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**JÓVENES SALUDABLES
HONDURAS**



WORK PLAN 2015



Puppet presentation in San Pedro Sula



Teenager plays guitar to motivate peers
Institute of Mexico. MDC

Strengthening Adolescent Reproductive Health in Honduras

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Cooperative Agreement No. AID 522- A- 13-00001

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ACRONYMS

AJH	Alianza Joven Honduras
AHMF	Asociación Hondureña Mujer y Familia
ASHONPLAFA	Asociación Hondureña de Planificación Familiar
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavior Change Communications
CARSI	Central America Regional Security Initiative
CCC	Communication for Behavior Change
CEB	Centro de Educación Básica
CESAMO	Centro de Salud con Médico y Odontólogo
DHS	Demographic Health Survey
ENAPREAH	Estrategia Nacional de Prevención de Embarazos en Honduras
FHIS	Fondo Hondureño de Inversión Social
FP	Family Planning
FUNADEH	Fundación Nacional de Desarrollo en Honduras
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IHSS	Instituto Hondureño de Seguridad Social
INFOP	Instituto Nacional de Formación Profesional
IPC	Interpersonal Communications
MAP	Measuring Access and Performance
M&E	Monitoring and Evaluation
MOE	Ministry of Education
PMP	Performance Monitoring Plan
MOH	Ministry of Health
OC	Outreach Centers
PASMO	Pan American Social Marketing Organization
PERFORM	Performance Framework for Social Marketing and Communications
PAIA	Programa Nacional de Atención Integral al Adolescente
PSI	Population Services International
RH	Reproductive Health
SRH	Sexual and Reproductive Health
SSSRAA	Servicios de Salud Sexual y Reproductiva Amigables para Adolescentes
STI	Sexually Transmitted Infections
TRAC	Tracking Results Continuously
UIC	Unique Identification Code
UNAH	Universidad Nacional Autónoma de Honduras
USAID	US Agency for International Development

I. EXECUTIVE SUMMARY

Population Services International (PSI) and the Pan-American Social Marketing Organization (PASMO) developed the “Strengthening Adolescent Reproductive Health in Honduras (Healthy Youth)” program, as part of the Central America Regional Security Initiative (CARSI), with technical and financial assistance from the United States Agency for International Development (USAID).

The Jóvenes Saludables project is part of the National Pregnancy Prevention Strategy in Honduras (ENAPREAH 2012-2017) led by the Ministry of Health and currently maintains partnerships with the Intersectoral Plan for Pregnancy Prevention led by the First Lady of the Nation. In addition, project activities are coordinated with CARSI partners including Alianza Joven Honduras (AJH) outreach centers, project *Impactos*, FUNADEH, and national and international NGOs, which are important allies in increasing youth participation and improving access to youth-friendly SRH services.

PSI/PASMO seeks to improve SRH among Honduran adolescents (10-24 years old), through increasing access to sexual education and modern contraceptive methods (among sexually active adolescents) and reducing unplanned pregnancies in areas prioritized by the Jóvenes Saludables project.

The target population for the Jóvenes Saludables project includes 37,709 male and female teenagers between the ages of 10-24, either enrolled in school or not in school, in the Central District, SPS, Villanueva, La Lima, Choloma, Tela, and La Ceiba.

The following work plan outlines the key objectives and expected results of the Jóvenes Saludables project from October 1st, 2014 to October 12th, 2015. During the 2015 fiscal year, PSI/PASMO will implement activities in order to:

- Increase SRH knowledge among adolescents through Interpersonal Communication activities (IPC) and mass media campaigns targeting social networks and including information specific to SRH and access to adolescent-friendly health clinics.
- Increase use of modern contraceptive methods among adolescents by assuring availability of products and services, alliance strengthening with the outreach Centers of Alianza Joven Honduras (AJH), FUNADEH, and other organizations working on violence prevention and other social issues in the communities prioritized by CARSI, and recreational and vocational services for endangered youth, the MOH, and other youth-oriented service providers.
- Decrease pregnancy rates and delay the age of sexual debut among adolescents who are not sexually active through the strengthening of reference systems for adolescents to sexual and reproductive health services, including counseling services.

II. TECHNICAL SUMMARY

A. Target Focus and Geographical Focus.

The target population of the project includes adolescents between ages of 10-24 years old, both in and out of the formal school system. The program will be directed to the most socially vulnerable areas of the Central District (Tegucigalpa and Comayagüela), Valle de Sula (San Pedro Sula, Choloma, La Lima, and Villanueva), Tela, and La Ceiba.

PSI/PASMO selected these districts and/or neighborhoods of each municipality, which are intervention areas for CARSI, to target efforts towards comprehensive care for adolescents with a focus on pregnancy prevention. Intervention areas are characterized by high rates of violent incidents, poverty, adolescent pregnancy, and lack of interventions from other organizations targeting adolescent pregnancy.

During the last year of the project, PSI/PASMO will continue its efforts to achieve planned results, opening opportunities for the participation of adolescents and young people in CARSI intervention areas and other surrounding areas sharing similar socioeconomic and cultural characteristics. The purpose of the proposed work plan is to achieve greater social impact with youth and adolescents not enrolled in school. In addition to working with educational centers, outreach centers, and youth networks, PSI/PASMO will seek new opportunities for engagement with young people working in private companies, as *maquilas*, INFOP beneficiaries, and social development projects through coordination with these entities.

B. General Description of the Strategy.

b.1. Build on Existing Brand Recognition to Expand Club en Conexión.

From July 2013 to July 2014, PSI/PASMO developed the first phase of the campaign for behavior change to prevent adolescent pregnancy, the *En Conexión* radio program, which was broadcasted live on Saturdays for one hour through a radio station with national coverage and integrated into the Healthy Youth behavior change communication (BCC) strategy. "Club en Conexión"/Healthy Youth, seeks to reach adolescents and young people with correct information about SRH through sexual reproductive health education with emphasis on pregnancy prevention, prevention of STIs/HIV, and referrals to youth-friendly health services. This strategy includes interpersonal communication (IPC) activities that are developed by a team of educators and youth volunteers (Agents of Change) who are also trained by the project to implement peer education. The BCC strategy also integrates social mobilization (walking, theater festivals, and concerts) in order to inform community stakeholders and garner social support for access to SRH information and services for adolescents and young people. The Healthy Youth project has begun using social networks (project website/Facebook) through which it hopes to strengthen the interventions that are performed face-to-face with both in-school and out-of-school participants.

