groups with the content of sexual and reproductive health.
- Enable the radio program within the target audience, as a legitimate representative of the interests of this population and to lead high-impact activities and transcendence while establishing strategic alliances with other products to enhance the effect of the intervened partners.

b. The Healthy Youth Project received in Tela the visit of Mr. Vincent Tracy, Policy Director at USAID, who observed an educational activity with 25 teenagers and young people (15 women and 10 men) of the Youth Network located in Grant neighborhood, PASMO/Healthy Youth facilitators addressed the topic of dating during adolescence.

c. In October, the meeting with USAID partners for the socialization of the fourth quarterly advance report (July to September) and achievements of fiscal year 2013-2014 was held. The meeting was attended by representatives of ULAT/MSH, Ministry of Health, ASHONPLAFA and PASMO, the meeting was led by Gustavo Adolfo Montes, Project Management Specialist Health, Population & Nutrition Office/ USAID. The progress and constraints for goals achievement were analyzed,

other important partners shared experiences with PASMO to feedback the processes being developed by PASMO.

PASMO received suggestions for improving the reporting of targets and indicators, PASMO will report quarterly achievements, will review the operation of SAM in order to improve its functioning and quality of information, this also will help Healthy Youth Project to apply the guidelines of good practice in health promotion in the process of implementation of activities with education centers trained in methodological guidelines caring for my health and life upcoming year.

d. Furthermore, PASMO participated in a meeting with representatives from USAID (CARSI, Office of Health, and the Office of Education) to revise the Healthy Youth Project's achievements to-date. Seven persons participated in the meeting (4 women and 3 men). PASMO presented its year one achievements of the execution of the Project. It also discussed expected challenges that the Project will face in the upcoming year.

PASMO especially highlighted the unique challenges related to the low number of adolescents that attend Outreach Centers and Youth Networks. This population is almost entirely schooled youth that PASMO is already reaching through education centers in prioritized neighborhoods. Due to this reality, the Healthy Youth Project will continue to develop a variety of activities and methodologies and amplify the zones in each municipality that the project is working in to capture the unschooled population. PASMO also plans to foster new alliances with other key community partners in hopes to further reach the unschooled population.

Representatives from USAID, recommended PASMO to contact FUNADEH (Fundación Nacional para el Desarrollo de Honduras), Red Cross (Switzerland and France), Jóvenes contra la Violencia sub-chapters and boards. They also recommended that the Healthy Youth Project conduct focus groups to investigate what population is listening to the "En Conexión Radio" program (how many people are listening, number of females/males, number of schooled/unschooled to better understand the impact of the radio program.

The theme of sustainability of Healthy Youth was also addressed. It was mentioned that the Healthy Youth Project aims its actions at institutionalizing themes of pregnancy prevention within the Honduran government by helping the Secretary of Education train teachers in the implementation of the methodological guides "Caring for my Health and my Life".

e. In November PASMO participated in a meeting convened by CARSI. CARSI partners, like Fundación Crisálida, Save the Children, METAS Project, Impactos Project, UNDP, AJH, and FHIS participated in the meeting. USAID socialized CARSI partners on the achievements obtained during 2013 due to all the contribution of the partners. USAID's Communication Office provided partners with the guidelines to conduct public events and develop success stories and announced a future meeting to specifically address these important issues. All of the participants had the opportunity to share learned lessons and identified challenges related to their projects. This gave all CARSI partners the opportunity to reflect and suggest alternatives to better each of the projects.

f. In December, PASMO participated in a communications workshop with the objective to better understand USAID's communication processes, the importance of information and how to plan and execute events. PASMO had the opportunity to understand a few experiences that increased their understanding of USAID requirements for events that the Agency and United States Ambassador participates in. The organization was also able to strengthen their comprehension of how to develop press releases and use social media. The Communication Office also handed out various tools that USAID supported programs should put into practice in diverse scenarios.

g. Healthy Youth Project received technical assistance from the Regional Office of PSI/ PASMO/Guatemala, aimed at strengthening the capacities of the Project's technical team and to contribute in improving the performance and achievement of objectives and goals. The Regional Office especially aided in the development of a process for improving the functioning of SAM, the completion of the Qualitative Study (FoQus on Segmentation), the Quantitative Study "Tracking Results Continuously" (TRAC), review and adjustments to Plan DELTA and will help with the development of the virtual section of the Healthy Youth Project in platform of Club en Conexión.

