
**ASSESSMENT
OF
YOUTH REPRODUCTIVE HEALTH
PROGRAMMING OPTIONS**

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ACRONYMS

AA	Advance Africa
ABY	Abstinence and Be Faithful for Youth
ANE	Asia/Near East
ARH	Adolescent Reproductive Health
ARV	Anti-retrovirals
AWG	Adolescent Working Group
BCC	Behavior Change Communications
CA	Cooperating Agency or Cooperative Agreement
CARE	Cooperative for Assistance and Relief Everywhere, Inc.
CBD	Community Based Distribution
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CDIE	Center for Development Information and Evaluation
CEDPA	Center for Development and Population Activities
CMS	Commercial Market Strategies
CTO	Cognizant Technical Officer
CTR	Contraceptive Technology and Family Planning Research
DANIDA	Danish International Development Agency
DHS	Demographic and Health Survey
EC	European Commission
FBO	Faith-Based Organization
FGC	Female Genital Cutting
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GH	Global Health
GLP	Global Leadership Priority
HCP	Health Communications Partnership
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICRW	International Center for Research on Women
IPC	Interpersonal Communications
IPPF	International Planned Parenthood Federation
IRH	Institute for Reproductive Health
JHU	Johns Hopkins University
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health
NCYD	National Centre for Youth Development (Jamaica)
NGO	Non-Governmental Organization
NORAD	Norwegian Agency for Development Co-operation
OBSI	Optimal Birth Spacing Initiative
OHA	Office of HIV/AIDS
OR	Operations Research
OVC	Orphans and Vulnerable Children
PAC	Post Abortion Care

PAHO	Pan-American Health Organization
PATH	Program for Appropriate Technology in Health
PEPFAR	President's Emergency Program for AIDS Relief
PHN	Population, Health and Nutrition
PMTCT	Prevention of Mother to Child Transmission
PRH	Population and Reproductive Health
PRB	Population Reference Bureau
PSI	Population Services International
RH	Reproductive Health
SDI	Service Delivery Improvement Division
SI	Strategic Initiative
SMASH	Social Marketing for Adolescent Sexual Health
SOTA	State of the Art
SOW	Scope of Work
SRH	Sexual and Reproductive Health
TA	Technical Advisor, Technical Assistance
TFGI	The Futures Group International
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YN	YouthNet
YRH	Youth Reproductive Health

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EXECUTIVE SUMMARY

This report summarizes the findings of a review undertaken to guide the Bureau for Global Health (GH) in addressing youth reproductive health needs through programming in the GH portfolio. Using data collected through document review, in-depth interviews and organizational responses to a self-administered questionnaire completed by USAID cooperating agencies during November-December 2004, the report:

- Describes the current scope of youth-related programming within GH;
- Assesses the need and demand for USAID technical leadership in YRH; and
- Discusses options to advance youth programming through existing and/or new projects within the GH portfolio, and in particular PRH.

Policy and Advocacy

Policy activities addressing YRH are both limited in number, and often in scale. In most cases, efforts focus on raising awareness of YRH needs, and prioritizing them in the demographic and health contexts of individual countries. Given lack of consensus in defining key youth policy issues, appropriate policy responses can be difficult to pursue.

Policy and advocacy activities have benefited from lessons learned in the evolution of this field, building upon and adapting planning and training tools. www.youth-policy.com is a practical advance in making the tools and language needed to develop national and operational YRH policies widely available. Removing YRH as an explicit and key theme from the follow-on POLICY procurement may jeopardize continued attention to this topic in the policy arena.

Research and Data Collection

The research conducted is generally of good quality, and is on important topics. Many studies have tantalizing findings that need to be validated in other settings in order to build a body of conclusive evidence for program planning. Faster and smaller studies that maintain scientific rigor need to be developed, and efforts made to convince local missions of their value. Continued effort is needed to synthesize research results on common themes, and actively disseminate findings to program staff to ensure use.

BCC

USAID supports significant centrally funded BCC programming, which in turn attracts field support for work in all regions. Communications projects generally represent good quality and state of the art, including working with the target audience, emphasizing youth participation, identifying gender issues, maintaining evaluation as a key element, and significant implementing at scale or planning for scaling up. Strategies and message content have moved toward greater risk assessment and emphasis on abstinence and less discussion of condoms for safe sex.

Service Delivery

With the exception of social marketing, there are few centrally funded activities that provide RH services to young people; little effort is made to take such projects to scale. Some work focuses on supportive activities (training, management) in service delivery and on broader programming that includes youth among clients served. Projects that target youth have moved in the direction of serving married, older, and at-risk youth. USAID, in contrast to other major funders in the YRH field, does not prioritize integrating service delivery with education, youth development or other sectors.

YouthNet

YouthNet has made numerous contributions during its tenure. Among the most important, it maintains a focus on youth perspectives of RH/HIV globally, regionally and within countries, and ensures a level of concern about youth programming within USAID. It plays a unique role in collecting, reviewing and synthesizing research and program findings in the field and in making information widely available. The program has fostered an important two-way linkage between its global leadership and its field-level activities, with each enriching the other. YouthNet places priority on integrating RH and HIV prevention issues and programming for youth, and to the extent possible, pursues a multisectoral approach to youth programming. Weaknesses were observed in service delivery and private sector programming.

Most organizations queried noted that they found the information and clearinghouse function of YouthNet the most useful. YouthNet has successfully collaborated with other CAs and UN agencies though some CAs expressed disappointment that collaborations did not materialize. Successful collaborative activities took place on conferences, tools, curricula, and program approaches, leveraging resources and expanding the legitimacy of youth as a unique program area.

Advantages of a Dedicated Project

There remain a number of benefits to the continuation of a dedicated youth project. While YRH cuts across the domains of research, policy, communications, and service delivery, the population targeted, and its needs are unique, and would be well served by a project designed to provide full attention to this population and key subgroups.

The advantages include: compiling technical resources; securing opportunities to foster collaboration; leveraging limited resources; conferring legitimacy on a marginalized program issue; serving as a catalyst for the issue spurring attention among other organizations; and functioning as an honest broker in a competitive environment.

Disadvantages

Many centrally funded projects have existing expert advisors on YRH guiding their own program efforts. Technical expertise in several program areas is stretched thin on the

YouthNet staff, compared with larger specialized staff of other CAs. Large projects can be reluctant to collaborate with a smaller project viewed as having less experience in some program areas.

Segregated funding streams have made integration challenging between core and field and RH and HIV/AIDS priorities, and reduced opportunities for creative multi-sectoral approaches. Accomplishments to date has been limited, given alternative support with other programs; however, YouthNet stands to be productive during the next few years as products and research results are finalized and disseminated. YRH may be too sensitive an issue to stand alone in the current environment. It may attract significant opposition, resulting in more limited program options.

State of the Art

Most projects stated that they used research findings to design and implement activities, and that they regularly reviewed YouthNet's electronic updates on research findings and program reports. However, the extent to which findings were factored into design could not be determined. Given USAID's interest in pursuing SOTA project design based on research findings and relevant experiences, evidence and guidance should be articulated so that it can be readily consulted and used by the CA community.

The team noted less convening as an YRH community to discuss state-of-the-art findings on specific topics or approaches compared to the period when FOCUS was underway, although some has occurred (on RH and HIV/AIDS research findings, youth participation and youth friendly services, all co-sponsored by YouthNet). In general, there is greater deviation from consensus thinking on directions that YRH should take, mainly the result of USAID-supported projects moving more toward abstinence and having less emphasis on youth participation and on rights-based approaches to YRH. On these latter topics, and to some extent overall in the YRH health field, other donors and agencies have assumed leadership positions.

Challenges for USAID

USAID has provided technical leadership in the field of youth reproductive health and HIV/AIDS programming throughout the past decade. Debate within the USAID community is now considering whether this has been a sufficient duration to successfully "incubate" YRH as a program priority, such that a single, dedicated project is no longer needed. In considering this question, USAID needs to address key issues, beginning with whether the agency wants to be a technical leader, maintaining commitment to evidence-based programming. If so, a broader youth constituency must be built within G/PRH and G/OHA, with more champions to promote YRH across the portfolio. Specific requirements must be put in place in contract language to ensure adequate YRH coverage in other CA programs. Attention should be given to the methodological and practical implications to ensure programs use SOTA, promising approaches and best practices.

Separate G/PRH and G/OHA funding streams, and different proportional allocations from core and field support, hamstringing efforts to develop coherent programs for youth that incorporate elements of all aspects of RH and HIV/AIDS prevention. Ways of reconciling these competing administrative challenges must be developed. The challenges imposed by PEPFAR funding and requirements also must be clarified and addressed.

Alternative Program Models

The team identified six possible program models, together with advantages, disadvantages and actions required by USAID to successfully implement each model.

1. Comprehensive stand-alone project
2. Combination (stand-alone plus other CAs)
3. Mini stand-alone project (clearinghouse) and support for other CAs
4. Other CAs with dedicated staff and funding
5. No central projects, rely on bilateral programs
6. No emphasis on youth as program priority

The first and last models (comprehensive stand-alone and no emphasis) are not recommended. A combination of a stand-alone project and support for other CAs is similar to recent experiences with the FOCUS and YouthNet projects. The team concludes that this model, with an adjusted design, offers the best combination of USAID leadership, visibility, documentation and innovation to a field that requires a long period of nurture and specialized support. However, given the lack of clear support within USAID for this model, and in view of altered political realities, this model also is not recommended.

The team recommends that the clearinghouse function be retained as a discrete activity, given that this is one project element that CAs and other agencies active in the YRH field most valued in the dedicated projects. While this model would accommodate some of the most practical and needed actions facilitating CA's work in the YRH field, ensuring the continuation of other CA YRH functions is also recommended.

Model four includes mandating dedicated staff and funding for YRH to support research and evaluation, policy, BCC, social marketing and service delivery activities. This model requires significant coordination within USAID to ensure contractual language in existing and future agreements, made more challenging by the varying time lines among projects. Furthermore, without a dedicated project to play a leadership and coordination role in the YRH community, USAID would need to take on that task itself. This implies the strengthening of YRH leadership within the agency, through such mechanisms as designating an YRH Global Leadership Priority or a dedicated staff position.

USAID is considering placing a specific emphasis on youth programming in the upcoming service delivery project, which is consistent with model four. This is important in order to provide needed support for YRH activities, and to strengthen this important program area. However, it is not feasible for a project in a single program area to exert

technical leadership over the entire discipline, and to function as a flagship project for a programming priority that spans multiple technical areas. The team is not persuaded that YRH is best served by its inclusion in the service delivery project alone. Service delivery is only a part of the needs of a youth reproductive health program, and placing the project, and mandating technical leadership for the office, in this portfolio risks de-emphasizing other critical areas (policy, research, BCC), as well as implying failure if the project is not successful in building up its service delivery element .

Relying on bilateral programs with no central projects, Model 5, is not recommended. The levels of SOTA programming and commitment to implementing YRH activities vary greatly among missions. To keep missions adequately informed and to encourage their support of YRH, both the Global and Regional Bureaus would need to take substantial action to ensure continued updating of, and involvement in, the YRH field.

Although the value-added of leadership in the YRH field would be compromised, an adaptation of the current model, with a lead project assuming the role of consensus building, information synthesis and dissemination, research and program support, coupled with the specialized focus and strengths of other centrally funded projects, is one that appears best suited to meet program needs for the immediate future.

I. INTRODUCTION

USAID has assumed a significant technical role in the area of youth reproductive health during the past decade. It has funded a ten-year program implemented by two projects, FOCUS on Young Adults and YouthNet, to prepare program tools, conduct research, promote policy change, design interventions, and disseminate information. In addition, a number of centrally funded projects have been specifically charged with making youth and reproductive health a priority within their program specializations.

While tremendous strides have been made in recent years, little has changed in the global situation of youth. In fact, with HIV disproportionately affecting young people, youth reproductive health (YRH) has worsened. There is no evidence to support a diminution of program efforts. People between the ages of 10 and 24 make up nearly thirty percent of the world's population. Over half of new HIV infections occur among those 24 and under and young people are gravely affected by orphanhood or the demands of care and support for family and community members. Sadly, they also comprise a large share of the victims of natural disasters. In speaking of the recent tragedy resulting from the earthquake and tsunami in the Indian Ocean, Carol Bellamy, director of UNICEF, remarked that the large number of deaths among children and teens was not surprising, given that in many of the countries affected, they constitute up to 50 percent of the population (Face the Nation, January 2, 2005).

International donors and development organizations continue to consider new directions for YRH. The end of project report prepared by FOCUS on Young Adults, *Advancing Young Adult Reproductive Health: Actions for the Next Decade (2001)*, summarized learning and best practices, supported by good quality evidence. The United Nations Population Fund (UNFPA), together with the Population Council, recently sponsored a conference and supporting materials on *Adolescent and Youth Sexual and Reproductive Health, Charting Directions for a Second Generation of programming (2002)*. The World Health Organization has made youth reproductive health and HIV/AIDS a priority, and has promoted information sharing and consensus through a series of technical meetings and consultancies convened during the past few years.

This report summarizes the findings of a review undertaken to guide the Bureau for Global Health (GH) in addressing youth reproductive health needs. The primary purpose of the review is to inform GH decisions regarding how youth programming should be addressed within the GH portfolio, and particularly within the Office of Population and Reproductive Health (PRH), in the future. Specifically, the review team was asked to:

1. Assess the current status of YRH technical leadership and programming within GH and identify strategies that have been effective in advancing state-of-the-art YRH programming within USAID more broadly.

2. Identify appropriate options for filling the YRH technical leadership role within the GH/PRH portfolio in the future, and the configuration of projects and activities with the greatest potential to strengthen YRH programming.

3. Advise GH/PRH regarding the advantages and disadvantages of a follow-on to the current specialized youth technical leadership project (YouthNet), and of incorporating the technical leadership role in YRH programming within the currently proposed follow-on general family planning services project.

Responding to the assignment requirements, this report:

- Describes the current scope of youth-related programming within GH;
- Assesses the need and demand for central USAID technical leadership in YRH; and
- Discusses and makes recommendations concerning options for further advancing youth programming through existing and/or new projects (or other mechanisms) within the GH portfolio, and in particular PRH.

II. METHODOLOGY

A two-person team carried out the review, consultants Susan Adamchak and Judy Senderowitz. Mahua Mandal, a USAID Michigan Fellow assigned to the Service Delivery Improvement Division (SDI) of PRH, provided support. Data and information were obtained from document reviews, in-depth interviews, and responses to self-administered questionnaires.

Adamchak, who served as team leader, began work on the assignment in September 2004 with her participation in two meetings with the Youth Team of PRH and OHA to finalize the scope of work and to identify key questions. In October, Adamchak and Senderowitz reviewed several resource documents, including:

- Kennedy, et al. (1999), *Assessment of G/PHN Young Adults Reproductive Health Programming Options*
- Senderowitz (2000), *A Review of Program Approaches to Adolescent Reproductive Health*
- Rosen (2000), *Moving the Agenda Forward: A One-Day Forum on Adolescent Health and Development for USAID Staff and External USAID Partners*
- Focus on Young Adults (2001), *Advancing Young Adult Reproductive Health: Actions for the Next Decade*

These, and other references reviewed, are listed in Appendix C.

With input from the USAID Youth Team, Adamchak and Senderowitz drafted a self-assessment questionnaire to be completed by the majority of centrally funded PRH CAs, as well as a selection of OHA CAs. The questionnaire was sent to nearly 40 organizations, a number of which replied that they did not have youth activities in their portfolios, or the questions included were not appropriate for their specific work. Replies were received from about 20 organizations; key indicators are tabulated in Appendix D. Mandal was responsible for compiling the questionnaire responses into a summary document used by the team to facilitate analysis.

A second questionnaire was prepared as a self-assessment for YouthNet. This provided background information used to prepare questions used during a daylong orientation and briefing with program staff.