During the previous two years, two studies were conducted, one qualitative and one quantitative, to better understand the behaviors related to sexual and reproductive health of the in-school population ages 10 to 24 years. Based on these results and leading materials developed in the region, a methodology will be developed for addressing/training adolescents and young people in

the following themes: self-esteem, adolescents, STI, HIV, modern contraceptive methods, dating, human rights, sexuality, drug prevention, and gender-based violence prevention. This manual will allow educators to enhance current interventions carried out in education centers and schools, where educators have already received training to implement the *Caring for my Health and Life* methodology. PASMO/Healthy Youth will also update the DELTA Plan (Archetypes of population), which serves to guide interventions with different population groups.

b. 2. Strengthen communication linkages to SRH products and services

A key component of the proposed work plan is the link between behavior change communication (BCC) and access to quality SRH products and services. This program will establish an approach for ensuring links to products and services available in public clinics and other clinics in the non-governmental sector. *Club en Conexión* will focus on young people to ensure that the products and services are appropriate and aligned with their needs.

For example, Vive is the socially-marketed brand of condoms produced by PASMO, meaning they are marketed to and priced for traditionally underserved populations. PSI/PASMO will ensure that Vive condoms are available at various sites in the private sector in the communities targeted by CARSI partners to ensure that they are accessible to young people. The TRaC study will collect data on favorable price points for youth in the intervention areas and this data will be used to create a price point targeted to adolescents. Proposed distribution sites include: pharmacies, convenience stores, grocery stores, and other types of outlets including activity meeting points and BCC events.

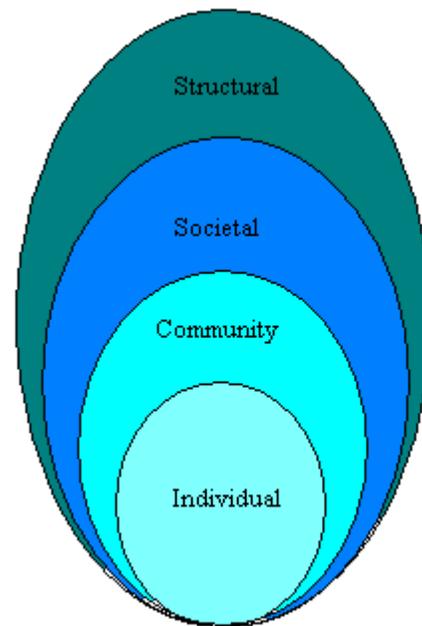
PSI will also leverage experience in conducting similar campaigns such as the campaign *Got it? Get it (Tienes? Pídelo)*, implemented by PSI across Latin America and the Caribbean. This campaign has been shown to reduce the stigma attached to condoms and increase comfort levels with condom purchases. The campaign has been expanded in the Caribbean to include references to SRH services in public and private clinics. It will be used as a model to expand communications and links to SRH services in Honduras.

IPC and messages delivered through a variety of channels will motivate sexually active young people to use modern methods of family planning, as well as improve access for young people to a range of modern methods. PASMO educators, public school teachers, and OC coordinators will promote SRH services and refer young people to the closest or most accessible SRH services in adolescent-friendly clinics run by the MOH or other NGOs such as the Asociación Hondureña Mujer y Familia (AHMF) (Please refer to Table 1 for a detailed list of SSAA clinics). Key referral tools include coupons, leaflets with names and addresses of referral sites, the project web page, radio programs, and staff and youth change agents associated with the program. Staff from PASMO will monitor referral uptake through the coupons, which include a unique identification code (UIC) to track young people who receive referrals.

b.3. BCC Grounded in Behavioral Theory:

PSI/PASMO will employ two key theoretical BCC frameworks to guide program activities: the Social Ecological Model and the Performance Framework for Social Marketing and Communications (PERForM).

Social Ecological Model: The social ecologic model, outlined in the graphic on the right, emphasizes the importance of issuing an integrated package of interventions that work at different levels to handle the adoption of healthier behaviors. This model recognizes that there are not only individual barriers to achieve a behavior change, but there are also pressures in the community, social stigma and inconvenience influencing the structural behavior. Based on this model, PSI/PASMO will generate an integrated package of interventions that will work on different levels to improve the adoption of healthy behaviors among young people.



Social Ecological Model

The activities in the inner core will focus mainly on the interpersonal level, including the individual and his/her partner. The activities at the community level will focus on healthcare providers, youth centers, and education systems. Activities at society level will focus on attacking the contextual barriers such as the stigma surrounding SRH products and services. Finally, the interventions at the structural level will focus on alignment with youth-centered policies and national SRH initiatives.

PERForM: To develop interventions that are segmented according to youth profiles (for example, school status, age group), PSI/PASMO will use PERForM. On the basis of modeling frameworks of international behavior change, PERForM was created to allow the research to report to programs, as well as to track the exposure of the programs and monitor changes in desired behaviors over time. PERForM conducts this approach by defining the target, identifying why they are at risk and focusing interventions on the risk factors that can be overcome by BCC. PERForM follows a process of three steps to ensure the programming based on evidence. This includes:

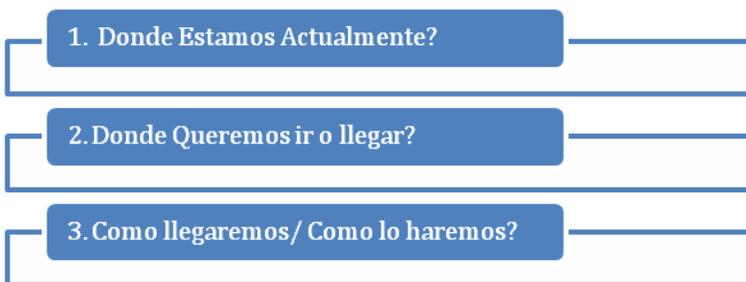
- *Segmentation*: Target populations are divided in two groups– those whose behaviors need to be change (“non-behavers”), and those who already follow the desired behavior (“behavers”).
- *Identification of the Significant Behavioral Factors*: Both groups are profiled through surveys that examine the underlying factors that may be motivating the desired behavior. Individuals are influenced to adopt safer behavior through a number of factors, which can be summarized by the motivation (they want), capacity (they are able), and opportunity (there is external support for this). The profiles of behavers versus non-behavers are then compared. Only those factors, identified as significantly different between “behavers” and “non-behavers” become the focus of the communication interventions.
- *From Research to Action*: The last step involves changing the research into action, and developing activities which are likely to modify the key motivators of the behavior revealed in step two.