**Activities for next quarter:**

- Field monitoring visits and follow-up of PMP indicators.
- Monthly meeting with USAID partners.
- Monitoring of education activities with schooled and non-schooled young people from PASMO-Honduras Director, Project Manager and/or Monitoring and Evaluation Unit of PASMO.

#### **IV. CHALLENGES AND PROPOSED SOLUTIONS.**

According to progress in the implementation of the Healthy Youth Project and the different experiences gained to date, the following challenges and their solutions have been identified:

- The biggest challenge for the Healthy Youth Project is reaching adolescents who neither study nor work (ninis).

Proposed Solution:

- PASMO is exploring and will continue seeking alternatives and alliances with other organizations to reach the goal of non-schooled young people.

- Other important challenge is working in geographical areas with high levels of insecurity, representing a risk for the project staff.

Proposed solution:

- PASMO, strives to reduce the risks of personnel frequently exposed to violence in neighborhoods and prioritized areas by following PASMO security protocol / Safety Management Plan and Emergency Prevention.

- Also a very important challenge is the operation and improvement of the Friendly Health Services for Adolescents/PAIA.

Proposed Solution:

- Continue with advocacy work at central level authorities of the Ministry of Health to seek the mechanisms of action to materialize the answers that most of these services require. PASMO diagnostic to be completed during the following quarter will be a very important input for decision making and definition of the plan by the Ministry of Health

#### **V. COORDINATION WITH OTHER PARTNERS.**

During the quarter PASMO carried out actions of collaboration and coordination with other partners who have common goals similar to Healthy Youth Project in terms of adolescent pregnancy prevention, which is detailed below:

- a. A meeting was held at the request of Vanderbilt University (student researcher), who conducted a survey on the implementation of the Healthy Youth Project (Partners CARSI), aspects were related to know geographical areas, type of intervened populations, alliances with community partners (churches, foundations,

youth networks), constraints in fieldwork and solutions found in the processes of Healthy Youth Project. The survey was answered by the CCC Supervisor assigned to the northern region of the country.

b. PASMO/Healthy Youth, also participated in the November meeting Socialization Progress of the inter-institutional Table for Sustained Welfare of Children and Building of a Culture of peace held in the Distrito San Miguel, with the participation of Vision Mundial (La Travesía), FEREMA, CIPRODEH, National Police, ProJoven, CREATIVE, Colectivo Atlantis, OC- Estados Unidos, Dirección Distrital de Educación No. 11. PASMO, socialized Healthy Youth Project and through interviews with some participants contacts, it was possible to address non-schooled young people, follow up of this issue will be giving next quarter. Following this meeting in November, PASMO participated in the Fair 24-0 organized by Colectivo Atlantis.

c. In December a coordination meeting was held at Casa Hogar “Proyecto de Vida”, located in Tres de Mayo neighborhood, dedicated to rehabilitate people addicted to drugs and alcohol, but operates under incipient conditions in handling professional-therapeutic management without financial resources (no help from any institution).



Meeting at Casa Hogar Proyecto de Vida in the 3 de Mayo neighborhood, Comayagüela, M.D.C.

The population housed is approximately 80 persons between adolescents and adults of both sexes.

After analyzing with the coordinator the possibilities to address the non-schooled young people, it was concluded that only an average of 25 young people who are at an advanced stage of drug rehab and/ or alcohol can be addressed, these activities may be conducted in the next quarter, the priority topics were: self-esteem, HIV, STIs, and adolescent pregnancy, correct and consistent condom use. The meeting was attended by 6 persons (4 women and 2 men).

## **VI. GENDER COMPONENT.**

During the quarter, PSI/PASMO continued developing gender issues in interventions with teachers, schooled and non-schooled young people, framed in the Gender Strategy defined for the Youth Health Project and educational plans.

It was a good opportunity to strengthen knowledge and attitudes of Project's team educators through the completion of the workshop on sexuality, life experiences were developed to reflect on gender roles and gender-based violence. Educators also were able to participate in some educational activities applicable to the target population of the Healthy Youth Project.

