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IPPF *i*₃ YOUTH PROGRAMME

FINAL REPORT

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INTERNATIONAL
PLANNED
PARENTHOOD
FEDERATION

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ACRONYMS

IPPF International Planned Parenthood Federation

IPPF REGIONAL OFFICES

AR Africa Region
ER Europe Region
ESEAOR East and South East Asia and Oceania Region (IPPF)
SAR South Asia Region (IPPF)
WHR Western Hemisphere Region

IPPF AFFILIATES

ABBEF Association Bukinabe pour le Bien-Etre Familial
AFPA Albanian Family Planning Association
AMODEFA Associacao Mocambicana para Desenvolvimento de Familia
ASBEF Association Senegalaise pour le Bien-Etre Familial
FFPAM Federation of Family Planning Associations of Malaysia
FLAS Family Life Association of Swaziland
FPAB Family Planning Association of Bangladesh
FPAN Family Planning Association of Nepal
FPATT Family Planning Association of Trinidad and Tobago
GRPA Guyana Responsible Parenthood Association
INPPARES Instituto Peruano de Paternidad Responsable
PPAG Planned Parenthood Association of Ghana
TFPA Tonga Family Planning Association

OTHER ACRONYMS

AIDS Acquired Immunodeficiency Syndrome
CO Central Office (IPPF)
FGC Female Genital Cutting
FGD Focus Group Discussion
FLE Family Life Education
FP Family planning
FPA Family Planning Association
GO Government Organisation
HIV Human Immunodeficiency Virus
IEC Information, Education, Communication
KAP Knowledge, Attitudes and Practice
MoH Ministry of Health
NGO Non-Governmental Organisation
OR Operations Research
REU Research and Evaluation Unit
RO Regional Office (IPPF)
SRH Sexual and Reproductive Health
STD Sexually Transmitted Disease
STI Sexually Transmitted Infection
TA Technical Assistance
USAID United States Agency for International Development

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From the *i3* Youth Programme Team:

Dr. Med Bouzidi, Director, Resource and Programme Development, Division

Dr. Heidi Marriott, Youth Programme Coordinator

Fleur Pollard, Youth Officer

Rashmir Balasubramaniam, Sustainability and Finance Officer



EXECUTIVE SUMMARY

1.1 INTRODUCTION

Around the world, issues of sex and sexuality are surrounded by expectations, proscriptions and taboos. Sex and sexuality are important to us all whether defined in terms of pleasure, relationships and the ability to have children, or in terms of the dangers of unwanted pregnancy, STIs, HIV/AIDS, unsafe abortions and complications during pregnancy. Society and culture define what is 'acceptable' sexual behaviour based on gender, marital status and, crucially, age. Despite the huge diversity among 'youth' around the world, young people are united in a transition from childhood to adulthood. A transition which involves physical and emotional sexual development, which almost universally implies the onset of sexual activity and which therefore necessitates a universal recognition of SRH rights.

The International Planned Parenthood Federation (IPPF) has around 140 affiliated members, and many of these have taken up the challenge of realising the SRH rights of young people, and meeting their SRH needs. Using a rights based approach, the IPPF *i*₃ Youth Programme was developed at the global level to increase the access of young people in developing countries to the best possible SRH information and services. The *i*₃ programme involved 34 FPAs from 5 of the 6 regions of IPPF and has made a significant contribution to the capacity of FPAs in youth programming, to the provision of information and services to youth and, ultimately, to the lives of young people themselves.

Scope of the Final Report

This Final Report provides a comprehensive review of the USAID-funded IPPF *i*₃ Youth Programme. The report is divided into 5 main sections as follows:

1. Introduction
2. *Innovate*
3. *Indicate*
4. *Inform*
5. Conclusions.

The *Innovate*, *Indicate* and *Inform* chapters cover their project components, objectives, implementation, lessons learned, challenges, future plans and more detailed reports on each of the individual projects.

The final chapter presents a qualitative summary of the results achieved against the expected outcomes of the *i*₃ Youth Programme, the strategic contribution of *i*₃ to IPPF's work youth programme, the contribution of *i*₃ to USAID's Strategic Objectives, and the next steps.