The team was also asked to consider bilateral support for YRH, but was requested not to contact missions directly for information. Requests for information were made through the regional bureaus, and through the country support teams of PRH. While several informants cited a perception that many bilateral programs have youth components, the team did not find evidence to support this. For example, of 27 E&E countries in USAID's portfolio, 22 have health activities, 7 include reproductive health, and only 3 have youth reproductive health elements.

Within USAID, the Youth Team, comprising Shanti Conly, Pamela Mandel, Sarah Harbison, and Mahua Mandal, briefed the review team. The team also met with the director of PRH, Margaret Neuse, Deputy Director Scott Radloff, and Ellen Starbird, Chief, Policy, Evaluation and Communication Division and their counterparts in OHA, including Director Connie Carrino and Deputy Director Roxana Rogers. Fieldwork was carried out from November 15 to December 10, 2004. During that time, Adamchak and Senderowitz conducted in-depth interviews with key CA staff, as well as colleagues in non-USAID funded organizations. In addition, a number of telephone interviews were conducted (see Appendix B for persons contacted). The team spent a full day with the staff of YouthNet, for a comprehensive briefing on the project structure and activities. The majority of interviews were conducted jointly.

The findings reported below are based on responses to the questionnaires, in-depth follow-up interviews with USAID CAs, and interviews with non-CA organizations active in the field of YRH and HIV/AIDS. The quality of the data returned on the questionnaires was extremely varied, and did not lend itself to aggregation in the manner anticipated. Tables 1 through 14 in Appendix D summarize the responses to several key indicators.

The report first presents findings on the scope of youth programming among CAs, and to an extent, among non-USAID organizations, in six areas: policy and advocacy; research and data collection; behavior change communication; service delivery; Youth Special Initiative Awards; and cross-cutting issues. This is followed by a description of activities carried out by YouthNet. Section 5 discusses the benefits and challenges of a dedicated youth project, and is followed by a review of key program areas and a discussion of state of the art in YRH. The following section addresses challenges faced by USAID in maintaining technical leadership in YRH. Finally, a series of alternative program options are presented.

III. SCOPE OF YOUTH-RELATED PROGRAMMING

Policy and Advocacy

Policy and advocacy activities take place on two levels: country- or region-specific efforts that address issues particular to the locally perceived needs for adolescent reproductive health; and global efforts that are undertaken to raise awareness of the unique needs of adolescents among wide and diverse stakeholder audiences. The former, while drawing on established practices of policy development and implementation, vary greatly depending on the local context and stage of commitment to addressing YRH. The latter are comparable to other wide scale communication and dissemination efforts, relevant to this analysis by their focus on the needs of adolescents and youth.

While many CAs would rightfully claim to engage in advocacy as they implement their programs, The Futures Group International (TFGI), through the POLICY Project, and the Population Reference Bureau, through Measure Communication and the current BRIDGE Project, carry the most explicit mandates to address YRH as a programmatic theme. Indeed, YRH was included in the current agreement with TFGI as a key, crosscutting theme, although it has not been specified as such in the request for proposals for the follow-on to the POLICY Project. There is concern that if YRH does not remain a crosscutting theme, losses would include development of tools, dissemination efforts across projects, and technical resources that span individual countries. This concern is exacerbated given that the project is largely field oriented and field driven.

An Adolescent Working Group (AWG) was established within POLICY to ensure that the issue would remain visible as a priority for all staff, and to promote integration of YRH policy activities in country programs. That said, the budget of the AWG itself is small, limiting its influence, and dictating the creative use of leveraged resources. As a result, many of the YRH policy projects can be considered “targets of opportunity” which the AWG identified and pursued.

POLICY has carried out work in nine countries, supported in six by field support. The scope and scale of activities have varied widely. In Haiti, the project assisted in secondary data analysis of DHS data to look at indicators related to youth, such as rates of teenage pregnancy. The findings were used in a session on YRH included in a 20-hour workshop for journalists to better inform them of key health issues and improve their writing and advocacy skills. In Zambia, POLICY worked with a local interfaith network to advocate for YRH services and policy change among one of the largest employers in the country. POLICY collaborated with Community REACH and YouthNet in Haiti to document actual and perceived barriers to FOSREF VCT and RH services.

POLICY has also carried out important work in Jamaica, with the goal of strengthening multisectoral coordination on youth issues. Efforts focused on strengthening the National Centre for Youth Development, led by young people. The NCYD subsequently led a

process that produced a revised national youth policy and a national strategic plan for youth development.

In contrast to these small-scale efforts, POLICY has committed to assist the Government of Kenya over the next ten years in developing a plan of action for its Adolescent Reproductive Health and Development Plan. It has also worked with a local NGO in Uganda to attempt to break the bottleneck impeding approval of the National ARH policy (drafted in 2000), a crucial element in that country's comprehensive fight against HIV/AIDS; UNFPA provided additional support for this work. In Nigeria, POLICY carried out a representative survey of youth aged 10 to 24 to obtain up to date information on health needs, and worked with the Young Adult and Adolescent RH Network to advocate for the inclusion of ARH in the Edo State Strategic Plan. The Packard Foundation will provide resources to extend this work to another Nigerian state.

In the cases noted above, the primary audience for the policy and advocacy activities is key stakeholders within the country. POLICY recently completed a comprehensive review of issues, policies and programs on adolescent and youth reproductive health in the Asia and Near East region at the request of the ANE Bureau. These reviews, while a valuable resource for a variety of users, were primarily commissioned to inform USAID mission personnel.

POLICY recently collaborated with YouthNet on sponsoring an YRH Policy and Program Planning Workshop in Tanzania. The workshop brought together 37 policy makers, health professionals and youth leaders from five countries. POLICY and YouthNet are each responsible for follow up activities in specific countries. Both organizations cited the very practical benefits of working together on this effort, and the multiplier effects of their collaboration.

An important and practical tool targeting a much broader audience is the new website and searchable database developed by POLICY in collaboration with YouthNet, www.youth-policy.com. This online resource aims to help countries design comprehensive youth RH policies; provides guidance in language and content; increases awareness of youth policies; and promotes the exchange of information on youth RH policies.

Many observers would characterize the work of the Population Reference Bureau as Behavior Change Communication (BCC), and indeed some activities are discussed in the following section. Staff at PRB, however, view their work as contributing to global advocacy on key issues of reproductive health, including YRH. Periodically, PRB has produced a data sheet on youth with a special focus on YRH, and an accompanying report; more than 20,000 copies of the 2000 data sheet and booklet were distributed. An update is planned for 2006 (YouthNet will be contacted for collaboration on the narrative content included on the reverse side of the data sheet). Other documents and tools, such as the booklet "Abandoning Female Genital Cutting" have been widely distributed and used in advocacy efforts in numerous countries.

Additionally, PRB has a long-established relationship with networks of journalists and women editors in Africa, through *Pop'Médiafrrique* in West Africa, and the editors' network in East and Southern Africa. Network members frequently include policy makers as well as journalists, which serves to improve communication and the coverage of important issues. The participants meet periodically for workshops covering specific themes, including YRH, and are perceived to be important local resources advocating for change in their respective countries.

An intangible benefit of PRB's work in advocacy is its reputation as an evidence-driven organization reporting good science in an objective, neutral way. This has brought additional credence to the publications PRB has produced in collaboration with other CAs, including its work with:

- Population Council on a series of policy briefs on quality of care, including "Focus on Youth"
- Population Services International, documenting the SMASH program
- MEASURE DHS, on a chart book of youth in Sub-Saharan Africa
- National Academy of Sciences (under discussion), on a summary of the 2005 report, "Growing Up Globally".

Few other CAs report advocacy as part of their YRH activities, and few bilateral programs appear to directly support YRH policy efforts. Several missions have provided field support to the POLICY Project. POLICY recently was awarded bilateral support in Nigeria and YRH will be addressed; TFGI is also a sub-grantee on a new service delivery bilateral program there. UNFPA conducts some advocacy on select topics, including married adolescents, alternative strategies to early marriage, and gender equality.

Observations about Policy and Advocacy

- Policy activities addressing YRH are both limited in number, and often in scale. In several important countries, notably Jamaica, Kenya and Nigeria, efforts to operationalize and implement policy initiatives are underway.
- In most contexts, efforts continue to focus on raising awareness of YRH needs, and prioritizing them in the demographic and health contexts of individual countries.
- There is a lack of consensus on what the key youth policy issues are, and so it is not clear what is the most appropriate policy response to pursue.
- Removing YRH as an explicit and key theme from the follow-on POLICY procurement may jeopardize continued attention to this topic in the policy arena.
- Policy and advocacy activities have benefited from the lessons learned in the evolution of this field, building upon and adapting planning and training tools. www.youth-policy.com is a practical advance in making the tools and language needed to develop national and operational YRH policies widely available to policy advocates and stakeholders worldwide.

- Collaboration with a project such as YouthNet is perceived beneficially to “put a magnifying glass” on the issue of YRH, to leverage resources, and to advocate for local activities.

Research and Data Collection

Research on YRH issues are conducted both by CAs interested in monitoring and evaluating their own field-based interventions, and by CAs with research grants. Among the former, JHU and PSI are notable for their consistent review of their programs, and for their efforts to report their findings. Among the latter, the Population Council, through both the Frontiers in Reproductive Health Program (FRONTIERS) and Horizons as well as through the International Programs Division, and Family Health International (FHI) through the Contraceptive Technology and Family Planning Research Program (CTR) have carried out a number of studies that look at YRH education and/or service delivery models, gender, risk assessment, voluntary counseling and testing, and other HIV/AIDS related topics. With the awarding of YouthNet to FHI, most of the YRH research activities were shifted from the CTR portfolio. The YouthNet research agenda is discussed separately, later in this report.

The lion’s share of YRH research is supported with core funds through PRH and OHA, with some notable exceptions (Kenya, South Africa, Jamaica, and Bangladesh were mentioned). The projects are often mandated to conduct research on key topics or themes negotiated with the Global Bureau, and these themes may not match the interest or needs of local missions. Similarly, missions may be unwilling to invest in long-term operations research, preferring more rapid responses to pressing questions.

The research carried out during the past several years has contributed to a growing body of knowledge on essential issues relating to YRH, including:

- Effectiveness of media and BCC campaigns
- Community acceptability of RH and HIV/AIDS education for youth
- Role of schools and teachers in providing RH and HIV/AIDS education
- Reaching high-risk populations to effect behavior change
- Effectiveness of diverse education and service delivery models

It has generally been of good quality, although sometimes hampered by being of too short duration to fully measure change in key indicators, and often affected by changing dynamics in real-life settings which may impinge on the research design and implementation.

Research has largely been carried out on limited topics, and in limited geographic sites. The research on youth reproductive health has largely focused on exploring different education, and to an extent, service delivery models. In HIV/AIDS, the work has also looked at education; the focus on services has mainly considered the accessibility and acceptability of voluntary counseling and testing. Orphans and vulnerable children affected by HIV/AIDS have also been the subject of a number of studies, both

considering the factors that influence their subsequent behavior and status, and in their participation in care and support of HIV/AIDS family and community members.

FRONTIERS undertook four large-scale, multi-intervention operations research studies in Bangladesh, Kenya, Mexico and Senegal, attempting to determine the effect of adding school based reproductive health education to community and health center activities. While the results differed by country, the studies showed increased knowledge of key RH topics, and documented the community acceptability of providing RH education to youth both in and out of school. With the exception of Mexico, elements of each study have been selected for expansion or replication within the countries. Other research focused on education or service delivery mechanisms such as youth centers, peer education, and combining RH with livelihoods.

Horizons has also tested several school-based HIV/AIDS education models in Mexico, South Africa and Thailand. They have undertaken several groundbreaking studies on gender norms and sexual risk and behavior among youth, and are contributing to much needed knowledge on youth and VCT. Several studies have also focused on the unique circumstances facing orphans and vulnerable children.

CTR has also contributed to research on education models, and has moved ahead in developing and testing curricula and educational materials. They report several studies on the sexual risks and RH needs of OVC, and were also involved in at least one study on FGC.

The Population Council, through the PCP3 grant, has undertaken a long-term study on transitions to adulthood in South Africa. They have also tested methodological advances examining different ways of collecting data from young people, comparing interviews, self-administered questionnaires and computer-assisted questionnaire formats. Using resources other than those from USAID, the Council has explored issues of girls and sports, livelihoods, education and the special needs of minority populations in RH.

Among the four research CAs, 40 studies were carried out in 20 countries. More than half the studies were carried out in Africa (see Table 1).

Table 1
YRH Research by Region, Number of Countries and Number of Studies

	Number of Countries	Number of Studies
Latin America and Caribbean	5	7
Asia	4	8
Africa	11	25

In part the decision where to work, particularly for research funded by core support, is driven by the local infrastructure or long-standing relations of the CA with a particular site. During recent years, USAID has closed, or begun the closeout process, of several missions in Latin America, reducing demand and resources for research in the region.

The increasing bilateralization of foreign assistance also affects demand for more global research.

In addition to the research specifically targeting YRH, both FRONTIERS and Horizons have undertaken studies that include significant adolescent populations, or issues of major relevance to adolescent wellbeing. FRONTIERS has been in the forefront of the movement to eliminate female genital cutting, and has conducted six studies to document the context of the practice, and to foster community support against it. Horizons has carried out work on preventing mother to child transmission of HIV/AIDS (PMTCT) in three countries, which due to the early age of childbearing invariably affects young women. Ten studies focus on community programs to reduce risk behavior, address stigma, provide care and support, and improve adherence to anti-retroviral therapies (ARV), which may include youth as a sub-population. Three studies have addressed the needs of orphans and vulnerable children (OVC), and eight studies of special populations (prostitutes, mobile populations, and men) may also include youth. Youth have not always been considered as a segment in analyzing these additional studies, however.

There is a continuing need to understand the demographic profile of the large and growing adolescent and youth population. This demographic reality poses a huge challenge to countries with limited resources in all domains, including health. Both MEASURE DHS and MEASURE CDC carry out large-scale data collection. DHS surveys typically collect data on women aged 15 to 49, and so a number of indicators are available to report the RH situation of young women aged 15 to 24. Many of the more recent surveys also include men. Data are also available to examine trends over time, both by examining different cohorts included in the same survey, and in an increasing number of cases, by tracking changes recorded in multiple surveys taken over time in individual countries.

MEASURE DHS conducts few surveys of youth, but it has produced a number of special reports including:

- Youth Reproductive Health in Ethiopia (2002)
- Socioeconomic and Demographic Situation of Adolescents and Young Adults in Zimbabwe (1997)
- Coping with Pregnancy: Experiences of Adolescents in Ga Mashi Accra (2002)
- Reproductive Health of Young Adults in Uganda (2002)
- Trends and Differentials in Adolescent Reproductive Behavior in Sub-Saharan Africa (2002)
- A new series on youth and HIV in selected countries (forthcoming)

Like the DHS, MEASURE CDC has provided technical assistance to a number of countries to collect nationally representative data on women 15 to 49 (or 44), and men of similar age. They have also contributed to several studies and reports focused specifically on YRH. Among the countries and regions surveyed, and for which analyses of young adult behavior have been conducted are:

- Cape Verde
- Eastern Europe and Eurasia
- Georgia
- Jamaica
- Mozambique
- Paraguay
- Puerto Rico
- Romania

Many CAs mentioned using findings from the work of Horizons, FRONTIERS, FHI and JHU in designing or implementing activities, though few specific examples were given. YouthNet mentioned using Horizons' work on care and support, and ICRW, among others, mentioned referring to the FOCUS end of project report, as well as tools developed, such as the *Guide to Monitoring and Evaluation of Adolescent Health Programs*.

ICRW is pursuing a research agenda complementary to that supported through USAID CAs. They are collaborating in Thailand with Mahidol and Princeton Universities to determine how young people develop social capital, and how it changes with rural to urban migration. They are working with CORE in Uganda on efforts to prevent early marriage, and in India they are using Packard Foundation support to test an integrated model of YRH services that combines service delivery, information and community support.