### **Activities for next quarter:**

- Continue to include gender issues in the various activities conducted with the population benefited by the Youth Health Project.
- Initiate the process of selection and documentation of successful stories

## VII. FINANCIAL REPORT

In terms of financial execution, PSI / PASMO has executed during quarter 1 fiscal year 2014 a total of \$ 210,493.15 and cumulative total 878,007.61 (including cost share). The execution represents 55% of the \$ 1, 600,000 budget obligated until FY 2014 and represents 38% of \$ 2, 350,000 total budget project.

Description	USAID	Cost Share	Total
Total funds obligated at beginning of fiscal year 2013	\$400.000,00	\$400.000,00	\$800.000,00
Cumulated expenditures at the beginning of the Q1/FY 2014	\$352.064,25	\$315.450,21	\$667.514,46
Pipeline at the beginning of the Q1/FY 2014	\$47.935,75	\$84.549,79	\$132.485,54
New funds obligated for FY 2014	\$450.000,00	\$350.000,00	\$800.000,00
<b>Total available</b>	<b>\$497.935,75</b>	<b>\$434.549,79</b>	<b>\$932.485,54</b>
Expenditures for the reported Q1/ FY 2014	\$184.321,36	\$26.171,79	\$210.493,15
Pipeline at the end of the reported Q1/ FY 2014	\$313.614,39	\$408.378,00	\$721.992,39
Estimated expense burn rate for Q2/ FY 2014	\$130.000,00	\$100.000,00	\$230.000,00
Number or quarters of pipeline remaining	2,41	4,08	3,14

## **VIII. LESSONS LEARNED.**

- According to the experiences and understanding of the limited opportunities for attracting non-schooled adolescents, PASMO must continue to strive to constantly identify new partners in municipalities prioritized by Healthy Youth, in order to achieve the goals established in this population group; as the Youth Outreach Centers and Youth Networks serve mixed population of schooled and non-schooled students and their assistance to these instances is limited.
- The involvement of district and departmental offices in the implementation of the methodological guidelines has been crucial to keep the focus of schools and support the sustainability of this process in the long term.
- Continue to support the work done by trained teachers in education centers, aiming to help increase their commitment to motivate implementation of the Methodological Guides. In addition, carry out a systematic and continuous monitoring with education centers (director/teachers) supported by tools that facilitate ascertaining the progress, constraints and successes in the implementation of the Methodological Guides.
- The methodologies used for non-school young people must be flexible and educators should apply as much creativity as possible to make the best use of time in terms of objectives and results sought by the Healthy Youth Project.
- To enhance the development of the program en Conexión Radio, the system of incentives to encourage more young people to participate in live programs should be improved, as well as connect the program with greater outreach and social projection events.

## **IX. KEY FINDINGS.**

- PASMO/Healthy Youth Project managed to expand the geographic area for the implementation of its activities and has received good support from partners who promise to open new spaces for attracting non-schooled young people in the different municipalities, in this quarter progress was made in this identification and a new implementation phase has begun with new groups.
- Trained education centers have begun to implement the Methodological Guide Caring for my health and my life, which means a good indication of achieving the objectives and results with schooled adolescents of the Project. PASMO makes every effort to continue supporting and facilitating the work, but above

all, their responsibility. Integrating the Healthy Youth Project to the virtual Platform of Club Conexión will add value to the processes currently being performed.

- PASMO/Healthy Youth, will continue to coordinate actions on pregnancy prevention with CARSI partners, even though in OCs and youth networks there does not exist the possibility to fully capture non-schooled young people.

#### **X. LIST OF KEY PERSONNEL INVOLVED IN THE PROJECT IMPLEMENTATION**

- Julio Zúniga, Country Manager
- Perla Alvarado, Program Manager
- Marco Tábor, Supervisor CCC
- Allan Palma, Monitoring and Evaluation
- Morgan Clark-Youngblood, Program Technical Assistance
- Karla López, Administrative Manager
- Elvin Núñez, Sales Manager
- Jorge Rivas, Research Department, PSI/PASMO/Regional