This analysis generated using the PERForM framework directly feeds the marketing and communications strategy. PSI will make use of the DELTA marketing planning tool to develop

projects in the areas of marketing and communication, which guides the process of collecting audience insights, discerning the epidemiological context, and developing brand positioning to achieve the desired behavior change among the target population.

PSI created the DELTA process to optimize audience insights and use these insights to plan targeted program activities, taking into consideration demographic and psychographic data to create messages appropriately tailored to the way the audience thinks, resulting in a greater likelihood of success in the adoption of the desired behavior by the target population. The DELTA process helps the program’s staff and participants to think about what motivates young people to acquire the desired behavior (consistent condom use and use of modern methods of planning).

DELTA starts with a situation analysis and identification of strategic priorities to create “archetypes” of the investigated audience. This analysis brings together all the quantitative and qualitative information available to all investors summarizing it in an archetype of the member of the investigated audience. The process of the DELTA plan is shown in the graphic at the right.



The team subsequently identifies the most important and unique benefit that the product, service, or desired behavior. This is the emotional “hook” on which the communication strategy is focused and from which the strategic goals evolve. The team then addresses the four Ps: product, price, place, and promotion, and identifies strategies to achieve communication goals, which is then formalized into a marketing communication plan.

PSI/PASMO will invite all stakeholders and potential partners to harmonize efforts to improve the results of access to SRH among youth. The implementation plan will detail and coordinate communication priorities, specifying the activities and their schedules, outline the roles of all investors, and create an approach to the communication and marketing of health products and services for both the public and private sectors.

III. COORDINATION WITH PARTNERS

PSI/PASMO has established strong relationships with the MOH, *Programa Nacional de Atención Integral al Adolescente* (PAIA), UNFPA, the departmental health centers, and the hospitals located in the specific Jóvenes Saludables project areas. During year three, program activities will center on strengthening health provider capacity and provision of youth-friendly health services.

Given that most health centers that are located in the intervention zones of Jóvenes Saludables do not have youth-friendly SRH services, PSI/PASMO will continue advocacy work with the Secretariat of Health and other strategic partners (UNFPA) to advocate that the MOH establish clinics with youth-friendly services in priority areas.

During the current project year, a study will be conducted on the provision of sexual and reproductive health services for adolescents and based on the results, PASMO will make a proposal for intervention in those surrounding health centers to intervention areas of the Healthy Youth Project and revitalize the referral system.

Table 1: **Partners in Youth-Friendly Health Services**

Municipality	Adolescent Friendly Sexual and Reproductive Health Services
Tegucigalpa	CESAMO: San Miguel, Flor del Campo, Nueva Suyapa, Tres de Mayo, Sagrada Familia, Carrizal, San Francisco, Las Crucitas, Villanueva, Los Pinos, San Benito, and others.
	ASHONPLAFA
San Pedro Sula	Hospital: Leonardo Martínez, Mario Catarino Rivas. CESAMO: Miguel Paz Barahona, Lomas del Carmen, Calpules, Rivera Hernández, Chamelecón, Cofradía.
	Asociación Hondureña Mujer y Familia
	ASHONPLAFA
Choloma	CESAMO: Choloma
Villanueva	CESAMO: Villanueva
La Lima	CESAMO: La Lima
Tela	Hospital Tela Integrado
	Asociación Hondureña Mujer y Familia
La Ceiba	CESAMO Colonia Pizzatty CESAMO El Confite
	ASHONPLAFA

Following up on the progress and achievements during the first two years of the Healthy Youth Project in collaboration with the Secretariat of Education (Department of Student Services, Youth Unit, Population and Health Department and District Departments of Education and Educational Centers), in the third year of the project, PSI/PASMO will focus on follow-up activities with educational centers in order to ensure continued implementation of the Caring for My Health and My Life methodology. The Online Training Course for master educators will be supported (at level of coordination and induction process), as it currently part of the guidelines from the Secretariat of Education and supports thematic and methodological management. Three to five institutions in Valle de Sula and Central District will be trained directly by PASMO.

PSI/PASMO will continue to strengthen relationships with CARSI strategy partners (AJH, project Impactos, project METAS), organizations which are members of Teenager Technical Officers, government institutions, civil society organizations, private companies, and other local partners, with emphasis on those working directly with youth out of school. PSI/PASMO will continue coordination efforts to reach young men/women who attend outreach centers, AJH, Project Impactos, Youth Networks, and community-based organizations.

Since most of the educational centers and health centers where the Healthy Youth Project is being developed are found in unsuitable conditions for education work and health care services, PSI/PASMO will continue to seek opportunities to improve infrastructure and provide an added value to the work that PASMO performs.

IV. RESULTS/ACTIVITIES

A. Goal of the Project: Improve SRH of Honduran adolescents (10-24 years old), through increase in sexual education and the modern contraceptive methods promotion (among sexually active youth) to reduce unplanned pregnancies in prioritized areas by the Jóvenes Saludables project.

Table 2: Number of target population by municipality.

Municipality	Neighborhoods	Intervention Index	Project Total	FY 2013	FY 2014	FY 2015
MDC (Tegucigalpa and Comayagüela)	Nueva Capital, Mary Flakes, Rosalinda, Iberia, Estados Unidos, La Travesía, La Era, El Sitio, 3 de Mayo, Zapote Norte, Campo Cielo, Ayestas, Villafranca, Flor del campo, Nueva Suyapa, San Martin, Las Crucitas, San Miguel, La Laguna, Villanueva and others with similar sociocultural characteristics.	35%	13,198	3,325	6,021	3,852
Valle de Sula (San Pedro Sula, Lima, Choloma and Villanueva)	<u>SPS:</u> San Vicente de Paul, Los Ángeles, Rivera Hernández (Padre Claret y Asentamientos Humanos), Suazo Córdova, Cofradía, La Pradera, Calpules, Lomas del Carmen, Barrio Cabañas. <u>Chamelecón:</u> Barrio San José y Col. Chamelecón. <u>Villanueva:</u> Cabañas, La Victoria, Dos Caminos y Nueva Chamelecón. <u>Lima:</u> La Planeta, San Cristóbal <u>Choloma:</u> Las Pilas, López Arellano, Japón, Los Castaños, Exitos de Anach and others with similar sociocultural characteristics.	40%	15,084	3,800	6,881	4,403
Tela	15 de septiembre, Grant, Tornabé, Triunfo de la Cruz, San Juan, Col. Ruth García, Col. 4 de Enero, Barrio El Retiro	10%	3,771	950	1,720	1,101

	and others with similar sociocultural characteristics.					
La Ceiba	San José, Iero de Mayo, Armenia Bonito, Melgar No. 2, Suyapa, Irías Navas, Vista al Mar, Bella Vista, Las Mercedes, El Confite, Pizzaty and others with similar sociocultural characteristics.	15%	5,656	1,425	2,580	1,651
Total		100%	37,709	9,500	17,202	11,007