*i*₃ Youth Programme

IPPF supports the development and implementation of youth programmes through a number of global and regional initiatives, one of which is the *i*₃ Youth Programme. The IPPF *i*₃ Youth Programme is a three-year initiative (1998-2001) to increase the access of young people in developing countries to the best possible SRH services.



The *i*₃ Youth Programme has 3 components:

1. **Innovate** develops and tests innovative, cutting-edge models and approaches to the provision of SRH services for young people.
2. **Indicate** improves the accessibility and quality of SRH services for young people through operations research.
3. **Inform** documents IPPF's work with young people and shares lessons learned from IPPF's global network.

Summary of the results achieved against the expected outcomes of the IPPF *i*₃ Youth Programme

- Innovative models, tested and documented, for the provision of more effective sexual and reproductive health services for young people.

All of the *Innovate* projects in Albania, Ghana, Mozambique, Peru and Senegal, were innovative models of SRH service provision for young people in their local contexts, and all have been documented as part of the ongoing programme monitoring and final evaluations. Unfortunately, the timeframe of this programme has not allowed robust testing of these models to date as the implementation has not been taking place for a enough time to measure uptake of services by young people. However, the final evaluations, or reviews of progress to date, that took place at the end of this phase show that much has already been accomplished in terms of the development and implementation of innovative projects, and that many positive results are already being achieved.

- Strategies for IPPF affiliates and other youth-serving organisations to improve the accessibility and quality of care at sexual and reproductive health service facilities for young people.

Programme examples of the youth projects implemented and/or documented as part of the *i*₃ Youth Programme provide an impressive number of strategies being implemented by IPPF affiliates in hugely contrasting contexts across the world, as described in various parts of this report. As a result of *i*₃ Youth Programme, many young people have benefited in terms of improved knowledge, increased access to services, and empowerment through their involvement in these projects as staff or volunteers and through skills building and training received.

Furthermore, FPAs have increased visibility as providers of high-quality, youth-friendly services to young people in their countries leading to improved chances of support from local communities, collaboration possibilities with other organisations, including donor agencies.

- Increased youth involvement in a decision-making capacity in both policy development and programme implementation.

The *i*₃ Youth Programme has achieved major success in terms of youth involvement in programme implementation. Young people are considered as assets with huge potential and creativity, it is recognised that they are connected to and better understand the needs of their peers, and that this means they are best-placed in advising on programme design. In addition, increasing youth involvement in programmes is seen to not only increase a feeling of

ownership and participation in the programmes that affect young people, but significantly increases the numbers of peers attracted to use the facilities, and/or become actively involved themselves.

There are examples from the *i3* Youth Programme where the institutionalisation of youth participation is well underway with the commitment of the FPA senior staff and Board members, and where established youth committees enable young people to participate fully in the decision-making process of the FPA in relation to youth SRH programming and policy development. However, the increased involvement of youth at the policy level remains constrained in a number of FPAs. For example, a number of the *Innovate* programmes implemented initiatives where youth assumed extremely responsible positions at the project level, either as staff or volunteers, but that outside of the *Innovate* project itself, links were not made with the overall strategic planning of programmes within the FPA, nether in collaboration with FPA staff or the governing bodies.

- Comprehensive knowledge base of models and approaches employed throughout IPPF's global network to improve the sexual and reproductive health of young people.

Extensive documentation is now available from the *i3* Youth Programme which will shortly be reproduced on CD-ROM:

- 1) full reports available from *Innovate*, *Indicate* and *Inform*;
- 2) evaluation final reports also available for *Innovate* and *Indicate* projects;
- 3) a number of published materials.

In order for this documentation of experiences to be beneficial to IPPF, it will be circulated widely within the Federation, and to other interested parties.

- Increased transfer of information, experience and expertise on issues relating to the sexual and reproductive health of young people both within IPPF and amongst other youth-serving organisations.

In addition to the dissemination of the documentation resulting from *i3*, a number of other initiatives occurred to increase transfer of information and experience between IPPF affiliates. Notably, these included the South South Technical Assistance Partnerships between 4 FPAs, and the various workshops, forums and meetings held during the lifetime of *i3*. In addition, technical assistance was provided to participating FPAs on, for example, proposal development, monitoring and evaluation, youth-friendliness of services, operations research, sustainability, and youth participation.