## XI. ANNEXES

### Annex 1: Performance Monitoring Board

Performance Monitoring Table									
Indicator	Definition (Include unit of measurement)	Year 2 goal	Data Collection Frequency	Obtained Results					
				Baseline (Oct 2012- Sept 2013)	End of Year 2	Year 2 Quarter I	Year 2 Quarter II	Year 2 Quarter III	Year 2 Quarter IV
Sub IR 1: Increasing knowledge on sexual and reproductive health on teenagers and young adults.									
Number of adolescent and young adults that receive comprehensive sexual and reproductive health (SRH) education in an integral manner.	Number of adolescents and young adults who received the (SRH) training program according to each age range, as well as reference to adolescent-friendly health services (AFHS) and/or health units located within the prioritized areas of the Healthy Youth Program	17,202	Quarterly	1,877		566			
Number of schooled and unschooled adolescents and young adults trained as agents of change.	Number of adolescents and young adults who have participated in a training program and have achieved a minimum of 90% on the program's final evaluation upon the following subjects: <ul style="list-style-type: none"> <li>• Leadership in Communication for Behavioral Change in Health</li> <li>• Management of peer education methodology</li> <li>• Training in sexual and reproductive health (SRH) with emphasis on pregnancy prevention</li> </ul>	100	Quarterly	100		73			
Percentage of adolescents and young adults that have negative attitudes towards the perpetration of intimate partner violence (or who consider intimate partner violence as a less than acceptable act)	Percentage of adolescents and young adults who participated in the Health Youth Program who consider intimate partner violence as a socially acceptable act	N/A	End of Project (2015)	Awaiting base line definition with TRAC	N/A	N/A	N/A	N/A	N/A

Performance Monitoring Table									
Indicator	Definition (Include unit of measurement)	Year 2 goal	Data Collection Frequency	Obtained Results					
				Baseline (Oct 2012-Sept 2013)	End of Year 2	Year 2 Quarter I	Year 2 Quarter II	Year 2 Quarter III	Year 2 Quarter IV
Number of youth who received sexual and reproductive health services at SSAA and/or NGO.	Number of adolescents and young adults who utilized sexual and reproductive health services, that is those services that offer integral care, like adolescent care clinics, maternal and child health clinics, hospitals, and/or NGOs associated with sexual and reproductive health and pregnancy prevention.	N/A	Quarterly Accumulated	0		0			
Number of condom distribution points that are active in geographic areas prioritized by the Program.	Number of establishments (convenience stores, mini-markets, pharmacies, pool halls, etc.) opened, supervised and supplied by PASMO and/or distributors in the geographic areas of the Healthy Youth Program/PSI/PASMO.	150	Quarterly Accumulated			47			
Number of condoms distributed	Number of condoms delivered to adolescent and young adults through any of the establishments (convenience stores, grocery stores, mini-markets, pharmacies, pool parlors, etc.), opened, supervised and supplied by PASMO and/or distributors within the geographic areas of the Healthy Youth Program/PSI/PASMO		Quarterly Accumulated	2,085,351		592,712			
Percentage of adolescents and young adults who mention at least two distribution points where condoms are accessible.	Percentage of youth and young adults who mention at least two condom distribution points. Distribution points are defined as any business (ie convenience stores, minimarkets, markets, pool halls, etc).	N/A	End of project (2015)	Awaiting base line definition with TRAC.	N/A	N/A	N/A	N/A	N/A

Performance Monitoring Table									
Indicator	Definition (Include unit of measurement)	Year 2 goal	Data Collection Frequency	Obtained Results					
				Baseline (Oct 2012-Sept 2013)	End of Year 2	Year 2 Quarter I	Year 2 Quarter II	Year 2 Quarter III	Year 2 Quarter IV
Percentage of adolescents and young adults that mention the benefits of double protection (condoms and hormonal contraceptive methods).	Number of adolescents and young adults mention the following benefits of double protection: The correct and consistent use of the condom along with the use of a hormonal contraceptive method (pills, injectable contraceptives and/or intra-uterine devices) to protect from pregnancy. Correct and consistent use of the condom protects from pregnancy, HIV and STIs.	N/A	End of project (2015)	Awaiting base line definition with TRAC.	N/A	N/A	N/A	N/A	N/A
Percentage of adolescents and young adults that report perception of a personal risk of pregnancy.	<ul style="list-style-type: none"> <li>Number of adolescents and young adults who are aware that:</li> <li>Having unprotected vaginal intercourse puts them at risk of pregnancy. (By protection we refer to the correct and consistent use of any modern contraceptive method, including the condom).</li> <li>That the use of modern contraceptive methods prevents pregnancy.</li> </ul>	N/A	End of Project (2015)	Awaiting base line definition with TRAC.	N/A	N/A	N/A	N/A	N/A
Percentage of adolescents that proposed the use of a condom to their partner during their last sexual intercourse.	Number of adolescents and/or young adults that proposed condom use to their partner during his/her last sexual intercourse to prevent pregnancy and/or HIV/STIs.	N/A	End of Project (2015)	Awaiting base line definition with TRAC.	N/A	N/A	N/A	N/A	N/A
Percentage of adolescents and Young adults that used a modern contraceptive method during their last sexual intercourse.	Percentage of adolescents and young adults their last sexual intercourse means having used oral contraceptives, injectable contraceptives, condom and/or intra-uterine devices.	N/A	End of Project (2015)	Awaiting base line definition with TRAC.	N/A	N/A	N/A	N/A	N/A