B. Results:

Result 1: Reduced rate of adolescent pregnancies

Indicators:

- Percentage of adolescents who delay their first intercourse.
- Percentage of adolescents who have had sex in the last year
- Number of pregnant women under 19 years old in the last year

Result 2: Increased knowledge of SRH among youth

Indicators:

- Percentage of adolescents who reported personal risk perception of pregnancy
- Number of adolescents that are educated in SRH in a comprehensive manner
- Number of adolescents in and out of school, trained as change agents
- Percentage of adolescents who have negative attitudes towards the perpetration of intimate partner violence (or who consider partner violence a less acceptable act)

Result 3: Increased use of modern contraceptive methods

Indicators:

- Percentage of adolescents who used a modern contraceptive method during their last intercourse
- Percentage of adolescents who suggested condom use to their partners in their last sexual encounter
- Number of adolescents who received SRH services in the SSAA and/or NGOs
- Number of condom distribution points that remain active in the geographical areas prioritized by the Program
- Number of condoms distributed
- Percentage of adolescents who mentioned at least two, accessible, condom distribution points
- Percentage of adolescents who mentioned the benefits of dual protection (condoms and hormonal contraceptives)

C. Activities:

The activities of this Work Plan are organized into five lines of action: 1) Overall project activities, 2) Activities for young people outside the school system 3) Activities for young people in the school system, 4) Activities for teenagers, both in and outside the school system and 5) Monitoring and evaluation. (See Annex 1: Implementation Activities Plan, 2015).

1. GENERAL ACTIVITIES PROJECT

A. Development and/or recruitment of the Jóvenes Saludables project human resources:

In the third year of implementation of the project, PSI/PASMO will facilitate a process of strengthening the technical capacities of the staff via training activities through various online courses available at the University. Also, a strengthening plan will be developed on the issue of gender, with technical support from the PASMO Regional Office and training sessions convened by strategic partners, including USAID.

Due to intervention areas being high-risk for security issues, PSI/PASMO will continue implementing the security plan that PASMO has developed to mitigate the impact of potential incidents in performing program activities, especially by the field team educators.

The annual staff performance evaluation will be carried out and according to the individual results, a professional improvement plan will be defined for each PASMO employee.

At the end of December, all of PASMO staff will participate in the organization's annual retreat. The retreat provides an opportunity for PASMO administrative and educational staff to become familiar with the work plan for the year, yearly goals, strategies, and the project's monitoring and evaluation process. Program results, success, and failures from the previous year will also be reviewed.

B. Development of the Jóvenes Saludables project plan for the third year of implementation

PSI/PASMO's year three work plan was developed based on the guidelines specified in the Cooperative Agreement, to ensure compliance with the outcomes and indicators. The DELTA marketing planning process and branding plan along with the Monitoring and Evaluation Plan will be jointly implemented during the entire fiscal year.

C. Creation of Strategic Alliances

The synergy achieved by CARSI partners, government institutions, civil society organizations, UNICEF, COMVIDA, OPS, UNFPA, and the Secretary of Health's Department of Gender and the Jóvenes Saludables project is critical for achieving project results and goals. PSI/PASMO will continue to strengthen these partnerships and implement a joint plan. Also, PSI/PASMO will continue to open up coordination spaces to expand its interventions with adolescents, particularly in relation to outreach with the not-in-school population. The definition of mutual collaboration

agreements will continue to be managed with key partners to increase the recruitment of youth not in school. In conjunction with the MOH and local NGOs, the referral system will be strengthened to provide greater access to SRH products and services for youth in need.

In order to contribute to the improvement of youth-friendly SRH services, a technical support plan for health care providers will be designed to strengthen provider capacities and skills and improve the quality of service.

PSI/PASMO will continue doing advocacy work with strategic partners (UNFPA, Municipalities, and other donors) to achieve a breakthrough in the development of new youth-friendly health services for adolescents in the areas of greatest social vulnerability. In particular, PSI/PASMO will undertake advocacy work with FHIS for support improvement in some health centers and/or educational facilities to create more attractive physical spaces.

D. Strategic information (development of research to provide scientifically collected information to make sound decisions in the Jóvenes Saludables project):

With the support of the Research Department of the PSI/PASMO Regional Office, the final quantitative research Tracking Results Continuously (TRaC) study will be conducted in order to assess the results of the Healthy Youth Project, which will be shared with USAID, the Secretariat of Health, the Secretariat of Education, and other key partners. Also, the above described study with health care providers will be conducted, and the results will inform the development of the provider archetypes and the technical strengthening plan for health care providers. In addition to this, the maps of the points of sale for Vive condoms (adolescent-friendly) will be updated in Google to facilitate follow-up actions by neighborhood/residential zone in each municipality.

2. OUT-OF-SCHOOL YOUTH ACTIVITIES

The involvement of adolescents and youth outside the school system is complicated by the high levels of insecurity, difficult access to the population, and stigma. In order to have greater clarity regarding the concept, PASMO will use "NON-SCHOOLED ADOLESCENTS" as a synonym for "non-academic" taking into account the following aspects:

- The term “non-schooled” could be considered ambiguous since it does not indicate that the teenager is illiterate but not attending the formal education system. Factors include school dropout and end of the academic period (a young man finished high school but has not entered college, or has completed the sixth grade and has migrated to the city to find work, etc).
- PASMO will focus its efforts in seeking teenagers not attending the formal education system, as these young people, spend more time in their communities exposed to risky situations. The approach will avoid identifying participants as in school or out of school in order to avoid stigma and discrimination. Efforts will be concentrated on reaching youth in their community environment or in places of higher sexual risk (soccer fields, INFOP, factories, markets, bus stations, sports leagues, supply centers, etc).