UNFPA has asked YouthNet to mentor five young researchers who will carry out work on access to services, including issues of policy and youth participation. They will undertake a study of coverage of youth services, and the cost of a package of services for young people. In collaboration with the Population Council, UNFPA is also investigating issues related to young youth, including developmentally appropriate methods of data collection, testing pilot projects, and defining the HIV/AIDS vulnerabilities of this young cohort.

Observations about Research and Data Collection

- The research conducted is generally of good quality, and is on important topics.
- Continued effort is needed to synthesize research results on common themes, and actively disseminate findings to program staff to ensure use.
- Faster and smaller studies that maintain scientific rigor need to be developed, and efforts made to convince local missions of their value.
- Many of the studies have tantalizing findings that need to be validated in other settings and contexts in order to build a body of conclusive evidence for program planning.
- There are numerous research topics that require investigation to support the new directions of YRH. These include, but are not limited to:
 - Promoting abstinence effectively to achieve long term behavior change

- Risk and avoidance of coercive sex
- The impact of gender roles on RH and HIV/AIDS, including age and power imbalances
- RH and family planning needs of young married couples
- The effects of poverty and economic vulnerability on RH and HIV/AIDS, including among OVC
- Demographic analysis, modeling population trends for the younger age cohorts, and future RH service needs
- Education models that promote behavior change as well as improve knowledge

Behavior Change Communications

Behavior change communications (BCC) comprise a vast array of project types and topics and often link to other program areas such as policy and service delivery. Activities that are designed to be youth-oriented include mass media (electronic, print); drama, music, folk and other live communications; formal and nonformal education, peer education, hotlines, counseling and other interpersonal communication (IPC). In support of such efforts, there are many key actions, such as materials and media development, training and/or orienting media professionals and training educators, including youth themselves. The target audience may be directly reached, as with a targeted TV or radio show, or indirectly, through the briefing of journalists to write effectively about key YRH issues. Linkages are typically made to other program areas, such as informational briefs designed for policymakers or demand creation media messages intended to increase use of services.

While RH information, motivation and demand creation for services have traditionally formed the focus of BCC, recent trends show some changes in emphases and new topics and issues. For example, risk assessment has become a more popular topic for communication. Similarly, abstinence has increased as a priority topic with youth audiences, with less attention to “be faithful,” and considerably less focus on condom availability, especially as the PEPFAR grants have come into operation. These grants have also altered the typical CA to carry them out: considerably more faith-based organizations (FBOs) are beginning to conduct HIV/AIDS activities, including some new to the international youth health field. Community-based activities are increasing, both through faith-based groups and social/educational venues, such as at sports activities and with youth group programming.

The Johns Hopkins University Center for Communication Programs’ Health Communication Partnership (HCP) comprises the largest number of activities in a broad geographical area: at least 36 youth-focused BCC projects in over 30 countries (Appendix Table D7). Field Support funds the majority of these, with bilateral funding also a significant source. HCP has made the youth audience a key focus and, in developing their messages and campaigns, they stress beginning with the target audience, as well as laying a foundation by conducting advocacy in support of the project at the

onset. HCP virtually always includes an evaluation component, emphasizing measurement of behavioral changes among its designated target audiences.

HCP's projects cover a range of approaches based on opportunity, need and available channels. In Brazil, for example, "Editoria De Igual para Igual" is designed to increase access to high quality, correct RH information to high school students by training school-based journalists to more effectively write about these topics for their peers. The "We Plan Our Future – We Plan Our Family" Youth campaign in Jordan uses a wide range of communication channels and popular entertainment-education formats to reach its target audience of 15- 24. University-based activities ensure that those making decisions before and upon marriage are receiving relevant RH information, including important gender-related messages. The Sports for Life Project in Ethiopia engages a variety of youth and community organizations focusing on sports and physical education as a channel to transmit healthy messages. In Guinea, youth were involved in creating a community-based project to prevent HIV infection and unintended pregnancy by promoting the right to abstain or use condoms. The efforts in Bangladesh have wide coverage: the set of four videos, with accompanying pamphlets and training materials, will be introduced in 40,000 schools nationwide, and India and Indonesia are considering replicating the project.

PSI has long targeted youth in BCC projects, usually combined with product or service availability through social marketing. BCC mechanisms are varied and emphasize mass media and peer education (and other interpersonal communication) directly tying in branded products and/or franchised YFS or VCT services. (For a more complete discussion of AIDSMARK activities, see the "Service Delivery" section, below.)

Population Reference Bureau's MEASURE and BRIDGE Communication projects have focused considerable attention on youth issues, typically compiling and presenting information on key topics, or training communicators such as journalists, in ways to help intermediaries better provide relevant information and work with emerging issues. Although a variety of youth-serving professionals and communicators use PRB's materials, there is a major emphasis on providing accurate and relevant information for policy concerns in individual countries, regions and globally. For example, through Pop'Mediafrique (mentioned above in the discussion of policy), a seminar in Mali, "AIDS and Young People," was convened in response to a request from editors to become better advocates on this issue. PRB publishes and disseminates information on a broad range of RH topics, some covering youth as part of a broader context, and others focused on youth specifically, such as evaluations of youth projects, and data sheets and reports on "The World's Youth."

The CORE Initiative, led by CARE International, focuses on strengthening the capacity of community-based and faith-based groups addressing HIV/AIDS prevention and impact mitigation. Several of the projects supported focus on youth populations, typically in a holistic and community-based approach. Projects include work with a community-based effort in Cambodia in OVC support and youth training and education and support of the World Alliance of YMCAs/YWCA to implement peer education and life skills activities

in Sierra Leone and Angola targeting youth, parents and religious leaders. CARE also supports youth-oriented projects through its Reproductive Health Trust Fund, including a pilot RH educational project in rural Sierra Leone.

Many of the projects mentioned above involve the development of program and curricular materials, designed for both implementers/educators and the youth target audience. The Institute for Reproductive Health, Georgetown University, in collaboration with YouthNet, for example, developed “My Changing Body: Fertility Awareness for Young People.” YouthNet is currently finalizing two curricula, on family life education (FLE) for Christian and Muslim settings. In addition, YouthNet plays a key role in collecting, reviewing and making information available on the numerous curricula developed by other organizations, both within the USAID community and beyond.

Although some of the newer grants made by PEPFAR have gone to organizations new to the field of YRH and HIV/AIDS, two of the grants made in early 2004 went to established organizations with relevant experience. The American Red Cross is collaborating with its country societies in Guyana, Haiti and Tanzania to reach young people with HIV prevention through abstinence and other messages appropriate to the various age groups, by replicating their “Together We Can” program previously implemented in Jamaica and elsewhere in the Caribbean and Africa, and mobilizing communities through educational activities such as theater, sports and music.

World Relief is working on HIV prevention in Haiti, Kenya, Mozambique and Rwanda primarily through churches, schools, youth clubs and other community-based and faith-based venues. A main strategy will be working with influential adults as well as with peer educators, with the emphasis on encouraging youth to choose abstinence as the best means of HIV prevention. This approach, “ABY” or Abstinence, Be Faithful for Youth, is consistent with most of the PEPFAR grants, especially the most recent ones. For these projects, there is also a major emphasis on achieving high targets of persons reached with program activities, thereby requiring data collection processes necessary to capture this information.

There is also significant investment in BCC programs through bilateral funding and non-USAID funding. For example, some of the HCP projects listed in Appendix Table D7 receive bilateral support. These include the PRISM Youth Campaign in Guinea, Communication for Healthy Living in Egypt, and the HEART campaign in Zambia. Pathfinder is working in Ethiopia on RH education, primarily through peer educators and is beginning work in Nigeria, which includes activities in Muslim schools as well as peer education and some referral to services. CEDPA has done work for many years in Egypt, providing life skills programs (New Horizons) for girls, expanding these to cover more governates, and developing a companion program for males.

Foundation funding became a major source for YRH projects during the last decade, including those in the BCC area, although such support has begun to decrease. Some of the HCP projects are funded in part by private foundations, supplementing USAID

support (e.g., Africa Alive!) while other projects are fully supported privately (e.g., Youth First in Pakistan). PATH carried out the BCC component of the African Youth Alliance (in conjunction with Pathfinder and UNFPA, funded by Gates) and is supported in other BCC youth work by various private foundations as are Pathfinder, Population Council, CEDPA and Advocates for Youth, to mention some key organizations. These projects are more likely to be multisectoral, as ICRW's "DISHA" project in India, supported by the Packard Foundation, which is strengthening the capacity of youth-serving organizations to implement integrated youth programs.

Observations on BCC

- USAID supports significant programming on BCC through centrally-funded programming, which in turn, attracts field support for work in all regions
- The Health Communications Project is the most dominant centrally-funded project and implements its program with the mass media, interpersonal communication and formal education, building on proven strategies and research
- AIDSMark does significant work in BCC, often as part of a social marketing strategy related to the sale or availability of products and services
- Capacity-building is a major effort of HCP, especially in training of communicators; the Bridge Project similarly invests in training and working with journalists and communicators, often in a long-term way
- USAID communications projects generally represent good quality and state of the art, including working with the target audience, youth participation in other ways, concern with gender issues, evaluation as key aspects of the project, significant implementation at-scale or plans for scaling up
- While BCC projects are often implemented at significant scale, such projects typically end when funds run out; more efforts are needed to institutionalize and sustain BCC activities within existing structures.
- USAID communications projects' strategy and message content has moved toward greater risk assessment and, especially through PEPFAR, a greater emphasis on abstinence and less discussion of condoms for safe sex
- More BCC work than was previously carried out is now occurring with community-based and faith-based groups
- Other donors are also supporting significant youth-oriented BCC; such activities are more likely to be multisectoral. Given BCC's natural tie-ins with policy and service delivery, more activities combining such program areas would be productive.

Service Delivery

USAID-supported projects in service delivery related to youth include a range of activities: youth-oriented RH services, VCT, social marketing, community-based distribution, youth-friendly pharmacies and various efforts to work through NGOs and CBOs to provide some aspects of services to their own constituencies. These efforts vary

considerably by geography and coverage and whether they are centrally funded or bilateral. Youth-oriented services supported by other donors tend to exceed those of USAID and are more likely to be part of multisectoral programs.

Establishing services to attract and responsively serve young people (often called “youth friendly services” or “YFS”) is not a major activity among USAID-supported projects, especially centrally funded ones. To some extent this reflects the movement of service delivery funding in general to the missions. Several CAs reported that both missions and governments were reluctant to support such services, although this seems inconsistent with host-country support of YFS supported by other donors as well as by the keen interest of government and missions for buy-ins to social marketing, including condoms, for youth.

It is notable that the three major centrally funded service delivery projects (Catalyst, Advance Africa and Acquire) are supporting very few services for youth, with Catalyst and Advance tending to favor educational activities over services. As noted in Appendix Table D11, Catalyst supports service delivery in Bolivia, Peru and Egypt and has developed a manual to train managers of youth services that can be used globally.

Advance Africa, while reporting no service delivery for youth in their questionnaire (Appendix Table D12), provided information on some supportive activities for broader projects that include a youth constituency. These include a youth component of training service providers in Angola and Congo and assuring that community based distribution (CBD) workers in Zimbabwe know how to deal with the youth among their target populations. Acquire has focused on serving married youth, such as in a project in Nepal and with older youth, as in South Africa where they are supporting five tertiary institutions to focus on gender norms and violence, with linkages to services.

With bilateral funding in Nigeria, Pathfinder, through the COMPASS project, is targeting married youth as well as services at the workplace; these activities also involve peer education and the formal education sector. Multisectoral designs, however, tend to be more common in projects funded by those other than USAID (see below).

Other centrally funded CAs have done work in the support of service delivery to youth, if not directly implementing the services. These include PRIME’s training of service providers in Ghana and Uganda and non-traditional providers, with an emphasis on pharmacists, in the Philippines and Nicaragua. The Management and Leadership Program is working on improving the performance of service delivery NGOs, which include youth among their clients in Bolivia, Guatemala and Nicaragua, public sector health systems in Indonesia, Mozambique and Nicaragua, and NGO/FBOs in Afghanistan, Tanzania and Uganda. YouthNet has compiled a definitive listing of resources for YFS for those implementing such services.

CARE’s Management of Reproductive Risk project (MoRR) worked in nine countries on broader RH activities, including service delivery, with youth as one of the identified focal areas. IMPACT reports that 52 of its subprojects in 2004 included youth-specific RH or

HIV activities, and a number of these include service delivery. Services are broadly defined, and include management of sexually transmitted infections (STIs), PMTCT, VCT and care and support for HIV/AIDS.

AIDSMARK conducts the largest number of activities targeted at youth within the Service Delivery area (see Appendix Table D8). Most of these are social marketing projects, combining demand creation and/or increasing risk perception with provision of products, especially condoms, and services. In the BCC aspect, most AIDSMARK activities use mass media, with some projects using peer education (or other forms of interpersonal communication), drama and formal education in order to motivate young people to use condoms consistently or not have sex, learn their HIV status, and seek treatment for other sexually transmitted infections. The service delivery aspect of AIDSMARK's social marketing work focuses on condom distribution and sales, youth-friendly services and increasingly on VCT. Projects are implemented with local partners in over 20 countries in all regions. As opposed to some other projects within the service delivery area, which respond to disparate opportunities where they occur, AIDSMARK is a major effort based on research findings and on an evolving strategy for social marketing developed by PSI.

AIDSMARK varies its project approaches according to the need and context in countries where it works. For example, in Haiti, with the highest rate of HIV infection in the Americas, the project works to make condom use the norm for all sexual activity while broadening distribution and promotion of its branded condom. For youth ages 15-24, "Club Cool," 24 youth clubs covering every province, helps promote safer sexual practices through entertainment and educational activities. A popular youth magazine reaches almost one million Haitian youth. In Malawi, on the other hand, where continuing religious objections to condom use present barriers to prevention, AIDSMARK's approach focuses on reduction of sexual partners and sex acts and encouraging abstinence for younger teens. "Youth Alert!" communicates these messages through radio, telephone help lines and school events. Young men 14-25 are the primary target for the branded condom. In Russia, on the brink of the HIV epidemic, AIDSMARK has a long-term strategy to reduce STI/HIV/AIDS transmission among high-risk groups, with youth being reached primarily through peer education and school activities.

In a new activity, AIDSMARK conducted a study on youth's "trusted partners" in order to develop a regional campaign to promote safer sexual behavior. The study looked at youth's definition of trust and ways in which such beliefs affect risk perception and sexual decision-making. The "Trusted Partner Campaign" is now being implemented through TV, radio, and print media in 22 African countries, based on the research findings, and with appropriate cultural adjustments. The regional approach has enabled AIDSMARK to use high-quality creative resources whose costs can be shared by multiple country projects.

In an area of increasing focus, AIDSMARK is using a franchise model for VCT delivery, in which each participating country's sites share a common brand and standardized tools. These franchises use strong mass media and IPC to increase demand and reduce stigma

attached to VCT use. In addition, mobile VCT units are used to deliver cost-effective services to hard-to-reach and high-risk populations.

Community Reach has supported some small projects on youth VCT. CMS piloted a network of youth friendly pharmacies in El Salvador and Mexico, and this model is being considered for replication in Africa under PSP.

Youth friendly services are more likely to be funded by non-USAID support, and such services are also more likely to have a multisectoral design. Leaders among such funders are US-based foundations (Gates, Packard, and MacArthur), the European Commission (EC) and individual European development agencies. For example, the African Youth Alliance, supported by the Gates Foundation, works with several government agencies and the NGO sector, in four African countries, on advocacy and policy, BCC and youth friendly service delivery. Pathfinder's Geração Biz Project in Mozambique, supported by Danida and NORAD, in collaboration with UNFPA, works with three government ministries (Health, Education and Youth/Sports) to carry out community and school-based BCC activities linked with YFS. The EC, with UNFPA, supports a YFS project in Viet Nam.