1.2 SUMMARY OF KEY LESSONS LEARNED

1.2.1 *SRH Information*

- The more interactive and experiential learning environments are particularly successful with young people, including the internet, CD-ROMS, games and quiz competitions.
- Tailoring SRH messages to the context of the audience or broadening the information provided to non-SRH issues that are of special interest to young people can increase the numbers of young people reached.
- Youth are often more comfortable discussing SRH issues within the context of other pressing concerns such as jobs or in informal, recreational settings.
- Training peer educators and utilising peer networks have great potential as a cost-effective means of disseminating SRH information to young people and increasing awareness of the services that are available

1.2.2 *SRH Services*

- Sensitisation activities can be time-consuming but are worth the investment, especially where negative attitudes towards youth sexuality or providing particular services have been specifically identified.
- A strong sense of youth ownership contributed to attendance levels at youth service facilities.
- SRH services can be provided to young people successfully in facilities that have previously focused on married women.
- Where the model uses non-SRH activities to attract young people, every non-SRH service offered should have a clear relationship to improving youth SRH, for example, by promoting other SRH services, or by cross-subsidisation.
- Retail outlets, or small businesses, run by youth can provide SRH information and condoms to young people in a manner and a style which is convenient and attractive to them.
- The age of the clinical service providers should be considered for youth serving clinics as a range of ages is more welcoming. However, attitude towards youth and the client's perception of the providers experience are more important factors.
- Improving quality and raising awareness are two essential and inter-related determinants of increasing utilisation and creating youth friendly services.
- Strategies to increase young people's access to clinical services included both providing services to youth through separate sessions within the main clinic, and establishing separate service centres for young people. Both were found to be feasible and successful approaches to increasing utilisation, although young people were most comfortable receiving services in a separate space to the adult clinic.
- Many FPAs highlighted physical (lack of facilities, location, time), economic (money required to travel to the clinics/centres, use the services) and psychological (embarrassment, social stigma, socio-cultural and religious norms) barriers to youth accessing SRH services in their reports.
- While youth participation and young volunteers are very important, many young people want to receive clinical services from adults/professionals.
- Technology (internet, computer programmes) is one of the most effective ways of attracting young people to SRH services and can provide an entry point to discussion

of SRH. However, the SRH message must remain central and projects must take into consideration the specific groups that are attracted by technology.

1.2.3 Sustainability

- The youth volunteers are a vital resource their potential can be expanded for many projects relatively cheaply.
- More cross-subsidisation of non-SRH services to pay for SRH services is needed if sufficient income is to be raised in this way.
- Once projects are better-known amongst the local donor communities and governments, and with documentation of the innovative approaches and achievements, they are in a better position to attract further funding.
- The question of payment for services is central, and in some cases, payment for services was essential, not only for sustainability, but also for creating a sense of professionalism that young people desired.

1.2.4 Monitoring and Evaluation

- The use of project data to measure progress, improve performance, document successfully and highlight challenges was weak in many Innovate projects, and further technical assistance is needed in this area.
- When close collaboration between project and evaluation staff occurs, the benefits are invaluable.

1.2.5 Youth Participation

- Young people should be invited to take a more active role in the design, development, implementation and evaluation of programmes to ensure that programmes address their real needs rather than perceived needs.
- Young people working with projects should also be involved in the monitoring and evaluation of the projects, including the development of monitoring procedures, data collection and analysis, use of data to inform programme and policy decisions,
- Providing young people with the tools to shape and guide programmes and the chance to be involved in decision-making processes as active partners, strengthens youth ownership and hence increases the sustainability of projects.
- Appropriate support from the FPA is necessary for young people to undertake all aspects of programme management.
- Young people from the target group are best placed to identify their needs.

1.2.6 Partnerships

- Developing alliances with other organizations can be very helpful in the creation, implementation and administration of some services.
- Networks and Partnerships with schools, government ministries, other NGOs and institutions provides potential channels through which IEC materials, CD ROMS etc produced by the FPA can be marketed and sold. The marketing potential for such products requires investigation.

1.2.7 General

- Funding is required over longer-time scale to enable FPAs to go beyond the 'project mentality'.