A. Review, adaptation and/or design of methodologies and intervention strategies of Non-Schooled young people

With the support of the regional office and a qualified team for the development of intervention methodologies, PASMO Honduras will review and adapt the curriculum (content and methodologies) for not-in-school teenagers (by age), according to results in the TRaC study/baseline and Qualitative Study (Focus Segmentation). A methodological handbook and educational tools will be created for facilitators on the prevention of teenage pregnancy among not-in-school teenagers, segmented by age (10-14, 15-19 and 20-24 years old).

Also, PSI/PASMO will produce (review and adapt) educational and promotional material, in support of the educational activities to be carried out, with emphasis on the issue of gender-based violence prevention.

B. Implementation of educational activities with Non-Schooled youth

PSI/PASMO will develop educational interventions (workshops, meetings) for preventing pregnancy, with beneficiaries of Outreach Centers and AJH (AJH partners and project Impactos partners) in Tegucigalpa, Valle de Sula, Tela and La Ceiba.

With the goal of expanding the opportunities for education in pregnancy prevention, HIV, and STIs, PSI/PASMO will carry out educational approaches, such as face-to-face interventions in which the PASMO educators, with the assistance of educational materials, meet with small groups of youth and carry out educational chats which will include themes such as HIV/AIDS, STIs, consistent and correct use of condoms, gender, and pregnancy prevention. Other activities include small sexual and reproductive health fairs where youth visit a circuit of various stations and receive educational information on the themes mentioned above. These activities will be implemented with factory workers not-in-school and not-in-school population that move throughout markets, supply centers, soccer fields, etc., in the Central District Municipality (Tegucigalpa and Comayüela), Valle de Sula, Tela and La Ceiba.

C. Coordination with health centers for youth referrals to SSSRAA, and addressing support groups for pregnant teenagers and/or parents.

There will be coordination and monitoring meetings with health center staff to strengthen the referral system to youth-friendly health services as well as coordination and follow-up meetings with staff from the health centers to strengthen the referral system for youth-friendly health services and conduct **three workshops** for health providers (SSAA), in order to strengthen their technical capacities to provide care services in SSSRAA (Municipality of the Central District, SPS, La Ceiba).

3. IN-SCHOOL YOUTH-ORIENTED ACTIVITIES.

A. Coordination with educational centers and capacity building of teachers for the implementation of the “Caring for my Health and my Life” methodology

PSI / PASMO initiated the process of training teachers for the implementation of "*Caring for My Health and My Life*" Methodological Guidelines from the Ministry of Education, during the first year of the Jóvenes Saludables project's implementation.

The Guidelines are addressed to students from Pre-Basic Education (pre-school), first cycle (1st to 3rd grade), second cycle (4th-6th grade) and third cycle (7th-9th grade) of education. The contents of the guidelines are part of the National Core Curriculum (CNB) and per the Ministerial Agreement, each school must meet address the thematic development of sexuality, pregnancy prevention, HIV, and STI prevention, through Spanish subjects, mathematics, natural sciences, social sciences, and physical education.

Because the beneficiary population of the Jóvenes Saludables project is comprised of youth 10 to 24 years old, PSI/PASMO trained all managers and teachers in each selected school, to ensure the sustainability of the processes over time as grade-levels assigned to teachers usually changes every year.

During the training (two days), each teacher/faculty member was provided with the Methodological Guidelines and each school prepared an annual work plan for the implementation of these guides during the year. Following the training, PASMO tracks and supports schools to ensure that the guidelines are applied to students of the second and third cycles, the first cycle-related monitoring is conducted directly by the Ministry of Education.

In 2015, PSI/PASMO will hold coordination meetings and follow-up activities to support the implementation process of the Methodological Guidelines (and work plans of the schools), with Departmental, District, and trained Educational Center Directors, (Francisco Morazán, Cortés and Atlántida) and complete the teacher training in Tegucigalpa, SPS, Tela and La Ceiba. With the aim of sharing best practices related to the implementation of the Methodological Guidelines and to strengthen the commitment and skills of teachers, there will be two meetings involving teachers, whose origin cities are Tegucigalpa, SPS, Villanueva, La Lima, Choloma, Tela and La Ceiba.

In 2015, PSI/PASMO will monitor educational centers through coordination meetings with Departmental and District Directorates of education and visits to centers trained to support and ensure the implementation of the Methodological Guide. Each educational center will have a work plan that will include educational activities with children/and adolescents, as well as community mobilization activities that will help position the subject of pregnancy prevention among students, parents, and communities.

In 2015, PASMO/PSI will complete the training of teachers in Tegucigalpa, SPS, through an online training course in using the Methodological Guides “Caring for my Health and for my Life”.

PSI/PASMO will establish an updated system for trained teachers, by sending relevant information (quarterly) related to pregnancy prevention and emphasizing gender perspective through Facebook

Networks. PSI/PASMO will work on monitoring the implementation of the work plans of the educational centers.

B. Conducting educational activities in educational centers

In the third year of the Healthy Youth Project, efforts and initiatives undertaken since the beginning of the project will consolidate. A process of strengthening agents of change will be conducted and the process of training Agents of Change in Tela will be completed in order to complete the group of youth leaders, who support the implementation of the project by assisting and supporting their peers in school activities and community mobilization activities.

In addition, a Quick Guide for Agents of Change will be developed to provide an educational tool for the prevention of adolescent pregnancy, based on results of TRaC Study/baseline and Qualitative Study (Focus Segmentation), to support educational and informational interventions inside and outside the educational centers.

Project team educators and teachers from each educational center will conduct monitoring activities with agents of change in the educational centers of Tegucigalpa, Valle de Sula, Tela and La Ceiba, to ensure the development of the work plans and to provide accompaniment and required support.

Another important activity is the monitoring of theater groups in the Central District, Valle de Sula, Tela and La Ceiba for rehearsals and the implementation of new plays designed to include messages aimed at adolescent pregnancy prevention to be performed both within and outside educational centers.

During the second year, PASMO trained 260 young people from 26 schools in theater, who performed theatrical presentations with messages on adolescent pregnancy prevention in each of these educational centers. The theater groups will receive technical assistance and monitoring by the project team educators.

In order to disseminate messages on pregnancy prevention, school mobilization events will be carried out including students, parents, and community members with the participation of Agents of Change. Examples include educational and health fairs, festivals, civic hours, parades, science fairs, cultural events (civic ceremonies) singing, poetry, murals, and art contests. Likewise, 4 super champs (campeonísimos) events for pregnancy prevention will be conducted in each municipality.