Some CAs noted activities related to care and support of people living with HIV/AIDS, as well as services for orphans and vulnerable children (OVC). However, information on these areas was incomplete and they were not included in the analysis.

Observations about Service Delivery

- Aside from social marketing, there are few and scattered centrally-funded activities that provide RH services to young people; very little effort is made to take such projects to scale
- Some work is directed to supportive activities (training, management) in service delivery programming that includes youth among its clients
- USAID projects that target youth have moved in the direction of serving married, older, and at-risk youth
- The social marketing project is large, research-based and works to create demand for condoms, encourage delay of sexual debut, increase risk perception and make available condoms and VCT services
- USAID, as opposed to the other major donors and large projects in the YRH field, does not prioritize integrating service delivery with education, youth and other sectors.

Youth Special Initiative Awards

For three years (2001-2003) PRH considered youth as the subject of a special initiative. Under this program, a small amount of support was available to make additional awards to existing cooperative agreements or funding partners to fund specific youth-oriented activities. Ten awards were made to eight organizations: CMS, CEDPA, PRIME, EngenderHealth, Policy 2, YouthNet/Save the Children, and WHO/Child and Adolescent

Health and Development Unit. Awards ranged from \$40,000 to \$300,000, with the average being \$165,000.

Work carried out under the special initiative generated mixed results. In a few cases, notably the work CMS carried out with private pharmacies in Mexico and El Salvador, generated good data and lessons learned (although the work in El Salvador was terminated for political reasons). The Policy 2 project carried out an analysis of DHS data to identify factors associated with sex for economic exchange in Africa and program implications. The findings highlighted that this was an important concern for boys as well as girls. Special Initiative support to WHO is funding an evidence review of risk and protective factors and interventions, and a literature review on interventions involving parents. At least two projects experienced long delays (YouthNet/Save the Children) or mission rejection of the proposal (PRIME), resulting in confusion about how to use the available support. In several cases projects were unable to adequately document how support actually contributed to youth programming.

Observations about Youth Special Initiative

- Few successes were achieved with the Special Initiative. This was a useful mechanism to develop collaboration with WHO/CAH; however, there are other means available to provide support to this organization. Administrative and monitoring challenges outweighed the benefits of providing small amounts of money to the CAs.
- Should youth be renewed as a Global Leadership Priority, or if PRH chooses to emphasize mainstreaming of youth programming in the current CA portfolio, PRH should invest larger amounts of money selectively in fewer CAs, with a mandate for greater involvement by a PRH youth champion and greater accountability on the part of recipient CAs, and by implications, their CTOs and TAs.

Multisectoral Approach and Cross Cutting Issues

Some USAID projects used approaches involving two or more sectors. The education sector was most typically involved, as in several AIDSMark and HCP activities. In Jamaica, TFGI is implementing a multisectoral project involving school activities, BCC, policy development and youth friendly services. Yet, as noted above, USAID projects were not as likely to be multisectoral as those supported by other donors. Similarly, the UN community (UNFPA, UNICEF, WHO) and other agencies such as IPPF and Advocates for Youth, have placed a priority on several crosscutting issues such as gender, youth participation and rights-based approaches.

Many USAID projects reported addressing gender issues, though a surprising number have not conducted a gender analysis or tailored program components to foster gender equity. Designing projects that effectively address fundamental gender inequities, which

in turn compromise promotion of reproductive health, especially among young girls, continues to be a challenge.

Aside from a significant YouthNet focus, less attention has been given by USAID projects to youth participation except in obvious situations: youth as the survey population in research studies and as implementers in peer education projects. Some projects involved youth in the design (usually through a needs assessment) and very few projects involved youth in monitoring and evaluation, management or governance and oversight.

Some USAID-supported projects indicated plans to scale up, but most reported activities limited to pilot sites or specific provinces or localities. Notably, mass media projects were often implemented at scale, using existing communications networks. Most of these, however, were of limited duration. Few country projects are institutionalized; with some exceptions, most cease when the funding ends. For those reasons, the UN system is placing a priority on coverage and cost, as well as on sustainability. In UNFPA and UNAIDS programs, work with government ministries and existing networks is prioritized, for both sustainability and scaling up objectives.

Observations

- Many USAID projects consider gender issues, but programming falls short of addressing fundamental gender inequities
- Youth participation is an essential strategy for YouthNet; for other projects, it occurs mainly with youth as a survey group or as peer education implementers.
- Scaling up is uneven among USAID-supported activities; most are limited to a small geographic area and while some mass media-related projects are implemented at scale, they are usually time-limited.

IV. YouthNet

As noted in the introduction, this review was undertaken in order to inventory all YRH programming within the office, not to evaluate the efforts of any one project. YouthNet, by virtue of its status as a project dedicated to YRH and comprising a broad array of technical and program activities, warrants a more detailed description than the projects summarized above.

Project Description

YouthNet is a centrally funded global program designed to improve the reproductive health and HIV/AIDS prevention behaviors of youth 10-24 years old. Begun in 2002, YouthNet is the second award made under a ten-year program, following the groundbreaking work carried out by the FOCUS on Young Adults Project. YouthNet works to strengthen and promote programs and services, conducts research, advances policy initiatives, and analyses and disseminates information, tools, and evidence-based best practices.

Partnership and collaboration are key to YouthNet's approach. YouthNet establishes partnerships with a variety of organizations and networks on the national, regional and international levels that include religious and community leaders, policymakers, educators, health professionals, the private sector, media, government agencies, other USAID-funded projects and entities and UN agencies. A special collaboration is established with youth and youth groups, cutting across all of YouthNet's activities.

Expected Results

YouthNet's results framework is attached as Appendix E. In summary, YouthNet's expected results are as follows:

- Community and political support for youth RH programs are increased
- Knowledge, attitudes and skills relating to healthy RH practices are improved
- Quality youth-friendly RH products and services are expanded

Achievements

YouthNet focuses its activities and organizational structure through four goals:

- Evidence base on youth programs expanded
- Use of accumulated knowledge, best practices, and tools increased
- Country and regional-level needs for improving youth RH/HIV met
- Innovative programs promoted and scaled up

YouthNet's achievements to date are summarized below according to this framework.

Goal 1: Evidence base on youth programs expanded

YouthNet's research agenda is generally conducted locally, with sites selected to reflect local program needs. The results are disseminated globally. Overall, YouthNet's global vantage point facilitates the task of identifying critical research questions for investigation.

Following are highlights of Goal 1 activities:

- Research in the SRH education area includes studies on the productivity and sustainability of peer education and an analysis of curriculum-based SRH programs
- Research related to access to services includes assessment of : PMTCT services for youth (Kenya), VCT services for youth with linkages to RH services (Tanzania and Haiti), and PAC for young women (Dominican Republic)
- Research into the context of SRH interventions for youth includes a comparison of early sexual debut, sexual violence, and sexual risk-taking among pregnant adolescents and their peers (Jamaica and Uganda) and formative research on promoting faithfulness and partner reduction (Tanzania and Namibia)
- Evaluation of MTV's Staying Alive Campaign (Nepal, Brazil, Senegal, Kenya)

Goal 2: Use of accumulated knowledge, best practices and tools increased

YouthNet disseminates research findings and tools, including the development of new resources. An important principle identified by YouthNet is the connection of local experience with global technical leadership.

Following are the highlights of Goal 2:

- Preparation and dissemination of the *YouthLens* series, brief summaries of key topics that have featured such areas as VCT, youth-adult partnerships, multisectoral programs, abstinence and delayed sexual initiation and nonconsensual sex, and *Youth Issues* papers, longer studies to fill gaps in the field on topics such as applying social franchising techniques, teacher training in RH and HIV education, and reaching out-of-school youth, and *YouthNet Briefs*, project and research summaries
- Preparation and posting of electronic resources: *Youth InfoNet* (monthly syntheses of program and research resources), *Youth-Policy.com Web Site*, CD-ROM of YouthNet publications, *Web-Based Guides to YFS, Sex Education*.
- Development and dissemination of new tools, including "HIV Counseling and Testing for Youth – Handbook for Providers," Christian and Muslim *Family Life Education Training Guides*, *Youth Participation Guide*
- "YouthNet on the Road," various activities involving collaboration, sharing state of the art findings, forming networks, creating online forums

Goal 3: Meeting the needs of youth through country and regional programs

In its country and regional activities, YouthNet puts an emphasis on integrated RH/HIV programming, multisectoral implementation, capacity building of partners and innovation development. This goal provides an opportunity to share and apply best practices.

Following are the highlights of Goal 3:

- Country assessments conducted in Burundi, Ethiopia, Nepal, Namibia, Nicaragua, Tanzania and Paraguay
- Technical assistance provided in Ghana, Ethiopia, Nicaragua, Zambia and to CAs and partners
- Regional initiatives: YRH policy and program planning workshop (East and Southern Africa), Y-PEER (Eastern Europe), Empowering Africa's Young People Initiative (East and Southern Africa), and YouthNet on the Road (Latin America)
- Country program in Namibia to strengthen the capacity of churches to assist youth and communities to improve youth RH and HIV prevention
- Country program in Tanzania, including BCC, faith-based activities, youth leadership, RH services and coordination/technical leadership

Goal 4: Innovative programs promoted and scaled up

This goal addresses the needs to establish standards in youth programming and putting global technical leadership into practice on a large scale. The intention is to go beyond YN's or USAID's capacity to reach audiences by partnering with those efforts able to operate at a large scale.

Following are the highlights of Goal 4:

- Collaboration with MTV on "Staying Alive", broadcast in 46 of the 50 countries most affected by the HIV/AIDS pandemic, and the largest public health media campaign ever launched. YouthNet was able to provide greater technical direction to the program, complementing the diverse financial support provided by the Gates and Kaiser Foundations, the World Bank, and FHI's corporate office
- Collaboration with UNFPA on Y-PEER, an electronic resource effort in Eastern Europe with specific work on adding the RH component to HIV, developing PE standards and exploring major expansion
- Youth participation activities, including materials development and dissemination, collaboration, training and technical assistance, internship programs, facilitating youth representation

Constraints and Issues

- The balance of funding (71% core and 29% field support), with the core mainly PRH and the field support HIV/AIDS, has made integration of issues difficult and skewed the country portfolios to HIV/AIDS activities.
- The lack of field support has restricted the number of countries for YN and has limited activities that do take place. The situation has also constrained anticipated research efforts in the planned focus countries and compromised YN's participation with its partners' specified plans in these countries.
- The major emphasis on reaching large numbers of youth required by PEPFAR has competed with longer term needs to focus on social norm and behavioral changes, which require time and intensive networking.
- The increasing emphasis on abstinence and de-emphasis of condom promotion and availability compromises the project's ability to be responsive to diverse youth needs according to individual characteristics and social norms.
- Compared to previous periods, there is a lack of focused and committed support for youth issues within USAID, and there continues to be uneven support for youth programming among mission staff, where more systematic briefing and encouragement would be required in order to develop productive partnerships with YN.
- As noted by YouthNet, there are delays and obstacles to efficient programming presented by USAID's Office of Acquisition and Assistance's requirement of approving all subagreements over \$100,000.¹
- Service delivery has proved to be an area of weak program implementation beyond dissemination of useful information and tools.
- Achievements in the private sector area have been compromised by the lack of an effective partnership to carry out the planned tasks.
- Some CAs pointed to difficulties establishing collaborative activities with YouthNet.
- The project team acknowledges it would benefit from greater technical expertise in youth services, monitoring and evaluation, livelihoods, and knowledge management.

Observations on the value-added of YouthNet's work

CAs and other organizations, the review team and YouthNet itself as part of its self-assessment identified numerous "value-added" contributions:

- Keeps a focus on youth aspects and perspectives of RH/HIV globally, regionally and within countries
- Ensures a level of concern about youth programming with USAID, helping to foster an understanding and importance of the issues

¹ This requirement was changed in December 2004, and the ceiling requiring approval by OAA raised to \$300,000.

- Plays a unique role in collecting, reviewing and synthesizing research and program findings in the field and makes such information widely available
- Identifies key emerging issues for further discussion and action
- Seeks opportunities to provide TA proactively and to apply lessons learned
- Capitalizes on opportunities and activities begun by others for further assistance and support
- Places priority on integrating RH and HIV prevention issues and programming for youth
- Fosters an important two-way linkage between its global leadership and its field-level activities, with each enriching the other
- Seeks collaboration with partners at various levels
- Works with global alliances and international organizations, including considerable collaboration with UN agencies
- Highlights advantages of a multisectoral approach to youth programming
- Emphasizes the importance of sustainability and scaling up for youth programming

Use of YouthNet services and programs

CAs were questioned both in the questionnaire and during interviews if they worked with YouthNet and availed themselves of their services. Other organizations were also asked this question during interviews. Following are the major areas of use/collaboration:

- Information provision/clearinghouse function: nearly every CA and other organization commented that they found this YN role the most useful (and used). Most groups accessed the monthly electronic updates and forwarded them to organizational contacts and field offices.
- Collaboration on activities: several CAs and other groups engaged in joint work with YouthNet, while some said that they tried to (but nothing developed) or they had been intending to, but hadn't yet done so. Examples of successful collaboration include: policy work with the Policy Project, including development of a youth policy web site, and work on Y-PEER approaches and expansion with UNFPA and UNICEF
- Joint development of materials and curricula: many of YouthNet's resources have been developed in conjunction with other groups, either in the field or with other international organizations. Examples include youth/adult partnership curricular materials with Advocates for Youth, and a peer education CD-ROM with PAHO.
- Joint sponsorship of conferences and meetings: YouthNet brought expertise and resources to a number of meetings such as one on measuring youth participation with WHO and the First Ladies Initiative in Nicaragua with PAHO. On the other hand, some interviewees noted that YouthNet has not been as proactive as they would like (or as FOCUS had been) in convening the YRH community on key issues.

V. ADVANTAGES AND DISADVANTAGES OF A DEDICATED YRH PROJECT

Advantages

While it is possible to argue that the ten years in which both the FOCUS on Young Adults project and YouthNet have been working should be sufficient time to “incubate” YRH such that a stand-alone project focused on the issue is no longer needed, there remain a number of benefits to the continuation of a dedicated youth project. While YRH cuts across the domains of research, policy, communications, and service delivery, the population targeted, and its needs, are unique, and would be well served by continued attention offered by a project designed to provide full attention to this population and key subgroups.

The advantages of a dedicated project span a number of characteristics. These include: the compilation of technical resources; opportunities to foster collaboration; the ability to leverage limited resources; conferring legitimacy on a sometimes marginalized program issue; serving as a catalyst for the issue, spurring attention among other organizations; and functioning as an honest broker in a competitive environment. Brief elaborations of these advantages are included in the list that follows.

Technical Resources

- Recognized expertise in key program areas
- Technical assistance to groups with limited experience in YRH
- “One stop shopping”
 - Research capacity
 - Know-how on various program approaches
 - Awareness of emerging issues
 - Synthesis of lessons learned
 - Centralized clearinghouse of tools and information, research findings
 - Dissemination

Collaboration and Leveraging

- Synergy from bringing substantive knowledge on youth to the technical expertise available in other projects
- Help in mainstreaming YRH issues for groups working in specialized program areas.
- Multiple partners bringing limited resources to the table that achieve a multiplier effect; each organization able to do more, with wider reach by building on the networks or experience of the other.
- Resources leveraged with dedicated project’s parent organization

Legitimacy

- Imprimatur on efforts undertaken by other organizations conferred through partnerships and collaborative efforts
- Authority and legitimacy conferred through its participation
- Consistent messages, new ideas, cutting edge developments in field promoted

Catalyst for the Issue

- Attention of the field maintained on the particular and unique needs of youth
- Visibility ensured, without which interest on topic might wane
- Awareness of the segmented nature of the population raised, with needs changing by sub-group: young youth, non-sexually active, sexually active, married, at-risk, marginal populations, etc.
- Interested groups convened to focus on emerging issues or develop consensus

Honest Broker

- Project as voice and advocate for youth issues as a neutral mediator, helping to create a favorable environment
- Designation as “the youth project” implying certain level of expertise, not needing to compete with other projects on activities
- “Normalizing” YRH programs in the field

Disadvantages

There are likely disadvantages to continuing a dedicated youth project, particularly as program priorities change.