Performance Monitoring Table									
Indicator	Definition (Include unit of measurement)	Year 2 goal	Data Collection Frequency	Obtained Results					
				Baseline (Oct 2012-Sept 2013)	End of Year 2	Year 2 Quarter I	Year 2 Quarter II	Year 2 Quarter III	Year 2 Quarter IV
Percentage of adolescents that delay their sexual debut.	Percentage of adolescents have not yet initiated any sexual relationship.	N/A	End of Project (2015)	Awaiting base line definition with TRAC.	N/A	N/A	N/A	N/A	N/A
Percentage of adolescents that had vaginal intercourse in the last year.	Percentage of adolescents had vaginal sexual intercourse in the twelve months preceding the day of the survey.	N/A	End of Project (2015)	Awaiting base line definition with TRAC.	N/A	N/A	N/A	N/A	N/A
Number of pregnant women aged 19 or less during the last year.	Number of women at the time of the survey, report being pregnant with confirmation of the health personnel.	N/A	End of Project (2015)	Awaiting base line definition with TRAC.	N/A	N/A	N/A	N/A	N/A

**Annex 2:** Summary of the achievement of young people reached in the period  
October to December 2013.

Population	Gender	Age	October-December 2013			
			In Process	Completed Cyle	Total	
Schooled Young People	Women	10 a 14	695	200	895	
		15 a 19	228	38	266	
		20 a 24	14	23	37	
		<b>Sub total</b>	<b>937</b>	<b>261</b>	<b>1198</b>	
	Men	10 a 14	690	166	856	
		15 a 19	218	33	251	
		20 a 24	14	1	15	
		<b>Sub total</b>	<b>922</b>	<b>200</b>	<b>1122</b>	
	<b>Total Schooled</b>			<b>1,859</b>	<b>461</b>	<b>2,320</b>
	Non-Schooled Young People	Women	10 a 14	18	36	54
15 a 19			31	16	47	
20 a 24			16	15	31	
<b>Sub total</b>			<b>65</b>	<b>67</b>	<b>132</b>	
Men		10 a 14	8	29	37	
		15 a 19	32	5	37	
		20 a 24	31	4	35	
		<b>Sub total</b>	<b>71</b>	<b>38</b>	<b>109</b>	
<b>Total Non-Schooled</b>			<b>136</b>	<b>105</b>	<b>241</b>	
<b>Total</b>			<b>1,995</b>	<b>566</b>	<b>2,561</b>	

### **Annex 3: Focus Segmentation Study conclusions**

Based on the comments made in the focus groups, differences between age groups and gender are perceived. The differentiated gender speech implies that the "girls should be careful, do not have sex " or it is a message of abstinence , while the speech to the boys refers to protection " protect yourself " (Female , non-schooled, 15-19 years Tegucigalpa). However, when the girls are advised among peers, the concept of "beware "takes a turn toward preventing either using condoms or another FP method.

Physical, psychological, behavioral and emotional differences between genders and age groups are also mentioned. These features means that younger teenagers are like children, interested in playing, while those aged 10 to 14 years become interested in the other gender and experience greater freedom.

The concept of machismo was mentioned by both men and women in the different focus groups, using the term to describe a controlling and overbearing attitude, which can be present both in the attitudes of men as in women and it is assumed as a violent attitude.

Although mentioned in the focus groups a vision for the future, many young people are more focused on the present, enjoy and live the moment. This affects the attitudes and behaviors of prevention. However, given the high rates of violence, it is not surprising that young people have difficulty visualizing a future for them. Some of the factors that may be influencing are:

1. The absence of parents (mom and/or dad), family disintegration.
2. Exposure to gangs, soccer fans and bands: groups associated with illegal and violent activities, which are strengthened by the inclusion of young people in their groups.
3. Exposure to the media without an adult who can positively guide young people on the programming and images that are being exposed.