INTRODUCTION

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1 INTRODUCTION - IPPF *i*₃ YOUTH PROGRAMME

Around the world, issues of sex and sexuality are surrounded by expectations, proscriptions and taboos. Sex and sexuality are important to us all whether defined in terms of pleasure, relationships and the ability to have children, or in terms of the dangers of unwanted pregnancy, STIs, HIV/AIDS, unsafe abortions and complications during pregnancy. Society and culture define what is 'acceptable' sexual behaviour based on gender, marital status and, crucially, age. Despite the huge diversity among 'youth' around the world, young people are united in a transition from childhood to adulthood. A transition which involves physical and emotional sexual development, which almost universally implies the onset of sexual activity and which therefore necessitates a universal recognition of SRH rights.

The International Planned Parenthood Federation (IPPF) has around 140 affiliated members covering 156 countries¹, and many of these have taken up the challenge of realising the SRH rights of young people, and meeting their SRH needs. Using a rights based approach, the *i*₃ Youth Programme was developed at the global level to increase the access of young people in developing countries to the best possible SRH information and services. The *i*₃ programme involved 34 FPAs from 5 of the 6 regions of IPPF and, as this report will show, has made a significant contribution to the capacity of FPAs in youth programming, to the provision of information and services to youth and, ultimately, to the lives of young people themselves.

1.1 BACKGROUND CONTEXT

In most parts of the world, young people become sexually active in their adolescent years, some inside, others outside of marriage, with the proportion of sexually active youth ranging from between one-half and two-thirds in Latin America, to 75% in much of the developed world, and over 90% in some sub-Saharan Africa countries².

For many young people, a lack of knowledge and access to contraception, as well as a vulnerability to sexual violence put them at high risk of unwanted pregnancy, sexually transmitted infections including HIV/AIDS, and unsafe abortion. Every year, one in 20 young people worldwide contracts a STI, and currently, 50% of all new HIV infections occur in young people ages 15-24, with up to 60% of HIV infections in young women occurring by the age of 20. At least one quarter of all abortions (estimated at 20 million every year) are to girls aged 15 to 19, and maternal mortality is estimated to be 3-4 times higher in adolescent girls than in adults, due to adolescents being more at risk of obstructed labour which can lead to injury and death to both mother and baby. Infants born to young mothers under 20 are also

¹ IPPF also works in a number of other countries where the partner organisations are not formal members. IPPF therefore has a presence in over 180 countries.

² 'WHO considers 'adolescence' as the period between 10 and 19 years. 'Youth' is defined by the United Nations as 15-24 years and the term 'young people' refers to the composite age group 10-24" (WHO, 1999. Programming for Adolescent Health and Development: WHO technical report series 886

affected, and in many countries they are one-and-a-half times more likely to die in their first year of life than are newborns of mothers aged 20 to 29³.

Given this situation, many programmes focus only on the negative aspects of young people's sexual and reproductive health (SRH), presenting young people as one homogeneous group of sexual risk takers whose activities result in a number of SRH problems. Many adults, including policymakers, government officials, religious leaders and parents, refuse to see young people as sexual beings and fear that talking about sex with young people will only encourage promiscuous behaviour. Such a view ignores the fact that young people are an enormously diverse group, not only in terms of age and gender, but also in terms of their abilities and beliefs. It also ignores the rights of young people to access information and services, rights to participate and to choose for themselves, to express their sexuality and to be sexually active. The result is that many young people are growing up without the benefit of information, education and services that will promote healthy and responsible sexual behaviour.

In contrast to these beliefs, IPPF recognises that sex and sexuality play an important part in young people's lives, and that ignoring young people's sexuality will mean that they are left to struggle through adolescence alone, often picking up misinformation and experiencing problems that may affect them for the rest of their lives. IPPF believes that youth SRH programmes should promote a positive image of young people and focus on their needs and rights. Paramount to this approach is a belief in the potential of young people themselves. Programmes which offer young people the freedom to access information, education and services on sexuality and relationships are essential. Such programmes allow young people to build self esteem, and to have pleasure and confidence in their relationships, believing in the ability of young people to make informed decisions when they are provided with accurate information and the services that they need.