- Two project experiences have shown shortfalls, especially in implementation; for several reasons both failed to attract significant field support.
- Segregated funding streams have made integration challenging between core and field and RH and HIV/AIDS priorities, and have reduced opportunities for creative multi-sectoral approaches, particularly in domains of livelihoods, and to a lesser extent, education.
- Transition period has occurred to ensure that YRH is a focus of diverse program efforts; mainstreaming should take place soon.
- Several centrally funded projects have existing expert advisors on YRH guiding their own program efforts.
- Technical expertise in several program areas is stretched thin on the YouthNet staff, compared with larger specialized staff of other CAs.
- Some activities within the dedicated project are duplicative of others’ work.
- Large projects can be competitive or reluctant to collaborate with smaller project viewed as having less experience in some program areas.

- The track record of accomplishments to date has been limited, especially compared to some ongoing CA achievements; however, YouthNet stands to be productive during the next few years as products and research results are finalized and disseminated.
- YRH may be too sensitive an issue to stand alone in the current environment. It may attract significant opposition, resulting in a worse status for YRH.

VI. TOPICS FOR YOUTH PROGRAMMING

A major lesson learned from the research and program work on YRH during the past decade is that the youth market is finely segmented. Needs vary greatly depending on age, location, marital status, level of poverty, severity of the HIV/AIDS epidemic, and numerous other factors. Influenced by their own field experience, many respondents suggested topics for youth programs and research that are useful, and consistent with current USAID priorities. Both PRH and OHA recognize that programs need to be data driven and evidence based. There remains a strong need for “data for decision making”, and CA partners need assurance that science will not be compromised in future projects.

The list below summarizes program themes that were suggested by informants, as well as the review team. It is offered in part to illustrate the very broad array of target groups that would benefit from YRH programs, as well as key program themes. While not intended as an inventory of research topics, most of these program themes are not well explored in many contexts, and would benefit from testing project designs and evaluation research and a better understanding of lessons learned.

Key target and intermediary groups

- Young married (and peri-married) women
- Young men
- At-risk youth
- Young adolescents (delaying sex)
- Parents
- Service providers

Demographic situation, political and cultural environment

- Demographics of the youth population
- Promotion of positive social norms

Risks, risk-taking and relationships among target groups

- Gender, gender norms, gender equity
- Violence, sexual coercion and health
- Transgenerational sex
- Child marriage
- Trafficking

Project strategies

- MCH
- Youth Friendly Services, including standards and quality
- VCT

- HIV treatment availability and behavioral disinhibition
- Adherence to ART
- Promoting increased age of marriage
- Condom availability for at-risk youth
- Care and treatment of HIV youth
- Effective promotion of abstinence

Linkages and Contexts

- Livelihood projects
- Workplace programs
- Role of the private sector
- Social Marketing
- Community support for YFS
- Peer education: effects of training, turnover, supervision, job entry skills, etc.
- Youth development
- Life skills
- Youth participation
- New technologies (web-based tools, interactive approaches, etc.)
- Data collection for youth projects

VII. STATE OF THE ART

Some efforts were made to determine if a) USAID-supported projects were using state-of-the-art research findings to design projects to be maximally effective and b) approaches used by various projects were consistent with the latest consensus positions among leaders in the YRH field.

A majority of projects, in response to the relevant question in the survey, stated that they used research findings (from Horizons, FRONTIERS, FHI, JHU, MEASURE studies) for designing and implementing activities. Many projects also noted during interviews that they regularly reviewed YouthNet's electronic updates on research findings and program reports. However, even though these materials were consulted, the extent to which findings were factored into design could not be definitively determined.

One change that the team noted compared to the FOCUS era was less convening as a YRH community to discuss state-of-the-art findings on specific topics or approaches, although some of this occurred (on HIV/AIDS research findings, youth participation and youth friendly services, all co-sponsored by YouthNet). And, in general, there was a greater deviation than previously from consensus thinking on directions that the YRH should take. This was mainly the result of USAID-supported projects' moving more toward abstinence and having less emphasis on youth participation and on rights-based approaches to YRH. On these latter topics, and to some extent overall in the YRH health field, other donors and agencies have assumed leadership positions.

In sum, the following observations can be made about state-of-the-art design and approaches on each program area:

Policy and Advocacy

- Advances in web-based tools and internet technology make policy resources widely available at low cost; they promote knowledge sharing and possibly leap-frogging experiences to spur faster change.
- The increased emphasis on and growing refinement of operational policies is important in tailoring policy responses to unique country contexts. The demographic impact of this young cohort demands continued attention, as does the social, economic and political long-term impact of HIV/AIDS in some countries.

Research and Data Collection

- Greater effort is needed to foster creative, developmentally appropriate data collection tools and methods for research, monitoring and evaluation purposes, while maintaining quality and scientific rigor.

- With some exceptions on the part of large projects, research findings are not well disseminated and there are limited opportunities to learn from both the positive and negative experiences of projects.
- Consensus on successful program approaches did not emerge from this review. It would be useful to update the review carried out for the FOCUS end of project report with findings of research carried out during the past five years.
- Weak research designs or data collection processes limit the generalizability of findings even when widely disseminated.
- Insufficient duration of interventions, coupled with limited long-term follow-up of adolescent cohorts, compromises the ability to detect behavior change.

Behavior Change Communications

- Both HCP and AIDSMark place significant emphasis on using research findings to design projects, especially from their own studies and experiences.
- Both HCP and AIDSMark make strong efforts to disseminate their findings through printed materials, web-based information and presentations.
- In general, USAID-supported projects are using SOTA approaches in mass and interpersonal communications and are testing innovations in the BCC area.

Service Delivery

- Most service delivery projects do not start “from scratch,” but instead build upon existing operations and thus face limited design options.
- Aside from service delivery aspects of social marketing, very few models have been studied rigorously in multiple locations.
- Limited service delivery implementation is occurring among USAID CAs, and hence there are few opportunities to apply state-of-the-art learning.
- AIDSMark is implementing innovative social marketing projects based on research findings that include condom (and other product) distribution as well as franchising VCT and YFS.

Observations

- Given USAID’s interest in pursuing SOTA project design based on research findings and relevant experiences, evidence and guidance should be articulated so that it can be readily consulted and used by the CA community. To an extent, this task is being carried out by WHO’s Office of Child and Adolescent Health, through their evidence review process. CAs should be made aware of this resource.
- A systematic mechanism to update SOTA findings regularly should be established.

VIII. CHALLENGES FOR USAID TECHNICAL LEADERSHIP

As noted earlier, USAID has provided technical leadership in the field of youth reproductive health and HIV/AIDS programming throughout the past decade. Responding to an increased awareness of the special needs of this demographic segment, USAID funded a ten-year program implemented by FOCUS on Young Adults and YouthNet to develop and promote technical advances. In addition, efforts were made to ensure new focus on youth in operations research and policy programs. Debate within PRH, and in particular in SDI, is now considering whether this has been a sufficient duration to successfully “incubate” YRH as a program priority, such that a single, dedicated project is no longer needed to ensure sufficient attention. In considering this question, USAID needs to address the issues identified below.

- Does USAID **want** to be a technical leader, maintaining commitment to evidence-based programming?
- It is difficult to ensure YRH coverage in other CA programs without specific requirements; even with appropriate mechanisms YRH activities have failed in some projects.
 - What are the implications of collaboration with other projects, with different time lines?
 - Will there be follow-on projects for those concluding soon (Horizons, FRONTIERS)? Will they have a youth focus? RFPs for POLICY III, PSP, and CTRU include language supporting, but not requiring, YRH activities.
 - A new service delivery project is planned for September 2005.
 - Will it incorporate youth leadership?
 - With what mandate and goals?
 - Given the very limited demand from the field to date for YRH services, is it the best strategy to include youth leadership for the entire field in a service delivery project? Will this have the desired effect of generating field support, or will it wither for lack of demand and experience similar poor performance as Catalyst and Advance Africa in this domain?
- There is a need to build a broader youth constituency within G/PRH and G/OHA, with more dedicated champions to promote YRH across the portfolio.
 - There is a perception among CAs of PRH “fatigue” and OHA’s evolving awareness of youth as a special target group in the context of HIV prevention, but with narrower strategies
 - Senior SDI staff expresses frustration that two stand-alone projects have experienced management challenges and have not met expectations. This in and of itself does not undermine the validity of a separate youth project.
 - There is a sense that YRH remains a strategic initiative, rather than a mainstreamed one, and that efforts must be made to “shoehorn” it into other program initiatives as opportunities arise.

- Champions are quiet; there is need to revive them, or cultivate new ones.
- The membership in the YRH Group needs to be broadened.
- Consideration should be given to re-instituting YRH as a Global Leadership Priority (GLP).
- Effort must be made to keep YRH as prime topic for regional SOTA conferences and the annual mini-university, including creativity with new topics so attendees don't have a sense of "same old, same old".
- PEPFAR: Is the tail wagging the dog?
 - PEPFAR has forced an emphasis on youth; its priorities of delay, safer behavior and behavior change are largely consistent with responsible, age- and risk-appropriate programs.
 - PEPFAR has contributed to some paralysis in the field due to real or perceived restrictions on youth programming, particularly regarding what is allowed or not allowed in abstinence programs and condom promotion. Missions are addressing YRH, and focus countries must include ABY programs. Missions may not be addressing YRH services because they fear possible ramifications, such as US-based criticism that may short circuit local agreements and understandings.
 - Respondents complain of procedures that require too many approvals for small activities. The sheer volume of administrative responsibilities dissuades some CAs from pursuing program resources.
 - There is an apparent focus on the quantity of achievements rather than quality of interventions and innovations.
 - Rapid scale up fosters competition for qualified staff in countries and regions; CAs worry about poor performance if they are unable to secure adequate human resources. Particularly in Africa, there is anecdotal evidence of international migration of HIV/AIDS professionals to follow employment opportunities.
- Separate G/PRH and G/OHA funding streams, and different proportional allocations from core and field support, hamstring efforts to develop coherent programs for youth that incorporate elements of all aspects of RH and HIV/AIDS prevention.
 - While FP/HIV integration is a special initiative within PRH, administrative and budgetary requirements put up barriers that discourage it.
 - Similar issues arise in efforts to develop multi-sectoral programs with different agencies or ministries within countries.
 - Efforts to integrate YRH into youth priorities of livelihoods and skills building are also challenged by funding restrictions, though these are expressed priorities among youth globally.
- SOTA: what are the methodological and practical implications to ensure new programs use promising approaches and best practices?

- Methodology: What are appropriate criteria to use to assess SOTA? Innovation, effectiveness (how is it measured?), scale, quality of implementation, replication or expansion?
- Practical: Programs cannot be SOTA if they are not willing to take risks, or invest in innovative strategies and programs.
- Where is SOTA articulated? Where do missions turn to learn about successful program types?
- Does SOTA drive mainstreaming? How does USAID define mainstreaming: inclusion of YRH in other non-youth dedicated programs and agreements? Adoption by bilateral agreements? YRH incorporated in other program portfolios (HIV/AIDS, education, etc.)?
- Are achievements in SOTA hampered by separate funding streams that limit opportunities for complementarity and multi-sectoral advances?

IX. ALTERNATIVE PROGRAM MODELS FOR YOUTH REPRODUCTIVE HEALTH

Table 2 summarizes six proposed models for YRH programming within USAID, including briefly noted advantages, disadvantages and actions required by USAID to successfully implement each model.

The first and last models (comprehensive stand-alone and no emphasis) are not recommended. The stand-alone, with no effort to mainstream YRH programming within other CA portfolios, places too strong a spotlight on issues not currently consistent with administration priorities, while providing no support to other CAs, many of whom have carried out pioneering efforts, to continue their work. Without overt and ongoing support, both financial and leadership, significant losses in experience, research evidence and program momentum would occur.

A combination of a stand-alone project and support for other CAs is similar to recent experiences with the FOCUS and YouthNet projects. With administration support, and efforts to adjust some of the deficiencies experienced by the two prior projects, this model would be recommended. Although the record of success has been uneven, the team concludes that this model, with an adjusted design, offers the best combination of USAID leadership, visibility, documentation and innovation to a field that requires a long period of nurture and specialized support. However, given the lack of clear support within USAID for this model, and in view of altered political realities, this model is not recommended under current conditions.

The team recommends that the clearinghouse function be retained as a discrete activity, given that this is one project element that CAs and other agencies active in the YRH field most valued in the dedicated projects. It is assumed that such a component could be incorporated into an existing CA's portfolio. While this model would accommodate some of the most practical and needed actions facilitating CA's work in the YRH field, ensuring the continuation of other CA YRH functions is also recommended. However, this model would likely compromise the leadership role that USAID has played previously.

Model four includes mandating dedicated staff and funding for YRH to support research and evaluation, policy, BCC, social marketing and service delivery activities. This model requires significant coordination within USAID to ensure contractual language in existing and future agreements, made more challenging by the varying time lines among projects. Furthermore, without a dedicated project to play a leadership and coordination role in the USAID community, USAID would need to take on that task itself. This implies the strengthening of YRH leadership within the agency, through such mechanisms as designating a YRH Global Leadership Priority or a dedicated staff position.

PRH is considering placing a specific emphasis on youth programming in the upcoming service delivery project, which is consistent with model four. This is important in order to provide needed support for YRH activities. However, it is not feasible for a project in a

single program area to exert technical leadership over the entire discipline, and to function as a flagship project for a programming priority that spans multiple technical areas. While this review team was dismayed to learn how few service delivery efforts are underway to reach youth (with the exception of social marketing), it is not persuaded that YRH is best served by its inclusion in the service delivery project alone, or indeed, in housing the primary responsibility for advancing YRH in the Service Delivery Improvement Division. Service delivery is only a part of the needs of a youth reproductive health program, and placing the project in this division risks de-emphasizing other critical areas (policy, research, BCC), as well as implying failure if the project is not successful in building up the service delivery element of its portfolio. There is no guarantee that simply mandating this program focus, and technical leadership, in a larger service delivery project would ensure its acceptability to missions any more than the field has currently exhibited.

The fifth model shown in the table, relying on bilateral programs with no central projects, cannot be recommended. As far as the team could determine, the levels of SOTA programming and commitment to implementing YRH activities vary greatly among missions. Thus, in order to keep missions adequately informed and to encourage their support of YRH, both the Global and Regional Bureaus would need to take significant action to ensure continued updating of, and involvement in, the YRH field. The Global Bureau itself would need to provide leadership and sponsor such activities as SOTA courses and mini-universities to keep missions informed.

The review team believes that this important population warrants strong and continued attention and support. National and international programs have only just begun to address the complex needs of youth and the program challenges presented by diverse education, residence, economic, employment and marital statuses. Pressure exerted in many countries by the spread of HIV/AIDS among young people adds to the urgency of efforts to inform, educate and serve young people.

An adaptation of the current model, with a lead project assuming the role of consensus building, information synthesis and dissemination, research and program support, coupled with the specialized focus and strengths of other centrally funded projects, is one that appears best suited to meet program needs for the immediate future.