By the comments expressed by young people, it is perceived a great need for parents to be actively involved in education on sexual and reproductive health of the parents. While recognizing the importance of the role of schools and teachers in this regard, the need for parental involvement was positively evidenced in the focus groups.

On the other hand, in the comments of young people, it is perceived that they appreciate women as mature, serious , responsible , dedicated , enforced , delicate, naive and innocent persons , for this reason so much is expected of them and are required much more than men . However, it is also recognized that not all women are like that. What is mentioned as an interesting constant that was discussed above is the concern of the family and society that girls do not get pregnant and keep virgins until they get married, which was called into question during the focus groups as this phenomenon is considered exceptional today.

This social norm for women is contrasted with the social norm of the boys in that peer group and even broader society expects they become sexually active to be considered real men. If this does not happen, the masculinity of the boy is questioned. Therefore, there is a continuous dynamic of young people looking for sex and the society trying to prevent girls satisfy boys search.

An estimate of the onset of sexual life at an early age is reported, in the case of men, it is estimated to be from 10 to 12 years and for women aged 13-15 years.

Although abstinence is recognized as one of the most effective way on pregnancy prevention and STIs, there is pressure among young people sexually initiated, because of the curiosity, the desire to feel grown up and in some cases psychological needs of affection and attention.

During the focus groups, a basic and superficial knowledge about HIV prevention and FP is perceived. The information they have comes from different sources, some unreliable. These sources are: schools, NGOs, friends and family and even pornography. This creates confusion, misconceptions and even mystifies some situations.

Overall, family planning is associated with older people with an active sex life who already have children and want to prevent further pregnancies. Young people, especially girls, are excluded from access to FP methods because of their age they generate social censure and the use of condoms and FP show they are sexually active, than otherwise expected

However, family planning methods are known to them (but superficially and with confusing ideas) who mentioned more than seven methods including natural, temporary and permanent. Some of the girls reported knowing about some of the methods from experiences of family and friends.

On the other hand, men reported fewer methods (between 4-5 methods) and could not clearly explain how they work. However, boys were more emphatic in mentioning Plan B. This last issue should remain evaluated and investigated in the context of young Hondurans, as it was mentioned quite a lot.

With the lack of reliable information and knowledge about different family planning methods, it was not surprising that the condom was the most popular method used by participants and chosen as one of the best to be used by young people and in some cases, also mentioned the birth control pills and injections (especially the girls referred to the injections).

In addressing the issue of violence, young people expressed a variety of categories ranging from common physical and psychological violence, bullying, domestic violence, rape, contract killings, etc. In this context, the men referred to the fear of death because of the violence experienced in the streets, while women expressed more issues of gender-based violence, domestic violence, trafficking and rape, etc.

In terms of the reasons for gender-based violence, participants expressed ideas like jealousy, infidelity, stress, lack of communication and machismo and consumption of

alcohol and drugs as factors that incite violence. Although it was reported that gender-based violence could be expressed in both directions, in general the participants consider it more frequent part of man toward woman. This seems to be related to impotence and frustration of young people to a discouraging social context and socially reproduced generating a culture in which the absence of more effective conflict resolution mechanisms are channeled through violence.

Finally, it is important to inquire more about the assessment of formal education among the target population, because even if the speech is of value education as a strategy for economic and personal growth , comments pointing to a greater appreciation of learning of trades is also expressed, and on the other hand the idea that it is not important that the girls study...Having a profession does not guarantee you will get a job...There are many masons who are already graduated but still they work as masons, some are concierges but as I said, if you always look for a better future you have to study, but it is better to learn a trade so that you can put into practice what you have learned.... Trades might help you in the future and thus help maintain home. "Male, non-schooled, 15-19 years; Tegucigalpa.

"In my case, my dad, he is a macho and he does not care whether we study or not, but my mom is different and supports us if we want to study. I told my dad I would like to attend school but he refuses because he thinks it a waste of time". Female, non-schooled, 15-19 years; Tegucigalpa.