The right to participation is central to IPPF's approach. Genuine youth participation gives young people real decision making power over issues which affect their lives. It ensures *genuine representation*, recognising that youth are a diverse group within which there must be a gender balance and the inclusion of marginalized groups.

IPPF has long considered the needs of young people to be an issue of great importance, and in IPPF's Vision 2000 Strategic Plan (1992), youth are one of the priority areas for action. IPPF believes that young people have the right to information, education and services to enable them to make informed choices in their sexual and reproductive lives, and that by enabling young people to make these choices, young people are empowered to protect themselves against unwanted pregnancies and sexually transmitted infections, including HIV/AIDS.

1.2 THE *i*₃ YOUTH PROGRAMME

IPPF supports the development and implementation of youth programmes through a number of global and regional initiatives, one of which is the *i*₃ Youth Programme. Funded by

³ All statistics are from "the Human Rights of Children and their SRH – A Fact Sheet Series", The International Sexual and Reproductive Rights Coalition, June 2001.

USAID, the IPPF *i*₃ Youth Programme is a three-year initiative (1998-2001) to increase the access of young people in developing countries to the best possible SRH services.

The *i*₃ Youth Programme has 3 components:

1. *Innovate* develops and tests innovative, cutting-edge models and approaches to the provision of SRH services for young people.
2. *Indicate* improves the accessibility and quality of SRH services for young people through operations research.
3. *Inform* documents IPPF's work with young people and shares lessons learned from IPPF's global network.

1.2.1 Expected outcomes of the IPPF *i*₃ Youth Programme

- Innovative models, tested and documented, for the provision of more effective SRH services for young people.
- Strategies for IPPF affiliates and other youth-serving organisations to improve the accessibility and quality of care at SRH service facilities for young people.
- Increased youth involvement in a decision-making capacity in both policy development and programme implementation.
- Comprehensive knowledge base of models and approaches employed throughout IPPF's global network to improve the SRH of young people.
- Increased transfer of information, experience and expertise on issues relating to the SRH of young people both within IPPF and amongst other youth-serving organisations.

1.3 INNOVATE

Innovate is a global three-year (1998-2001) programme designed to increase the access of young people to the best possible SRH services (including contraceptives). *Innovate* responds to the special needs of youth and develops and tests cutting edge, innovative service delivery models which draw on principles of marketing and harness the creativity of young people. *Innovate* programmes were implemented in 5 FPAs in three regions (see Table 1).

1.3.1 Objectives

The objectives of *Innovate* are:

1. To increase the access of young people to high quality SRH services.

2. To test innovative service delivery models with the goal of replicating successful programmes.
3. To strengthen youth participation in a decision-making capacity to ensure that young people have an active role in the design, development and implementation of programmes.
4. To document and disseminate lessons learned from the implementation of innovative service delivery models.

1.3.2 SRH Services

Innovate develops, tests and documents quality SRH service delivery models for young people, and utilises popular culture to get young people through the door. Products and services available include Internet services, cafes, clubs, video games, computer services, music/video libraries, and skills training. The SRH services are developed from the outset as an integrated component of the *Innovate* project. The rationale for this approach is that if young people like the feel of the location and trust the staff, they will be more likely to use the SRH services provided.

Strategies include:

- client-focused SRH needs assessments;
- outlet-based comprehensive SRH services including counselling, contraception and STI diagnosis/treatment;
- outlet-based condom distribution and promotion;
- interactive, computer-based SRH information;
- non-traditional channels of distribution.

1.3.3 Marketing and Branding SRH Services

Innovate employs marketing strategies including branding and promotion to develop SRH services that are both attractive to young people and sustainable. Branding communicates to the customer the assurance of high quality products and services and increases the perceived value of those products and services. In doing so, branding and promotion can increase demand for products and services and promote those products and services as choices. These marketing strategies are directed at reducing the gap between client need for services and client demand for services.

1.3.4 Youth Participation

Innovate enables young people to take a more active role in the design, development and implementation of programmes to ensure that programmes address their real needs rather than perceived needs. By providing young people with the tools to shape and guide programmes

and the chance to be involved in decision-making processes as active partners, *Innovate* strengthens youth ownership and hence increases the sustainability of projects. It also provides young people with the information and skills to be effective advocates for their own issues.