Table 2
Advantages and Disadvantages of Various Program Models

Model	Advantages	Disadvantages	Actions Required
1. Comprehensive stand-alone project	<ul style="list-style-type: none"> • Focuses attention on YRH • Centralized technical capacity in range of skill areas: research, communication, advocacy, program, etc. • Build on global momentum focusing on YRH • Helps to mainstream issues through TA, collaborations, etc. 	<ul style="list-style-type: none"> • Draws attention to issue • Target of political pressure • May limit focus (e.g., abstinence only) 	<ul style="list-style-type: none"> • USAID Technical leadership and support • Political will and commitment • Acknowledgement of public health, demographic needs and consequences • Dedicated funding
2. Combination (Stand-alone + other CAs)	<ul style="list-style-type: none"> • Ensures attention to array of topics with expertise available from different projects • Brings different viewpoints, resources to issue • Ensures continued attention • Opportunities for leveraging, collaboration 	<ul style="list-style-type: none"> • Competition • Lack of regard for skills of youth project staff, vis-à-vis own capacity 	<ul style="list-style-type: none"> • Ensure other CAs have mandate, resources to carry out YRH work • May require contractual changes and/or reallocation of resources • Stand alone may require new resources for joint projects
3. Mini stand-alone project (clearinghouse and some other key functions) and support for other CAs	<ul style="list-style-type: none"> • Maintain important information and clearinghouse function that is useful and respected • Build on the strengths of diverse CA portfolio, including those listed below in #4 	<ul style="list-style-type: none"> • May be less well known or recognized • Lack of overall leadership strength in single dedicated project 	<ul style="list-style-type: none"> • May require new procurement
4. Other CAs with dedicated staff and funding	<ul style="list-style-type: none"> • May increase pace of mainstreaming • May be more field-driven, responsive to local needs as well as to core • Missions can buy into CAs that are familiar, have proven track record • Builds on recognized skill and 	<ul style="list-style-type: none"> • Up to individual projects to implement according to own priorities and orientation • If field-driven, less opportunity for cross-national learning • Activities reflect CA capacity, not integrated or multi-sectoral • May be competing demands for program focus 	<ul style="list-style-type: none"> • Contractual amendments may be required for existing agreements • Coordination is time-sensitive, a function of different time lines of independent cooperative agreements • Strong intervention needed from USAID for coordination; may need to develop mechanism such

	<p>expertise of project staff</p> <ul style="list-style-type: none"> • Explicit inclusion in service delivery program may ensure greater focus on SD • “Protective coloration” • Magnitude and reach of current CAs may rapidly expand efforts globally 	<ul style="list-style-type: none"> • Difficult to find skilled staff; may delegate to junior staff, generalists • Proliferation of tools, methods • More difficult for specialized program to communicate, share experience • May lose syntheses, objective external analyses • May limit use of materials and resources • Lose focal point for contact with other donors, international organizations, foundations • Still more “balkanization” of RH and HIV/AIDS activities 	<p>as MAQ</p> <ul style="list-style-type: none"> • Reconstitute YRH GLP; dedicate staff position with resources available to allocate for YRH priorities
5. No central projects, rely on bilateral programs	<ul style="list-style-type: none"> • Resources fully allocated by local needs and demands 	<ul style="list-style-type: none"> • Activities may be limited by what Mission staff know and are familiar with: IEC/BCC campaigns, social marketing • Limited communication re: lessons learned, particularly cross-regionally • Loss of cross-fertilization of programs, research • 	<ul style="list-style-type: none"> • Continued prioritization and interest from Global Bureau • Ensure inclusion in SOTA Courses, Mini-University
6. No emphasis on youth as program priority	<ul style="list-style-type: none"> • Avoid political conflict • Allow progress on less contentious, but still important, RH/HIV needs 	<ul style="list-style-type: none"> • All of above, plus: • Loss of advocacy • Loss of experience • Loss of evidence • Loss of leadership • Loss of progress 	

X. CONCLUSIONS AND RECOMMENDATIONS

The needs of adolescents for quality reproductive health information, education and services have not diminished. In some geographical areas, youth's reproductive health status has worsened owing to their disproportionate share among those affected by HIV. Thus, the need for leadership, financial support and programmatic attention remains high.

In USAID program efforts to address YRH during the past decade, both FOCUS on Young Adults and YouthNet faced administrative, financial and technical challenges, and in some cases, ambivalent support from the field. Both projects, however, have successes to their credit in focusing attention on the needs of this growing cohort, in developing and disseminating tools and information, in moving the research agenda forward, and in fostering a global information and communication strategy. In the same way that program efforts in the field of family planning and reproductive health have evolved over more than thirty years of experience, the field of youth reproductive health is evolving, and must continue to change as new lessons are learned to best meet the needs of young people worldwide.

USAID's support has been a significant factor in the evolution of capacity and program implementation in the YRH field. Although policy and advocacy efforts in the YRH field have tended to be small-scale and opportunistic, USAID-funded projects have played an important role in developing tools, identifying promising opportunities, and disseminating findings to the larger field. USAID has served as the leader in areas of research and evaluation related to YRH, with findings and syntheses providing practical information to a field desiring guidance on effective approaches. USAID-supported BCC activities have pioneered program models in various formats, covering diverse geographic settings, with emphases on innovation, strategy and evaluation. USAID has supported cutting-edge models for reaching youth in social marketing-related areas, while other service delivery interventions have been uneven and less strategic, and with less emphasis for operating at scale.

USAID must decide if it wants to continue its leadership in YRH, in what areas and in what ways. If USAID is to have a coherent agency response, clear decisions must be made on various staffing, design and support matters.

The review team makes the following recommendations:

- USAID should continue its leadership role in the YRH field.
- USAID support should apply evidence-based strategies to YRH programming, acknowledging the realities of youth behavior and cultural conditions, with the objectives of addressing risks to YRH status, lowering the incidence of too-early pregnancy and reducing the transmission of HIV among this population.
- In order to facilitate the application of state-of-the-art approaches, USAID should support a new synthesis for articulating best practices and current evidence and institute a mechanism for regular updates in order to assist CAs and missions.

- USAID should upgrade its own capacity and commitment to supporting effective YRH investigations, strategies and interventions by strengthening its staffing and leadership mechanisms in this area.
- In view of current policy concerns, USAID should tailor an approach to fund YRH that retains a balance of stand-alone clearinghouse/coordination roles with significant mandating and support for ongoing projects to maintain and mainstream YRH in their specialized activities.

APPENDICES

- A. Scope of Work**
- B. Persons Contacted**
- C. References**
- D. CA Questionnaire Response Summary Tables**
- E. YouthNet Results Framework**
- F. CA Questionnaire**

APPENDIX A

SCOPE OF WORK

Assessment of Youth Reproductive Health Programming Options, 2004

I. Summary

This Scope of Work calls for an assessment to guide the Bureau for Global Health (GH) in addressing youth reproductive health (YRH) needs. The POPTECH Project is requested to recruit two consultants to work closely with key USAID staff involved in youth activities in GH/PRH, in particular, the Service Delivery Improvement (SDI) Division that manages the current specialized youth project. The consultants will prepare a report that:

1. Describes the current scope of youth-related programming within GH;
2. Assesses the need and demand for central USAID technical leadership in YRH; and
3. Discusses and makes recommendations concerning options for further advancing youth programming through existing and/or new projects (or other mechanisms) within the GH portfolio, and in particular PRH.

II. Background

Beginning in the early 1990s, USAID, together with the international health community, began to recognize youth as an important group with unique and unmet reproductive health (RH) needs. In late 1994, USAID's former Center for Population, Health and Nutrition developed the first specialized USAID youth technical leadership activity. A ten-year program, titled "Improving the Health and Well-Being of Young Adults" was designed for implementation in two phases. Recognizing the nascent state of the YRH field, the first five years emphasized "preparatory" tasks such as awareness raising, capacity building, and identification of appropriate strategies. In the second phase, emphasis was to shift to program expansion, adaptation, institutionalization and sustainability.

The FOCUS Project: In November, 1995, USAID signed a cooperative agreement with Pathfinder International to implement the first phase of this new activity. The project, named the FOCUS on Young Adults project, received approximately \$17 million over the next six years. Although a relatively small project, FOCUS made important contributions through its state-of-the-art publications on key YRH issues; tools such as a comprehensive monitoring and evaluation guide for YRH programs; and a small program of intervention research. While FOCUS field activities were limited, the project convened several regional workshops to promote the exchange of field-level YRH programming experiences, and provided strategic technical input to a small number of USAID country programs. Perhaps its most important legacy was an end-of-program report synthesizing the existing evidence on the effectiveness of different YRH program approaches (FOCUS on Young Adults, 2001)².

1999 Youth Assessment: In mid-1999, before embarking on the second-phase of the program, the PHN Center convened a team to make recommendations for future programming in this area (Kennedy et al., POPTECH 1999.) The team concluded that, with limited funds and no mandate for implementation, FOCUS had provided significant

² YouthNet summarized this report in its first Issues Paper.

technical leadership. The team noted the growing interest in youth among USAID field Missions, Cooperating Agencies (CAs) and other donors. It recommended that the PHN Center support a successor, specialized youth program to fulfill technical leadership functions such as YRH research, capacity building and dissemination of best practices and field experiences. At the same time, it recommended that, for greater impact and reach, the PHN Center should also “mainstream” YRH activities through other appropriate agreements in population, HIV/AIDS, and maternal health. The team noted that improved coordination among CAs, especially between the specialized youth program and other “mainstreamed” CA youth activities, would be crucial to the success of this two-pronged approach.

2000 Review of YRH Program Approaches: In 2000, in the lead-up to the design of a successor specialized youth program, the PHN Center also commissioned a synthesis of YRH program experience (Senderowitz, POPTECH 2000.) The review found that most activities supported by both USAID and other donors were small-scale and lacking in rigorous evaluation—a serious concern given the need for more evidence about the effectiveness of interventions. The review called for USAID YRH initiatives to scale-up and move from a “project” to a “program” approach. It suggested a conceptual framework for future youth programming and made recommendations regarding promising technical approaches for incorporation in a new specialized youth activity.

YouthNet Project: In 2001, the PHN center awarded a follow-on, five-year “YouthNet” agreement to Family Health International, which has received approximately \$22 million in funding through FY 2004. YouthNet, now concluding its third year, has picked up where FOCUS left off in developing and disseminating tools and strategic information. Like FOCUS, it is supporting a modest agenda of program-related research. YouthNet is playing a more important role in program implementation in selected countries than FOCUS, but field demand for its technical services has been more modest than anticipated. A distinctive contribution by YouthNet has been its emphasis on developing tools and methodologies to foster greater youth involvement in all aspects of programming for youth.

Other Central and Bilateral Youth Activities: Since the 1999 assessment, some centrally-funded agreements appear to have increased support for youth activities—for example, in policy development, survey and operations research, and health communications. Such mainstreaming applies the technical expertise of other specialized CAs to the YRH field and extends the reach of GH-funded youth activities, but it also often lacks a comprehensive approach. Overall, it remains unclear to what degree the strategy of “mainstreaming” youth activities has been successful in GH programs other than YouthNet. Moreover, while youth are addressed to some degree by other PRH programs, it is not clear to what extent the needs of youth are adequately addressed with respect to reproductive health service delivery. USAID bilateral programs also appear to be increasing attention to youth and moving youth activities to greater scale; however, the priority accorded to youth still appears to vary significantly across country programs.

Changing Context: Recognizing the synergies between HIV and pregnancy prevention in many settings, YouthNet (and FOCUS) were designed as Bureau/Center-wide activities to be jointly funded and managed by PRH and the Office of HIV/AIDS (OHA). Within PRH, the Service Delivery Improvement Division has managed YouthNet—and previously FOCUS—. HIV core funding to date for both FOCUS and YouthNet has been

significantly lower than anticipated. With the recent creation of the President's Emergency Plan for AIDS Relief, priorities have further shifted. YouthNet is no longer receiving core HIV funds and is highly dependent on PRH core funding. At a programmatic level, in countries where YouthNet is receiving HIV field support, the separate management structure for the Emergency Plan also poses a challenge for maintaining synergies between HIV and pregnancy prevention activities at the country level. Beyond integration of pregnancy and HIV prevention, multisectoral coordination between youth RH/HIV activities and USAID's work in other sectors, such as education and employment, has also been a challenge.

Need for Fresh Assessment: The GH Bureau now has more than ten years of experience in YRH. Some consensus, based on research and field experience, has emerged on effective program approaches to addressing YRH needs. In some ways, the time seems right for "mainstreaming." At the same time, YRH still represents a relatively new field and one that is distinct in many ways from RH programming for older, primarily married, populations. Moreover, many unanswered questions remain regarding the most effective approaches, suggesting a continuing need for technical leadership.

In addition, the SDI division is in the process of considering a potential follow-on to other family planning/RH service delivery activities. While YouthNet does not end till 2006, one option under discussion is to incorporate youth technical leadership activities under a follow-on "umbrella" family planning services project. It is therefore timely for PRH in particular, and GH more broadly, to assess progress in implementing the recommendations of the 1999 assessment and new needs with respect to the changing environment, in order to make recommendations regarding the continuing needs for technical leadership in YRH and appropriate options to address these needs.

II. Purpose of the Assessment

The primary purpose of the current assessment is to inform GH decisions regarding how youth programming should be addressed within the GH portfolio, and particularly PRH, in the future. Specifically, the assessment should:

1. Assess the current status of YRH technical leadership and programming within GH and the Office of Education, and identify strategies that have been effective in advancing state-of-the-art YRH programming within USAID more broadly.
2. In light of developments since the 1999 Young Adult Reproductive Health Assessment, identify appropriate options for filling the YRH technical leadership role within the GH/PRH portfolio in the future, and the configuration of projects and activities with the greatest potential to strengthen YRH programming.
3. Specifically, advise GH/PRH regarding the advantages and disadvantages of a follow-on to the current specialized youth technical leadership project (YouthNet), and of incorporating the technical leadership role in YRH programming within the currently proposed follow-on general family planning services project.

III. Key Questions

The assessment should respond to the following key questions:

1. **What is the coverage and magnitude of YRH programming in the current GH portfolio?** To what extent are youth activities incorporated into projects within the Bureau and specifically the PRH Office that are not dedicated exclusively to youth, and how effective has this effort been? What is the mode of implementation, size, geographic coverage and content (single-purpose, multi-sectoral, type of intervention, etc.) of these activities? A descriptive matrix should be created of the current YRH portfolio... To what extent do current efforts advance the field and meet youth needs in RH? What are the gaps and/or missed opportunities, and what steps could be taken to strengthen attention to youth issues within the existing portfolio?
2. **Are GH-funded youth activities state-of-the-art?** To what extent do current CA YRH activities reflect the most promising approaches and best practices? (The consultants will be provided a technical brief, which consolidates current knowledge or best practices in youth programming.) What mechanisms could be used to ensure that promising approaches are being applied to YRH programming across the PRH portfolio? Are there specific program approaches that PRH/GH should be doing more to support and scale-up within the current portfolio?
3. **How can GH strengthen synergies across the current portfolio of youth activities?** What linkages exist across divisions and projects, both within USAID and among cooperating agencies (CAs)? In particular, what linkages exist between YouthNet and other USAID partners? What mechanisms could potentially enhance technical exchange across PRH projects?
4. **How can GH enhance synergy between centrally funded YRH technical leadership activities and bilateral USAID programs?** To what extent is there a demand and/or need in the field for central technical leadership in YRH? How could PRH ensure that lessons learned from bilaterally funded youth activities are captured and disseminated within and across regions? How could centrally funded technical leadership activities better contribute to state-of-the-art youth programming at the country level?
5. **Is there likely to be a continuing role and need for a specialized youth technical leadership project after the current YouthNet project ends?** If so, what specific YRH technical areas should be the primary focus of this specialized youth activity? Which division would be the most appropriate “home” for a specialized project? If there is no anticipated need for a specialized project, should the YRH technical leadership function be integrated into other existing or proposed projects? Which division/projects should most appropriately undertake this role?