PSI/PASMO will provide support in training and sensitization of parents/guardians and the small internal campaigns conducted in educational centers conducted in commemoration of special days such as national youth week against AIDS, Student Week, Educational Center Anniversaries, and/or other dates associated with the topic.

In addition, PASMO will promote the educational centers that are implementing the Methodological Guides Caring for my Health and my Life to participate in the Fourth Ibero-american Contest on good practices for the promotion of health, sponsored by PAHO/WHO.

4. OUT-OF-SCHOOL AND IN-SCHOOL YOUTH-ORIENTED ACTIVITIES

A. Mass media campaigns and social networks campaign (Phase II)

From July 2013 to July 2014, the first phase of the campaign on behavior change for adolescent pregnancy prevention (En Conexión Radio Program) was developed through a radio station with national coverage, and integrated into the Communication Strategy for behavior change communication (BCC) of Healthy Youth.

Club en Conexión/Jóvenes Saludables, seeks to reach adolescents and young people with correct information through the sexual reproductive health education with emphasis on preventing pregnancy/STIs/HIV and referral services for adolescent-friendly health. This strategy includes the activities of interpersonal communication (IPC) that are developed by the team of educators/Change Agents/Adolescent Leaders, who are trained by the project in peer education. The Healthy Youth Project has begun to use social networks and online platforms, including the new PASMO website and Facebook, through which it hopes to reinforce interventions that are performed face-to-face with schooled and non-schooled youth and teachers.

In 2015, PSI/PASMO will conduct the second phase of the *En Conexión* radio program, starting in November 2015, through reinforcing informative radio spots, based on the campaign for pregnancy prevention for adolescents known as "Because I love myself I Care," produced by the Technical Committee of Adolescents/Secretariat of Health, as part of the integrated mass and social media campaign.

To ensure wide dissemination of this new phase of the radio program, PASMO/Healthy Youth will coordinate participation in youth spaces, radio, and television to promote the project. Community activities will also be supported by the strategy of "*think it over bus*", led by the National Program for Prevention and Social Reintegration in intervention areas of the Healthy Youth project. In order to have a greater impact on the behavior of young people in these geographic areas, meetings will be held with broadcasters of youth programs of the radio stations in the Central District, SPS, Tela and La Ceiba.

The content and messages are based on PASMO educational programs with the purpose of disseminating key messages that strengthen the knowledge, attitudes, and practices of adolescents and young people about adolescent pregnancy prevention, STI and HIV prevention.

In addition, the campaign "*think it over bus*" will be linked to the community activities (second phase of the communication campaign) on pregnancy prevention produced by the National Program for Prevention and Social Reinsertion (PNPRRS).

B. Design and implementation of social mobilization actions (participation with other organizations on special event days):

PSI/PASMO will continue to participate in the meetings of the Technical Committee of the Adolescent led by PAIA/Secretariat of Health, joining efforts for the prevention of adolescent pregnancy in the framework of the National Strategy to Prevent Adolescent Pregnancy and the

Intersectoral Plan to Prevent Adolescent Pregnancy, led by the First Lady's Office and CARSI partners.

PASMO/Healthy Youth will participate in the commemoration of special days in partnership with educational centers, including walks, parades, festivals, theater, puppets, etc. PASMO will strengthen the implementation of theater plays addressing pregnancy and violence prevention. These plays will be presented at access points convenient to project beneficiaries.

The following dates have been identified as key special event days:

- International Day of Elimination of Violence against Women- **November 25th**
- World AID's Day- **December 1st**
- Day of the Honduran Woman- **January 25th**
- International Women's Day- **March 8th**
- Student Day-**June 11th**
- International Youth Day- **August 12th**
- Child's Day- **September 10th**

C. Condom Sale Points, friendly to adolescents:

In conjunction with the behavior change activities related to the prevention of teen pregnancy, PSI/PASMO will strengthen the distribution network of condoms and lubricants distribution to improve access for adolescents.

Activities will continue with owners and/or managers of these businesses, to raise awareness about the situation of teenage pregnancy in the country, the importance of selling products that are available for the adolescents to protect themselves, and the importance of youth-friendly customer service, so that young people will have increased confidence when seeking products (condoms, lubricants, birth control). Additionally, owners and/or business managers will be informed about appropriate mechanisms for storing condoms and to maintain quality while improving sales.

5. MONITORING AND EVALUATION

A. Monitoring and evaluation of the Jóvenes Saludables project

Generally the project is on track to reach the target number of adolescents. However, as mentioned, a major constraint of the Healthy Youth Project has been the process of identifying and engaging young people who neither study nor work. Because of the different contexts of vulnerability where the project is located, PASMO has had to expand its strategic alliances and change the methodologies of approaching and addressing this population.

Currently the PMP includes an indicator related to referral of youth-friendly health services. To date, PASMO has failed to obtain the data needed to monitor the indicator and to define the baseline and establish a referral system because SESAL/PAIA/ CESAMOs, do not have a fully functioning system and youth-friendly health services do not exist in all geographic areas where the Healthy Youth Project is operating.

In order to explore options for improving health services for adolescents or to create them where none exist, PASMO has been conducting advocacy activities and will continue its efforts in coordination with the SESAL, the Directorate of Standardization, UNFPA, and the Office of the First Lady to help strengthen and improve these services. It will also provide opportunities for exchange and training of suppliers and will help CESAMOs located in areas prioritized by the project to improve their institutional capacity in the SSAA.

PSI/PASMO, during execution of the Jóvenes Saludables project, will participate in weekly meetings to monitor implementation of the Project with the AOR/USAID, as well as quarterly meetings with USAID partners. Also, PSI/PASMO will participate in the meetings convened by the CARSI. PSI/PASMO will constantly ensure that the security plan is fulfilled by mitigating the risks outlined in staff work areas, due to high rates of violence and crime. PSI/PASMO will prepare monthly reports to inform CARSI of those activities of greatest relevance. Also, PSI/PASMO will participate in quarterly meetings with USAID partners, share the quarterly progress of program implementation, and participate in meetings with CARSI and other USAID partners, to share program updates and progress.