Strategies include:

- train young people to enable them to participate effectively in the planning, implementation and evaluation of programmes. Young people with an interest in SRH and youth development have a primary role in the design and management of *Innovate* projects as staff or volunteers;
- strengthen peer education models by providing additional training for educators who want and are able to take on additional responsibility within the projects, including programme implementation, monitoring and evaluation;
- adopt a *client-centred approach* in all aspects of project design and implementation. Programmes and services are directed by the wants and needs identified by young people from the target populations.

1.3.5 Expected Results

Through a combination of communications, services, education and skills training for youth, *Innovate* programmes aim to:

- address unmet need in a creative and effective way;
- explore potential for programme sustainability by combining income and non-income generating activities;
- contribute to effective models of service delivery for young people through the testing and documentation of innovative and experimental service delivery models;
- create an informed, skilled and healthy population of young people, many of whom will become the next generation of community leaders, decision and policy makers in society;
- mainstream creative and tested approaches into IPPF broader youth programmes.

1.4 INDICATE

Indicate is a global one-year project (2000-2001) designed to improve the “youth-friendliness” of SRH services for young people. *Indicate* investigates whether improvements made to the accessibility and quality of services increases the use of services by young people. *Indicate* uses operations research to identify barriers to service utilisation, and to test strategies designed to overcome those barriers.

1.4.1 Objectives

The objectives of *Indicate* are:

1. To identify the relationship between youth-friendliness of services and service utilisation.
2. To contribute to the global knowledge base on strategies to improve the youth-friendliness of SRH services.
3. To strengthen the capacity of IPPF and selected affiliates to use operations research as a tool to improve programmes.

1.4.2 Youth friendly services

Existing research has investigated potential barriers to service utilisation faced by young people in developing countries. Research suggests that young people do not utilise SRH services because they believe that they would not be welcome - that services are not “youth-friendly”. However, few studies have tested whether the implementation of “youth-friendly” services actually increases service utilisation.

Youth-friendliness describes, from a youth perspective, the accessibility of SRH services and the quality of services provided. The factors contributing to youth friendliness include location, opening hours, treatment by service providers, cost, confidentiality and privacy. *Indicate* improves the “youth-friendliness” of SRH services by removing or reducing the barriers cited by young people to service utilisation.

1.4.3 Implementation

Indicate is implemented by four of the six IPPF Regional Offices and in 7 IPPF affiliates (see Table 1) using operations research to test strategies to improve youth-friendliness in a variety of cultural settings and amongst a diverse range of target groups. *Indicate* has two phases – a diagnostics phase and an intervention phase.

Phase I: Diagnostics

In the diagnostics phase, *Indicate* investigated the current levels of service utilisation by young people and identified barriers to utilising SRH services. *Indicate* worked with service providers and young people to identify these barriers, using, or adapting, existing tools and instruments to collect the data.

Tools used for the Diagnostics Phase

IPPF/WHR "Self Assessment module on SRH Programs for Youth"

Provides a methodology for evaluating an organisation's youth programmes and efforts to involve youth. The main portion of the module is a questionnaire, which is filled out and then discussed by staff from many levels of the organization. The module also includes a literature review on youth programmes, including summaries of various theories of behaviour change.

IPPF "Youth Friendly Services Checklist"

Enables young people working with service providers to assess a youth centre or youth serving services, and to identify elements that are youth-friendly and characteristics that can be improved. The checklist was designed by young people and is user-friendly, simple to understand and requires little training for effective implementation. The checklist facilitates the involvement of young people in the process of making services more youth-friendly.

FOCUS on Young Adults "Assessing and Planning for Youth Friendly Reproductive Health Services" tool

Enables service providers to assess the degree to which reproductive health services provided have youth-friendly characteristics, develop a framework for determining actions to improve observed deficiencies, and develop a basis for monitoring improvements in the youth-friendliness of services over time.

Phase II: Interventions

In the Interventions Phase, *Indicate* tested strategies to reduce or remove the barriers to service utilisation that were identified in the Diagnostics Phase. The strategies were designed using data collected in the Diagnostic Phase. *Indicate* monitored the youth-friendliness of services, as perceived by young people, and investigated whether improvements in youth-friendliness lead to increased uptake of services.