Key Background Documents

Assessment of G/PHN Young Adult Reproductive Health Programming Options.
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APPENDIX B

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APPENDIX C

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APPENDIX D
SUMMARY TABLES: SELECT RESPONSES TO CA QUESTIONNAIRE

Table D1: Summary of ARH Activities: The Policy 2 Project

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Youth better informed and use of services increased	PA	Egypt	24	FS	G, NGO	partial	yes
Secondary analysis of FESAL 2002/3 data on ARH, workshop	RE, PA	El Salvador	12	FS	G, PS	yes	no
Policy and operational barriers to accessing ARH services	PA	Haiti	18	C	G, NGO	not yet	NA
Analysis and development of multisectoral youth policy	PA	Jamaica	36+	FS	G, NGO, PS	not yet	NA
Plan of Action for Kenya's ARH and Development Policy	PA	Kenya	3	FS	G, NGO	NA	NA
Advocacy and Strategic Planning for Young Adults and ARH	PA	Nigeria Uganda	24	C	G, NGO	partial	yes
Improving access to RH services for adolescents and youth	PA	Ukraine	24	FS	G, NGO	yes	yes
Advocacy for provision of ARH services	PA	Zambia	12	C	PS	no	no
Review of ARH policies in 23 ANE countries	PA	multiple	missing	RB	NA	NA	NA
African ARH Policy Conference and follow up	PA	multiple	missing			NA	

1) PA=Policy and advocacy; RE=Research and evaluation; FHL=Family life education, HIV/AIDS education, life skills; T=Training; BCC=Behavior change communication, media, other communications; SSM=Service delivery, social marketing; L=livelihoods, poverty, linked programs
2) C=core, FS=field support, B=bilateral, F=foundation, CO=combination, RB=regional bureau
3) G=Government; NGO=Non-Governmental Organization; C=Community; PS=Private Sector

Table D2: Summary of ARH Activities: MEASURE Communication and BRIDGE

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up (4)
World's Youth 2000 data sheet and report	BCC	Global	60	C	G	yes	NA
<i>Pop'Médiafrrique network of journalists</i>	BCC	W. Africa	96	FS	G, NGO, PS	no	NA
Media training and networking	BCC, T	Global	ongoing	C, FS	G, C, PS	NA	NA
"Abandoning FGC" booklet	PA	Global	NA	C, FS	NA	no	Yes
Policy Communication Workshops	PA, BCC, T	Global	ongoing	F	NGO	NA	NA
Documents and written tools	PA, BCC	Global	ongoing	C, FS	NA	NA	NA

1) PA=Policy and advocacy; RE=Research and evaluation; FHL=Family life education, HIV/AIDS education, life skills; T=Training; BCC=Behavior change communication, media, other communications; SSM=Service delivery, social marketing; L=livelihoods, poverty, linked programs

2) C=core; FS=field support; B=bilateral; F=foundation; CO=combination; RB=regional bureau

3) G=Government; NGO=Non-Governmental Organization; C=Community; PS=Private Sector

4) Scaled up or adapted in another location

Table D3: Summary of ARH Activities: Frontiers in Reproductive Health

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Improving Adolescent Reproductive Health	RE	Bangladesh	36	C	NGO	yes	yes
Introducing ARH Curric. in Vocational Training Course	RE	Bangladesh	3	C	NGO	NA	NA
Peer ed to increase contraceptive use, reduce STD/AIDS	RE	Cameroon	27	C	NGO	yes	yes
Integrating Adolescent Livelihood with RH Program	RE	India	19	C	G, NGO	yes	yes
Improving RH of Youth	RE	Kenya	46	C	G, NGO	yes	yes
Institutionalizing ARH and HIV Intervention Program	RE	Kenya	24	FS	G, NGO	yes	yes
Improving Adolescent RH	RE	Mexico	21	C	G, NGO, PS	yes	no
Improving Young Couples' Access and Use of RH Information and Services	RE	Nepal	34	C	NGO	yes	no
Appropriate IEC Strategies to Improve ARH in Inca Region	RE	Peru	24	C	G, NGO	yes	no
Promoting Youth's Health Behaviors in ADZ	RE	Peru	13	C	G, NGO	yes	no
Improving Adolescent Reproductive Health	RE	Senegal	48	C	G, NGO	yes	yes
Assessing Performance of Alternative Youth Center Models	RE	South Africa	12	FS	G	yes	no
Impact on ARH of Community Interventions for OVC	RE	South Africa	16	FS	NGO, PS	yes	no

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Other research activities that may include youth among participants

Female Genital Cutting

Community based program to improve women's RH and eradicate FGC	Burkina Faso
FGC alternative rite intervention	Kenya
Understanding FGC and medicalization of practice in Abagusii	Kenya
Understanding FGC among Somali and management of complications	Kenya
Community based program to improve women's RH and eradicate FGC	Senegal

Other RH Issues

Consultative meeting on anti-trafficking programs	South Asia
Community based intervention on service utilization in FP and RH	Bolivia

Table D4: Summary of ARH Activities: Horizons

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
HIV prevention through male gender norms	RE	Brazil	30	C + F	NGO	yes	yes
Kenya Girl Guides peer education and parental involvement	RE	Kenya	24	FS	NGO	yes	yes
HIV prevention through male gender norms	RE	India	12	C	C	yes	yes
Training Kenyan scouts in HIV care giving and prevention	RE	Kenya	12	FS	NGO	yes	yes
Programming for HIV prevention in Mexican schools	RE	Mexico	24	C	G, NGO	yes	yes
Stigma reduction and community mobilization	RE	Nicaragua	24	C + O	NGO, PS	yes	AtS
Programming for HIV prevention in South African schools	RE	South Africa	24	C	G, NGO	yes	yes
Implications of HIV-associated violence for VCT	RE	Tanzania	24	C + CO	G	yes	yes
Reducing male risk behavior, enabling female prevention	RE	Tanzania	24	C + CO	G, NGO	yes	no
Programming for HIV prevention in Thai schools	RE	Thailand	24	C	G, NGO	yes	yes
VCT among youth in Uganda	RE	Uganda	30	RB	G, NGO	yes	yes
Identifying strategies to promote VCT among youth	RE	Kenya, Uganda	18	C	G, NGO	yes	yes
Decision to seek VCT among Zambian youth	RE	Zambia	24	C + O	G, NGO	yes	no
Involving young people in HIV care and support (I)	RE	Zambia	18	C	G, NGO	yes	yes
Involving young people in HIV care and support (II)	RE	Zambia	24	C	G, NGO	yes	yes
Transitions to adulthood in context of HIV/AIDS	RE	South Africa	36	C + F	G, NGO, PS	yes	no

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Programs for mothers that include mothers younger than 24

ARVs and PMTCT adherence counseling	Kenya
Evaluation of Opt-out HIV testing during ANC	Kenya
Prevention of Mother to Child Transmission (PMTCT) of HIV	Kenya, Zambia
Reducing STI/HIV Risk Among Pregnant Women and Partners	Zimbabwe
Community-based approaches to PMTCT	Kenya

Community programs that include youth

Reducing HIV risk behavior by strengthening community involvement	India, Zambia
Addressing stigma; strengthening prevention, care & support for workers	Vietnam
PLHA Involvement in Community-based Service Delivery	Burkina Faso, Ecuador, India, and Zambia
Addressing stigma; strengthening prevention, care & support for workers	South Africa
Community-level Case Management of HIV/AIDS-related Infections	Africa
Scaling-up Care and Support Services for PLHA	Thailand
Improving food security of AIDS-affected households	India
Consistent messages about HIV risk reduction	Uganda
Reducing drop-outs & increasing adherence rates among PLHA on HAART	Kenya
Comm ed, referral for ARV treatment adherence & prevention for PLHA	Thailand
	Kenya

Orphans (includes those younger than 10)

Assessing benefits of community-based home visitation program for OVC	Rwanda
Addressing psychosocial needs of OVC	South Africa
Exploring psychosocial & behavioral impacts of the Masiye OVC camp	Zambia

Special populations that may include youth

HIV prevention, testing, treatment for truck drivers	Brazil
Targeted vs. general population interventions for STD control	Zimbabwe, Zambia, and South Africa
Research to understand sexual and reproductive health needs of men	Kenya
Efficacy of 100% condom use program for sex establishments	Dominican Republic
Workplace HIV/STI Prevention Activities for Migrant Construction Workers	Vietnam
Community development approaches to sex work interventions	Brazil
Identifying strategies to reach MSM	Senegal
Intervention needs to prevent trafficking; care and support in HIV/AIDS context	Nepal

Table D5: Summary of ARH Activities: FHI Contraceptive Technology and Family Planning Research

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Identifying Ways to Improve FLE Programs	RE	Senegal	42	FS	PS	yes	NA
FHI/Pathfinder Adolescent Reproductive Health Materials	MD	Worldwide	50	C	PS	NA	NA
Adolescent Health Operations Research Project	RE	Nepal	52	FS	NGO, PS	NA	NA
Adolescent Reproductive Health Program (Phase II)	ED	Jamaica	60	FS	G, NGO	yes	yes
Adolescent Reproductive Health Program (Phase III)	ED	Jamaica	54	C + FS	G, NGO	yes	yes
Curriculum and Training Evaluation	RE	Jamaica	33	C + FS	G, NGO	yes	NA
Evaluation of Guidance Counseling Training in VIBES Curric.	TR	Jamaica	39	C	PS	yes	NA
Adolescent Synthesis paper	MD	Worldwide	8	C	NA	NA	NA
WONCA Adolescent Reproductive Health Workshop	TR	Nigeria	12	C	NGO	NA	NA
Evaluation of HIV/AIDS IEC Programs for Youth	RE	Ethiopia	31	FS	NGO	yes	NA
Addiction Alert Curriculum & Training Project	TR	Jamaica	39	FS	NGO	yes	yes
Social Impact Technical Assistance for Jamaica	TR	Jamaica	15	C	PS	no	no
Youth Fertility Awareness Module	MD	Worldwide	21	C	PS	yes	no
FGC Reduction Model	RE	Nigeria	35	C	NGO	no	no
Assessment of RH Needs of OVC	RE	Kenya	19	FS	NGO, PS	no	no
Assessing Sexual Risks and RH Needs of OVC	RE	Zimbabwe	12	FS	PS	no	no
NCPD Booklet for Youth Project	MD	Kenya	13	FS	NGO	no	no

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Table D6: Summary of ARH Activities: Population Council, PCP3

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Transitions to adulthood in context of HIV/AIDS	RE	South Africa	60	C + F	NGO	NA	no
Reporting of sexual activity in Malawi	RE	Malawi	18	C	NGO	NA	no
Adding vocational counseling and training to health project	RE	India	24	FS	NGO, PS	yes	yes

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Table D7: Summary of ARH Activities: HCP Project

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Igual para Igual (we decide together)	BCC	Brazil	24	FS	NGO	yes	Y
PRISM Youth Campaign	BCC	Guinea	18	B	G, NGO, C, PS	yes	Y
Communication for Healthy Living	BCC	Egypt	60	B	G, NGO, C, PS	yes	Y
ARH "Nijeke Jano" (Know Yourself)	BCC	Bangladesh	>36	FS?	G, NGO, C	yes	Y
State Information Service (SIS) IEC Youth Campaign	BCC	Egypt	60	?	B, C	yes	?
We Plan Our Future - We Plan Our Family Youth Campaign	BCC	Jordan	36	FS, F	NGO, PS	yes	?
Junto Decidimos Cuando (We Decide When)	BCC	Nicaragua	60	C, FS	G, NGO	yes	Y
Arab Women Speak Out	BCC	8 Arab Cities	>60	?	G, NGO, C	yes	Y
Hotline Support and SYMPA Projects	BCC	Burkina Faso Togo Cote d'Ivoire	24	?	G, NGO, C, PS	?	?
Youth HIV/AIDS Campaign	BCC	Burkina Faso Cote d'Ivoire	12	?	NGO, PS	yes	?
DramAidE Health Promoter and Peer Educator Program	BCC	So. Africa	36	FS	C	yes	Y
See You at 7 Video and Facilitators Guide	BCC	So. Africa	>48	FS	NGO, C	yes	Y
CORE Initiative/Right to Play	BCC	R to p: 22 dev'g Ctries CORE: 6 Ctries	36	C, B	G, NGO, C, PS	yes	Y

Preventive Health Entertainment-Education Serial Drama	BCC	Vietnam	24	F	G, NGO	yes	?
STARH (Sustaining Technical Achievements in RH/FP) Support for ARH	BCC	Indonesia	36	B	G, NGO, C	yes	N
Youth First	BCC	Pakistan	40	F	NGO, PS	yes	Y
Establishment of YFS	BCC, SSM	Mozambique	36	FS, B	G	yes	Y
Enter Educate HIV/AIDS Prevention Activities	BCC	Honduras	12	FS	G, NGO, C	yes	Y
HIV/AIDS Prevention Mass Media Campaign	BCC	Honduras	18	FS	G, NGO	yes	Y
Development of a Peer-to-Peer CD Rom to assist youth promoters' outreach activities	BCC, Ed	LAC	18	?, F	G, C	no	Y
ISHI HIV/AIDS Youth Awareness and Prevention Campaign	BCC	Tanzania	36	FS, O	G, NGO	yes	Y
Youth Hotline	BCC	Nigeria	35	FS, C	NGO, C, PS	yes	N
Sports for Life	Ed	Nigeria	12	C, B	G, NGO, C, PS	yes	N
Stop AIDS Love Life	BCC	Ghana	48	FS	G, NGO, C	yes	Y
Sara Initiative - Girls Empowerment	BCC	Ghana	18	FS	G	no	Y
Sports for Life	Ed	Multi-Country	various	C, FS	G, NGO, C, PS	yes	Y
National Reproductive and Sexual Health Communication Program for Young People	BCC	Uganda	36	FS	G, NGO, C	yes	N
The Suzie and Shafa Show	BCC	Namibia	>9	FS	G	yes	N
Youth Talent Beats AIDS	Ed	Ethiopia	1	FS	G, NGO, C	no	N
Youth Action Kit Program	BCC, Ed	Ethiopia	ongoing	FS	NGO, C	yes	Y
Sports for Life	Ed	Ethiopia	?	FS, C	G, NGO, C	yes	Y

Tsha Tsha Entertainment-Education TV Series	BCC	So. Africa	24	FS	NGO, C, PS	yes	Y
HEART (Helping Each Other Act Responsibly Together) Campaign	BCC	Zambia	>60	B	G, NGO	yes	Y
YouthAlert!	BCC, Ed	Malawi	24	FS	NGO, C	yes	?
National Youth Congress	BCC, Ed	Malawi	<1	FS	G, NGO	no	Y
Africa Alive!	BCC	Kenya, Uganda, Zambia, Tanzania	>60	C, FS, F	NGO, C	yes	Y
Life Choices	BCC	Ghana	?	FS	G, NGO	yes	?
Vision Project	BCC, Ed	Nigeria	?	B	NGO, C	?	?
Working with Faith Based Organizations	BCC, Ed	Malawi	?	FS	NGO, C	?	?