During this year, the monitoring and evaluation of the project plan will be implemented, according to the plan approved by USAID (indicators and targets from PASMO and the MOH). The Activity Monitoring System together with its specific tools represents a fundamental resource for tracking and monitoring. All educational activities will be recorded on a form completed by participants and connected to a unique identification code (UIC). Educational activities will be monitored quarterly monitored by staff supervisors, and/or the Program Manager.

PASMO Honduras receives technical support from both, the regional office and the office of PSI/Washington, to ensure proper implementation of the project.

At the end of the third fiscal year in order to share the results of the Healthy Youth Project, a project closing meeting will be held involving USAID, the Secretariat of Health, the Secretariat of Education, CARSI partners, and collaborating organizations that supported project implementation.

V. GENDER STRATEGY

The Jóvenes Saludables Project will include gender perspectives and themes of gender equality in its Work Plan executed during the three year program.

The inclusion of gender perspective and prevention of gender-based violence has been included in activities with male and female adolescents between the ages of 10 and 19 years, as well as with young adults of both sexes, 20-24 years old. These perspectives and themes have also been included in activities with mothers and father, teachers and community leaders.

VI. SUSTAINABILITY OF THE MAIN ACTIONS OF THE HEALTHY YOUTH PROGRAM

PASMO, has been working to ensure the sustainability of the program and believes that for activities implemented with the school system, educators, directors, and administrators demonstrate a high level of commitment to the continuation of activities beyond the life of the program. In the departments of Francisco Morazán, Cortés and Atlántida, implementation of the Methodological Guide “*Caring for my Health and Life*” has create awareness and increase the accountability of teachers with the support of the departmental and district directorates of education, taking into account that the current Secretary of Education has expressed interested in the prevention of adolescent pregnancy, HIV, and STIs and GBV. The project is in an intense phase of development, but the results so far are very encouraging.

Regarding the sustainability of work with the non-schooled population, efforts in year three will continue to focus on community-based organizations and reinforce their commitment to identifying and working with out of school youth.

ANNEX 1: Implementation Plan FY 2015

STRENGTHENING ADOLESCENT REPRODUCTIVE HEALTH IN HONDURAS IMPLEMENTATION PLAN FOR FY 2015 (OCTOBER 2014 - SEPTEMBER 2015)														
Project Title: Strengthening Adolescent Reproductive Health in Honduras (Jóvenes Saludables).											Cooperative agreement:		AID 522-A-13-00001	
Planning Period: October 2014- 12 October 2015.											Prepared on:		September 2014	
Project Goal and Objectives														
Program Goal: To improve health outcomes of adolescents (aged 10-24) in vulnerable urban and North Coast regions of Honduras, who are at-risk of unintended pregnancies STIs.														
Program Results: The program has three key results.														
Result 1: Reduced rate of adolescent pregnancies.														
Result 2: Increased knowledge on sexual and reproductive health of adolescents and young people.														
Result 3: Increased use of modern contraceptive methods.														
No.	MAIN ACTIVITIES	TIMEFRAME												Responsible
		Fiscal Year 2015												
		Q1			Q2			Q3			Q4			
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
1. GENERAL PROJECT ACTIVITIES														
A. Healthy Youth Project development and/or recruitment of human resource.														
	a.1	Implementation of the Strengthening Plan in gender issues for teachers and PASMO administrative staff (including specific activities related to special days).												Healthy Youth Program Manager and Facilitators

	a.2	2015 performance evaluation of Health Youth staff.														
	a.3	Implementation of PASMO security plan, as a means to mitigate the impact of potential incidents in performing the work with the project.														
B. Development of the Healthy Youth Project planning for the third year of implementation.																
	b.1	Implementation of DELTA Plan guidelines in the educational and communication processes of the Healthy Youth Project.														Healthy Youth Project Manager, Supervisor BCC/SPS, and Facilitators
C. Creation of strategic alliances.																
	c.1	Development and signing of mutual cooperation agreements among PSI/PASMO, new CARSI partners, and strategic partners (Maquilas, sport leagues, associations, NGOs, churches and other institutions bringing together non-schooled young people).														Healthy Youth Project Country Director, Manager, Supervisor BCC/SPS and Manager
	c.2	Coordination meetings (by municipality) and follow-up on friendly health services for adolescents with the Secretariat of Health and NGOs that provide services on issues related to SRH, to contribute to the proper functioning of the referral system for adolescents and young people (Tegucigalpa, SPS, La Ceiba and Tela).														
	c.3	Design of a technical support package addressed to providers of friendly sexual and reproductive services for adolescents, based on the results of the consultation with health providers.														

	c.4	Advocacy work with strategic partners (UNFPA, Municipalities, etc) so PAIA can establish clinics for adolescents in places where there are none (ASHONPLAFA, AHMF).															
	c.5	Advocacy work with FHIS/CARSI to make possible to improve the infrastructure of some educational centers in areas prioritized by the Healthy Youth.															
D. Strategic information (development of research to provide scientifically collected information to make sound decisions in the Jóvenes Saludables project)																	
	d.1	Quantitative research (Final) to evaluate the results of the Project, with Tracking Results Continuously (TRaC) adolescents/young people: information gathering, data processing.															Coordinator, Monitoring and Evaluation/Coordinator SAM-Regional Office/ Country Director/Healthy Youth Project Manager
	d.2	Preparation of the final Tracking Results Continuously (TRaC) report.															
	d.3	Sharing of the results of Tracking Results Continuously (TraC) with USAID, CARSI and other partners.															
	d.4	Completion of the study on the supply of SHRS for adolescents and young people of the public health system in the areas prioritized by Healthy Youth.															
	d.5	Design of archetypes of SRH services providers for adolescents and young people, and development and implementation of the technical strengthening plan for providers of adolescent-friendly health services.															

	d.6	Mapping of friendly points of sale, points of reference and support points for young people on the issue of Sexual and Reproductive Health. (Google); monitoring of points of sale of condoms Vive by neighborhood/residential zone in each municipality.													
2. OUT-OF-SCHOOL YOUTH, ACTIVITIES															
A. Review, adaptation and/or design of methodologies and intervention strategies of NON-schooled young people.															
	a.1	Completion of the review and adaptation of the curriculum (content) for schooled young people (by age), according to results of the TRaC study/baseline and Qualitative Study (Focus Segmentation).													Healthy Youth Project Country Director, Manager, Supervisor BCC/SPS and Facilitators
	a.2	Production of the methodological manual for facilitators, on adolescent and non-schooled young people pregnancy prevention.													
	a.3	Development/design (review and adaptation) of educational materials (points of sale) and promotional materials: thermos, posters, t-shirts, tags, vests for agents of change.													
B. Implementation of activities with NON-schooled young people.															
	b.1	Conducting educational interventions (workshops, meetings) in order to prevent pregnancies in beneficiaries of Outreach Centers and Youth Networks (AJH partners, Impactos Project, Metas, FUNADEH, other NGOs, young workers of private companies) in Tegucigalpa, Valle de Sula, Tela and La Ceiba.													Healthy Youth Project Country Director, Manager, Supervisor BCC/SPS and Facilitators