1.5 INFORM

Inform is designed to document IPPF's work with young people and to share lessons learned from IPPF's global network. *Inform* draws upon the extensive experience of IPPF and its affiliates in implementing youth programmes, and identifies best practices and successful approaches to improve both the implementation and management of on-going programmes and the development of new initiatives. All FPAs involved in the *Inform* project are listed in Table 1.

1.5.1 Objectives

The objectives of *Inform* are:

1. To systematically gather information on the diverse range of youth programmes implemented by IPPF and its affiliates.
2. To analyse the approaches and models adopted by IPPF and its affiliates, and identify best practices and lessons learned.
3. To facilitate the exchange of experience in youth programming throughout the Federation and with other agencies.
4. To disseminate best practices and lessons learned from IPPF youth programmes both within the Federation and to other agencies working with young people.

1.5.2 Activities

- *Inform* conducted an initial survey among IPPF affiliates, collecting information on the diverse range of youth programmes throughout IPPF.
- *Inform* conducted case studies and programme reviews with selected IPPF affiliates in 4 regions, highlighting successful approaches to working with young people. The case studies and programme reviews document the implementation process and models adopted to enable the transfer of lessons learned.
- *Inform* funded a study, conducted by IPPF/WHR, on the use of technology as a means of providing information and education services to youth in selected IPPF affiliates in Latin America and the Caribbean.
- *Inform* facilitated the exchange of experience between 4 FPAs as part of the South South Technical Assistance Partnerships.
- *Inform* part-funded the production of a publication on IPPF's youth programmes, 'Eye to Eye', with young people from FPAs around the world as members of the editorial group.

- *Inform* facilitated the exchange of experience between those involved in the *i*₃ Youth Programme through a Lessons Learned meeting, focusing on the following themes:
 - youth-friendly SRH services;
 - youth participation;
 - monitoring and Evaluation;
 - resource mobilisation and future directions.
- *Inform* will disseminate all documentation from the *i*₃ Youth Programme⁴ (in CD-ROM format), throughout the Federation and to other interested agencies working with young people.

1.6 REPORT STRUCTURE

This report is organised into 3 main sections following the 3 components of the *i*₃ Youth Programme.

Each section covers the project components, objectives, implementation, lessons learned, challenges, future plans and summaries of the individual projects at country level.

The final chapter presents a qualitative summary of the results achieved against the expected outcomes of the *i*₃ Youth Programme, the strategic contribution of *i*₃ to IPPF's work youth programme, the contribution of *i*₃ to USAID's Strategic Objectives, and the next steps.

Table 1: Participating FPAs in the *i*₃ Youth Programme

	<i>Innovate</i>	<i>Indicate</i>	<i>Inform</i>		
			Case Studies	Eye to Eye	South South
AFRICA REGION					
Associacao Mocambicana para Desenvolvimento de Familia	✓				
Association Bukinabe pour le Bien-être Familial		✓			
Association Ivoirienne pour le Bien-être Familial				✓	
Association Sénégalaise pour le Bien-être Familial	✓				
Family Guidance Association of Ethiopia			✓		✓
Family Life Association of Swaziland		✓			
Family Planning Association of Kenya			✓		
Planned Parenthood Association of Ghana	✓		✓		
Planned Parenthood Association of South Africa				✓	
Planned Parenthood Association of Zambia					✓
EAST & SOUTH EAST ASIA & OCEANIA REGION					

⁴ A full list of all *i*₃ Youth Programme reports and publications is available in Annex 2.