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Table D8: Summary of ARH Activities: AIDSMark Project

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
VCT/STI	BCC, SSM	Angola	34	FS	G, NGO	NA	Y
Condom Social marketing for AIDS Prevention	BCC, SSM	Angola	60	FS	G, NGO, C, PS	yes	Y
Enhancing HIV Prevention Programs	BCC, SSM	Botswana	39	FS	?	yes	Y
Targeted Social Marketing for AIDS Prevention	BCC, SSM	Burundi	51	FS	NGO, C	yes	Y
Pan-American Social Marketing Organization Regional Central American Project	BCC, SSM	6 Countries	50	FS	NGO	yes	Y
Condom Social Marketing for HIV/AIDS Prevention	BCC, SSM	Eritrea	60	FS	G, NGO, PS	yes	Y
Social Marketing for STI/HIV/AIDS Prevention	BCC, SSM	Guyana	24	FS	G, NGO, C, PS	yes	N
STI/HIV/AIDS Prevention	BCC, SSM	Haiti	39	FS	NGO	yes	Y
Pan-American Social Marketing Organization Condom Social Marketing Project	BCC, SSM	Honduras	58	FS	?	yes	Y
AIDS Prevention and Integrated Health Program	BCC, SSM	Kenya	65	FS	G, PS	?	Y
National Condom Social Marketing Project	BCC, SSM	Laos	24	FS	G, NGO	yes	Y
Voluntary Counseling and Testing Activities	BCC, SSM	Lesotho	12	FS	G	yes	N
HIV/AIDS Prevention Program	BCC, SSM	Madagascar	50	FS	NGO, PS	yes	Y
Improving Health through Social Marketing	BCC, SSM	Malawi	60	FS	?	yes	Y
Pan-American Social Marketing Organization Condom Social Marketing Project	BCC, SSM	Mexico	27	FS	G	yes	N
HIV/AIDS Prevention	BCC, SSM	Mozambique	23	FS	NGO	no	Y
HIV/AIDS and Reproductive Health Social Marketing	BCC, SSM	Nepal	25	FS	G, NGO, C, PS	yes	NA
Targeted HIV Prevention Campaign and Support	BCC, SSM	Nigeria	59	FS	G, NGO, PS	yes	Y

Social Marketing for HIV/AIDS Prevention and Child Survival Projects	BCC, SSM	Russia	89	FS	G, NGO	yes	Y
Trusted Partner Campaign	BCC	Rwanda	11	FS	G	yes	N
Social Marketing for HIV/AIDS Prevention	BCC, SSM	Thailand	28	FS	?	yes	Y
Project for HIV/AIDS Prevention and Family Planning	BCC, SSM	Uganda	36	FS	G, NGO	yes	Y
Condom Social Marketing, Voluntary Counseling and Testing and High-Risk Support to Corridors of Hope	BCC, SSM	Zambia	9	FS	?	yes	Y

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Table 9: Summary of ARH Activities: CORE Initiative Project

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Ponleur Komar Large Grant	BCC, Ed L	Cambodia	12	C	C	yes	Y
Right to Play	Ed	Multi-country	48	C	G, NGO, C	yes	Y
World Alliance of YMCAs/YWCA Large Grant	Ed	Sierra Leone Angola	24	C	PS	yes	Y

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Table D 10: Summary of ARH Activities: Georgetown Project

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Development of My Changing Body: Fertility Awareness for Young People	Ed	Jamaica, India	18	C	NGO	yes	Y

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Table D11: Summary of ARH Activities: Catalyst Project

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Study on the Socialization of Gender Roles	RE	Bangladesh	?	C	?	NA	NA
Support to Improve Quality of YF Services, train peer educators	SSM, Ed	Bolivia	?	FS	MOH	yes	?
TAHSEEN: Informal education on RH life skills	PA, Ed, BCC, SSM	Egypt	>24	FS	?	yes	Y
Sustainability workshop for Better Life Options	Ed	India	?	C	?	?	NA
Birth spacing messages for in-school youth	Ed	Nepal	15	FS	?	yes	?
Ya Estas Seguro (YES) information Kiosks	SSM	Peru	?	FS	NGO	yes	?
Manual to train Managers of youth services	SSM	Global	?	C	NA	?	NA
Reduction of GBV	SSM	Peru, Bolivia	?	C	NGO	yes	Y

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Table D12: Summary of ARH Activities: Advance Africa Project

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Teacher training on FGC	Ed	Senegal	24	?	NGO	no	N
Teacher training on LS Education	Ed	Mozambique Zimbabwe	24	?	NGO	no	N

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Table 13: Summary of ARH Activities: Acquire Project (EngenderHealth)

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Reproductive Health for Newly Married Couples	BCC, Ed	Nepal	24	?	?	?	?
Preventing HIV Transmission Among Youth	BCC, Ed	So. Africa	24	?	?	?	?

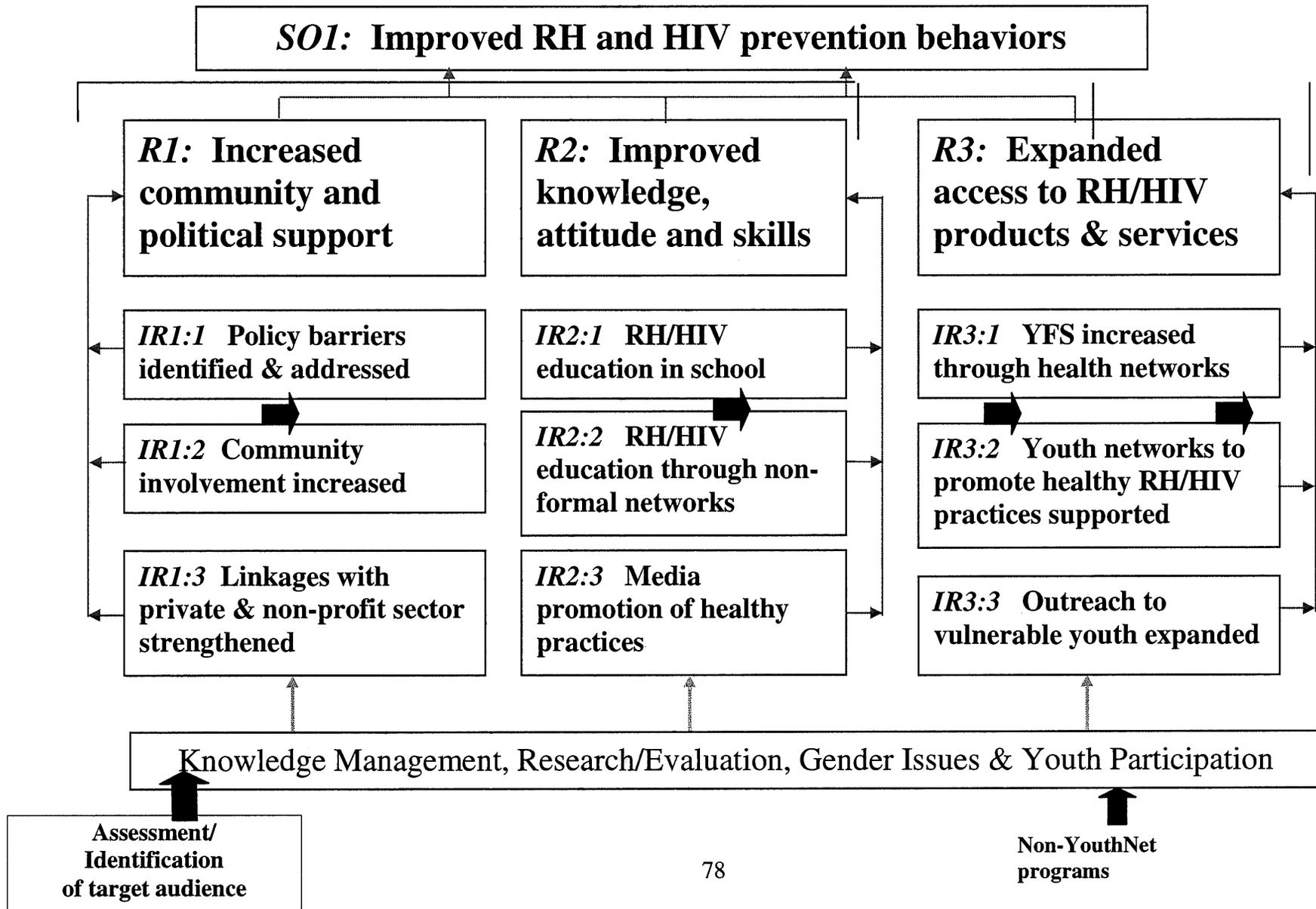
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Table D14: Summary of ARH Activities: CARE RH Trust Fund Project

	Activity Type (1)	Country	Duration (months)	Support Source (2)	Collaboration (3)	Evaluated (Yes/No)	Scaled Up
Sexuality and Youth (SAY)	BCC, Ed	Sierra Leone	36	C, O	G, NGO, C	yes	Y
Guria Adolescent Program	Ed, SSM	Georgia	36	C, O	G, NGO	yes	?
Promoting Safer Choices for Adolescents (ProSCAd)	PA, SSM, RE	Uganda	36	C, O	G, NGO	yes	Y

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**APPENDIX E
YOUTHNET RESULTS FRAMEWORK**



APPENDIX F

QUESTIONNAIRE

Adolescent Reproductive Health Review Office of Population and Reproductive Health and Office of HIV/AIDS Projects

Dear colleague:

GH/PRH is conducting a review of adolescent reproductive health (ARH) activities carried out by Cooperating Agencies. This review is being undertaken to determine the scope and size of ARH activities, supported by core, field, and/or bilateral support. The Offices are also interested in learning whether PRH or HIV/AIDS activities, oriented to the general population, may in fact serve young people ages 10 to 24, and whether special efforts have been made to reach this age group. We are interested in activities active from 2000 through the present.

Please take a few minutes to fill out this questionnaire and return it to Mahua Mandal at USAID (mmandal@usaid.gov). If you have questions as you are responding to this survey, please contact Mahua via email. Responses can be entered directly into this Word file; please remember to assign a project-specific name to each file so submissions do not overwrite each other. Please complete a set of questions for each unique ARH activity you support (i.e., duplicating the question set as many times as needed). Your set of responses should be compiled in a single file for submission. For those with ARH-specific activities, please complete the questions included in Section A. For those with general population activities that attract youth participants, please complete the questions in Section B.

We would appreciate receiving your responses no later than **November 1, 2004**. The responses will be consolidated and tabulated by Mahua Mandal who will provide the information to two POPTECH consultants, Susan Adamchak and Judith Senderowitz.

Based on the replies to the questionnaires, several CAs will be asked to participate in interviews during the period of November 29-December 10 for more in-depth discussions about the activities. The POPTECH consultants will conduct these interviews

Thank you very much for your cooperation.

Alexandra Todd
Technical Advisor
USAID, GH/PRH/SDI

Section A: For CAs having youth-specific RH or HIV/AIDS activities (with core, field or bilateral support)

ARH Activity Name

A1. What is the name of the activity?

Type of Activity

A2. What are the key activities? (You may select more than one if appropriate.)

- | | |
|----------------------------------|---------------------------------|
| a. Service delivery | b. Social marketing |
| c. Behavior change communication | d. Other communication or media |

- e. Community outreach
- f. Youth centers
- g. Life skills or empowerment
- h. Livelihoods
- i. Training or capacity building
- j. Research
- k. Policy
- l. School based Family Life or HIV/AIDS Education
- m. Community based Family Life or HIV/AIDS Education
- n. Other _____

Activity Description

- A3. Please provide a brief (4-5 sentences) description of the activity.
- A4. What are/were the expected outcomes of the activity?
- A5. What is/was the activity duration?
 - a. 12 months
 - b. 18 months
 - c. 24 months
 - d. 36 months
 - e. Other
- A6. In what country or countries is/was the activity implemented? How many sites are/were active within each country? What is/was the size of the target population? Is/was the work primarily with girls, boys, or both?
- A7. Please provide a description of gender-related activities, if any.

Host Country Partners

- A8. Do/did you collaborate with host country partners? If so, please identify.
 - a. Government agency
 - b. Non-governmental Organization
 - c. Community-based organization
 - d. Private sector
- A9. Has/did this activity involved multiple sectors: health and education, health and labor, etc.? What has been/was the experience of coordinating a multi-sector activity?

Sources of Funding

- A10. How is/was the activity supported? Please indicate percent of total provided by each source.
 - a. Core funds
 - b. Field support
 - c. Bilateral funds
 - d. Private Foundation
 - e. Combination
- A11. If funding been a constraint (insufficient funding, conflict between field and core support, competing demands of different sectors), please describe the effects it has had.
- A12. Relative to your entire project budget, what proportion does/did this activity represent?

Activity Design

- A13. Did you use external resources (consultations, promising approaches, tools or materials) to design and/or implement the activity?
 - a. No
 - b. FOCUS on Young Adults materials

- c. FOCUS consultants
- d. Research results (Horizons, FRONTIERS, FHI, JHU, MEASURE)
- e. YouthNet materials
- f. YouthNet consultants
- g. Other expert consultants
- h. Other (please specify) _____
- i. If yes, in what way? _____

Youth Participation

A14. Have young men and young women been active partners? If so, in what capacity?

- a. Design
- b. Governance and oversight
- c. Management
- d. Implementation
- e. Monitoring and evaluation

Evaluation and Dissemination

A15. Has the activity been evaluated, or are there plans to evaluate it in the future? Was a baseline completed prior to the start of fieldwork?

A16. What evaluation methods were used or are planned?

- a. Quasi-experimental/pre-post designs
- b. Operations research
- c. Surveys
- d. Case studies
- e. Key informants
- f. Analysis of secondary data
- g. Client intercept studies
- h. In-depth interviews
- i. Focus Groups
- j. Other (please specify) _____

A17. If an evaluation has been conducted, what were the evaluation findings?

A18. Were evaluation findings or lessons learned disseminated? Where and to whom?

A19. Please identify key reports or publications that describe activities.

Materials Development

A20. Has the activity developed new programmatic materials for use by the target audience (pamphlets, posters, videos, fotonovelas, etc.)?

A21. Has the activity adapted existing programmatic materials for use by the target audience?

A22. Has the activity developed new operational tools or strategies? If yes, please describe.

A23. Did the activity conduct a gender analysis as part of the development of programmatic materials, operational tools, and strategies?

Scale Up

A24. Has the activity been replicated or expanded from its initial implementation? If so, to what degree? Are there plans for replication or expansion in the future?

Lessons Learned and Recommendations

A25. Please share any lessons learned or recommendations you may have about ARH activities.

Support from Other Funding Agencies

A26. Do/did you receive support for ARH activities from private foundations or other, non-USAID international funding sources? If yes, please note the source and activity.

A27. Do/did you collaborate with other donors on youth activities? If yes, please describe the nature of the collaboration.

Section B: For CAs having general population RH or HIV/AIDS activities that may attract participants ages 10 to 24 (with core, field or bilateral support)

Activity Description

- B1. Are there activities in your portfolio, not designed as a youth-specific, that may attract young men and young women ages 10 to 24?
- B2. If yes, what is the activity name and where is/was it implemented?
- B3. Do/did you track youth as a separate demographic category in the activity, by age and by sex? If yes, what age categories do you use?
- B4. What are/were the key activities? (You may select more than one if appropriate.)
- | | |
|--------------------------------------|----------------------------------|
| a. Service delivery | b. Social marketing |
| c. Behavior change communication | d. Other communication or media |
| f. Community outreach | g. Life skills or empowerment |
| h. Livelihoods | i. Training or capacity building |
| j. Research | k. Policy |
| l. Family Life or HIV/AIDS Education | m. Other _____ |

Activity Support and Collaboration

- B5. How is/was the activity supported?
- | | | |
|-----------------------|------------------|--------------------|
| a. Core funds | b. Field support | c. Bilateral funds |
| d. Private Foundation | e. Combination | |
- B6. Do/did you collaborate with host country partners? If so, please identify.
- | | |
|---------------------------------|----------------------------------|
| a. Government agency | b. Non-governmental Organization |
| c. Community-based organization | d. Private sector |

Activity Modifications

- B7. Has the project modified RH or HIV/AIDS services or other efforts to meet needs specific to young men and young women?
- B8. Have you introduced specific actions to attract youth to the project? If yes, is there evidence that these have been effective?

Lessons Learned and Recommendations

- B9. Please share any lessons learned or recommendations you may have about these activities.

Support from Other Funding Agencies

- B10. Do/did you receive support for ARH activities from private foundations or other, non-USAID international funding sources? If yes, please note the source and activity.
- B11. Do/did you collaborate with other donors on youth activities? If yes, please describe the nature of the collaboration.