C. Coordination with the health centers for care/referrals, support groups of adolescents and young people.															
	c.1	Coordination and follow-up meetings with staff from the health centers to strengthen the referral system for adolescent-friendly health services													Healthy Youth Project Country Director, Manager, Supervisor BCC/SPS and Facilitators
	c.2	Conducting of three workshops for health providers (SSAA), in order to strengthen their technical capacities to provide care SSSRAA (Municipality of the Central District, SPS, La Ceiba).													
3. IN-SCHOOL YOUTH-ORIENTED ACTIVITIES															
A. Coordination with educational centers and capacity building of teachers for the implementation of the Methodological Guides Caring for my Health and Life.															
	a.1	Coordination meetings and follow-up on the implementation process for the Methodological Guides <i>Caring for my Health and Life</i> , with Departmental Directorates of Education (Francisco Morazán, Cortés and Atlántida (two per year).													Healthy Youth Project Country Director, Manager, Supervisor BCC/SPS and Facilitators, Regional Office
	a.2	Virtual capacity building for teachers for the implementation of the Methodological Guides <i>Caring for my Health and Life</i> , in two educational centers in SPS and Tegucigalpa with the support provided by the Departmental Directorate.													
	a.3	Carry out teacher update/refresher on pregnancy prevention, emphasizing gender perspective, through Facebook social network, posting information quarterly.													
	a.4	Monitoring of work plans for the implementation of the Methodological Guides <i>Caring for my Health and my Life</i> of the trained educational centers													

B. Conducting educational activities in educational centers.														
b.1	Production of the Rapid Guide for Agents of Change , on pregnancy prevention among adolescents, based on results of the TRaC Study/baseline, and Qualitative Study (Focus Segmentation).													Healthy Youth Project Country Director, Manager, Supervisor BCC/SPS, Coordinator, Monitoring and Evaluation
b.2	Training of Agents of Change (Tela) on communication skills, management of educational methodologies with their peers and community mobilization actions													
b.3	Follow-up meetings with agents of change in the educational centers of Tegucigalpa, Valle de Sula, Tela and La Ceiba , to ensure the development of the work plans.													
b.4	Monitoring of theater groups in the Central District, Valle de Sula, Tela and La Ceiba, for rehearsals, props, and plays targeted to adolescent pregnancy prevention and disseminate them within and outside of educational centers.													
b.5	School mobilization events (including students and parents and/or community members) with the participation of the Agents of Change: health fairs, civic hours, parades, science fairs, cultural events (civic ceremonies) singing, poetry, murals, and drawing contests, among others													
b.6	Conduct 4 super champs events (campeonísimos) aimed at adolescent pregnancy prevention: Tegucigalpa, SPS, Choloma and La Ceiba.													

	b.7	Launch of internal campaigns in educational centers.													
4. OUT-OF-SCHOOL AND IN-SCHOOL YOUTH-ORIENTED ACTIVITIES															
A. Mass media and social networks Campaign (II Phase)															
	a.1	Dissemination of the second phase (Informative Capsules Enhancement) <i>En Conexion</i> Radio Program, based on the communication campaign in preventing pregnancy for adolescents " <i>Because I love myself, I care,</i> " produced by the Technical Committee of Adolescents/Secretariat of Health, on issues of adolescent pregnancy prevention, as part of the integrated campaign and mass social media (Facebook).													Healthy Youth Project Country Director, Manager, Supervisor BCC/SPS, Coordinator, Monitoring and Evaluation
	a.2	Meetings with broadcasters of youth programs of the radio stations in the Central District, SPS, Tela and La Ceiba, to achieve the impact of the communication campaign aimed at adolescents and young people.													
	a.3	Community activities " <i>Think it over Bus</i> " in areas of intervention of the Healthy Youth Project in coordination with the National Program and Prevention and Social Reintegration (PNPRRS)													
B. Design and implementation of social mobilization actions (Participation in special days with other institutions).															
	b.1	Participation in the meetings of the adolescent technical committee, joining efforts for the prevention of adolescent pregnancy, within the framework of the National Strategy for the Prevention of Adolescent Pregnancy.													Healthy Youth Project Country Director and Manager

	b.2	Organization and conducting of health and education fairs/festivals for the prevention of adolescent pregnancy, in coordination with the Adolescent Technical Committee/ Secretariat of Health and CARSI Partners (Tegucigalpa, Villanueva, SPS, La Lima, Choloma, Tela and La Ceiba).													
C. Friendly points of sale of condoms.															
	c.1	Monitoring of points of sale and strengthening the skills of business owners to ensure the quality of the storage and availability of condoms for adolescents.													Healthy Youth Project Sales Manager/Program Manager and Facilitators
	c.2	Distribution of the POP materials for the friendly points of sale (storage and condom sale promotions).													
5. MONITORING AND EVALUATION															
A. Monitoring and Evaluation of Healthy Youth Project.															
	a.1	Weekly follow-up meetings on project implementation with AOR/USAID.													Coordinator, Monitoring and Evaluation/Coordinator SAM-Regional Office/ Country Director/Healthy Youth Project Manager
	a.2	Preparation of CARSI monthly progress report on project implementation.													
	a.3	Preparation of quarterly progress reports on project implementation.													
	a.4	Quarterly meeting with USAID partners, sharing of quarterly progress implementation.													
	a.5	Meetings with CARSI Program and USAID partners, according to demand to share the progress of the project.													

	a.6	Implementing of the monitoring plan and evaluation of the project (monitoring of outcome indicators, process and goals).													
	a.7	Technical support and supervision from the regional office and PSI (includes staff travel to Honduras).													
	a.8	Project closing meeting and sharing of results with USAID, Ministry of Health, Ministry of Education, CARS partners, beneficiaries, and collaborating organizations that supported the project implementation.													
	a.9	Technical and financial-administrative closing of the Healthy Youth Project.													