## Annex 4: Reference Sheet to Friendly Services for Adolescents

### HOJA DE REFERENCIA A SERVICIOS DE SALUD



Fecha: Día  Mes  Año

Institución que refiere:

Quien refiere:

Acompañante: Solo/a:  Pareja:  Padre:  Madre:  Pariente:  Otros:

Nombre:

Edad:  Fecha de Nacimiento:  CUI:

Departamento:  Municipio:

Estudia actualmente: Sí:  No:  Sexo: Hombre:  Mujer:

Se refiere a ONG/Hospital/Centro de Salud:

MOTIVO DE REFERENCIA			
Ginecología: <input type="checkbox"/>	Psiquiatría: <input type="checkbox"/>	Atención Puerperal: <input type="checkbox"/>	Curaciones: <input type="checkbox"/>
Consejería: <input type="checkbox"/> <small>(VIH, ITS, Violencia, PF, Lactancia Materna)</small> Especificar: _____	Citología Vaginal: <input type="checkbox"/>	Atención General: <input type="checkbox"/>	Vacunación: <input type="checkbox"/>
Otros: <input type="checkbox"/>	Psicología: <input type="checkbox"/>	Atención Prenatal: <input type="checkbox"/>	Odontología: <input type="checkbox"/>
Especificar: _____			

**Nombre y firma de quien autoriza el ingreso de esta actividad al sistema**  
Nombre:   
Firma: \_\_\_\_\_

**No. Correlativo**

**Proyecto a quien se le asigna la actividad**  
USAID  SUMMIT  Otro



**Annex 5: Effectiveness Criteria, good health practices <sup>6</sup>**

<b>Criteria</b>	<b>Description</b>
Health promotion with integrated approach to development.	Processes of health promotion in school environments with comprehensive approach to development, which go beyond the individual and the classroom, to cover the educational community as a whole and the surrounding local community.
Duration and Consolidation of Shares.	Evidence describing structured school activities as processes, with duration of not less than one year.
Empowerment of the educational community and the ability to transform their environment.	Emphasis on strengthening individual and collective capacities of the educational community to act and transform school environments so that they contribute to the quality of life, improving social determinants, health, quality of education and welfare, and the achievement of Millennium Development Goals.
Effective participation of Stakeholders.	Specific mechanisms that encourage maximum participation of stakeholders in the education community at all stages of the process, and facilitate coordinated work between schools and other organizations, sectors and stakeholders in the local community.
Impact on the quality of education and systematization of health promotion with the educational process.	The process of health promotion in schools is based on the systematization, synergistic and complementary development of various components related to: healthy school policies, healthy school environment, health education, social and community involvement, and school health services, nutrition and active living. All this with the purpose of better health, welfare and educational quality. In addition to health promotion, school actions may include other components related to the main issue of the educational program (e.g., domestic violence, stigma and discrimination, etc), but not limited to them or they are the center backbone of the experience.
Explicit commitment to equity and inclusion.	Emphasis on promoting higher permanent equity conditions in the educational community, and inclusion of the most vulnerable groups of the population, with particular attention to their needs and worldviews (e.g., children with special educational needs populations in contexts of poverty and insecurity, afro-descendant population, etc).

<sup>6</sup> Instituto PROINAPSA. Concepto de Buenas Prácticas en Promoción de la Salud en el Ámbito Escolar y la Estrategia Escuelas Promotoras de la Salud. Universidad Internacional de Santander 2005. Acceso el 10 de diciembre del 2013: <http://www.ops.org.bo/textocompleto/prensa/concurso-buenas-practicas/conceptos.pdf>

Effectiveness	Evidence of how during the time of experience implementation, the proposed objectives of health promotion have been achieved in schools.
Practice Systematization.	Description of each stage of the conception, design, implementation, and evaluation of experience.
Coordination with the school or educational project.	Ongoing specific mechanisms by the institution to incorporate explicitly the actions of health promotion in the education project, the curriculum or study plan.
Sustainability	Evidence of sustainability of the actions of health promotion in schools, by creating institutional mechanisms for their coordination with the essential activities of the school and the creation of strategic alliances, among other factors.
Production of teaching and learning materials.	Evidence of the materials that have been conceived, designed and tested to support the processes of health promotion in schools.
Multiplier effect	Evidence that other stakeholders from the education community have been trained and formed to promote health in schools.
Internal or External Evaluation	Evidence that the experience has been evaluated either by the stakeholders who designed it or by external consulting.
Use of new technologies.	Evidence that experience relies on new technologies.