	<i>Innovate</i>	<i>Indicate</i>	<i>Inform</i>		
			Case Studies	Eye to Eye	South South
Federation of Family Planning Associations of Malaysia		✓	✓	✓	✓
Reproductive and family health association of Fiji			✓		
The Indonesian Planned Parenthood Association			✓		
Tonga Family Planning Association		✓		✓	
EUROPE REGION					
Albanian Family Planning Association	✓				
Associacao para o Planeamento da Familia (Portugal)			✓		
Bulgarian Family Planning and Sexual Health Association			✓		
Irish Family Planning Association			✓		
Ukrainian Family Planning Association			✓		
SOUTH ASIA REGION					
Family Planning Association of Bangladesh ⁵		✓			
Family Planning Association of India				✓	
Family Planning Association of Nepal		✓			
Family Planning Association of Pakistan				✓	
WESTERN HEMISPHERE REGION					
Asociación Chilena de Protección de la Familia			✓		
Asociación Demográfica Salvadoreña			✓		
Asociación Dominicana Pro-Bienestar de la Familia			✓		
Asociación Pro-Bienestar de la Familia Colombiana			✓		✓
Asociación Pro-Bienestar de la Familia de Guatemala			✓		
Bahamas Family Planning Association				✓	
Belize Family Life Association			✓		
Family Planning Association of Trinidad and Tobago		✓			
Guyana Responsible Parenthood Association		✓			
Instituto Peruano de Paternidad Responsable	✓		✓		
Sociedade Civil Bem-Estar Familiar no Brasil			✓		

⁵ Due to difficulties encountered within the FPA Bangladesh was unable to complete the *indicate* project.

INNOVATE

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1 INNOVATE SYNTHESIS

1.1 BACKGROUND

Innovate is a special two year initiative (1999-2001) that supported selected FPAs to develop and test cutting edge, innovative service delivery models which draw on principles of marketing, and harness the creativity of young people. Central to the initiative is the concept of young people as consumers of products and services.

Innovate was designed:

a) **to operationalise the *ippf/youth* manifesto;**

Developed in 1998 by the Youth Committee, the *ippf/youth* manifesto is IPPF's strategy to meet the SRH needs of young people. The manifesto has 3 goals:

1. Young people must have information and education on sexuality and the best possible SRH services (including contraceptives).
2. Young people must be able to be active citizens in their society.
3. Young people must be able to have pleasure and confidence in relationships and all aspects of sexuality.

b) **to investigate possible solutions to a number of challenges in SRH service delivery for young people (listed below);**

1.2 CHALLENGES

1. *Informed choices*

- provide young people with the information, education and support required to enable them to make informed choices in their sexual and reproductive lives. Research and experience has demonstrated that if young people are provided with the information and tools to make informed choices, it leads to healthier outcomes.

2. *SRH Service Provision*

- increase the impact of SRH programmes on the lives of young people and the community. Programmes with service delivery components typically reach only a small proportion of sexually active young people in the target community.

- increase the access of young people to quality SRH services including counselling, contraceptives and STI treatment/diagnosis. The access of young people to SRH services is often restricted by poor quality of care, absence of client focus, laws and policies and limited client demand.

- market services and link information and education programmes to service delivery to ensure that client demand for services matches client need for services. Services designed for young people are often not attractive for the target group and are under-utilised.

3. Target segmentation

- develop strategies to meet the diverse needs of young people within communities which take into account differences in age, gender, attitudes, values, aspirations and most importantly risk behaviour.

4. Sustainability

- address the financial and institutional sustainability of youth programmes. Youth programmes are often expensive and not sustainable. Develop systems of cost recovery and income generation, which do not compromise the access of young people to SRH services.

5. Monitoring and Evaluation

- evaluate and document programmes, disseminate lessons learned. Sustain, expand or replicate successful programmes.

6. Youth participation

- develop strategies to increase the active participation of young people in all aspects of programme design, implementation and evaluation.

1.3 OVERVIEW OF INNOVATE

1.3.1 Objectives of Innovate

The objectives of *Innovate* are:

1. To increase the access of young people to appropriate information, education and quality SRH services that address the SRH needs identified by young people.
2. To increase the access of young people to improved service delivery models (through testing innovative service models).
3. To strengthen the capacity of FPAs to develop and implement programmes in the area of youth sexuality.
4. To strengthen youth participation in a decision-making capacity to ensure that young people have an active role in the design, development and implementation of programmes.
5. To document and disseminate lessons learned from the implementation of innovative service delivery models.

Innovate supported projects in urban and peri-urban areas only in order to provide an effective enabling environment for retail-outlet based service delivery, and to maximise the potential increase in the accessibility of young people to SRH services, within the given time-frame of the project.

1.4 CRITERIA FOR FPA SELECTION

FPA's applying for *Innovate* funding needed to satisfy the following criteria:

- FPA has a youth programme;
- FPA is providing SRH services to young people¹;
- FPA is eligible for USAID funding².

1.5 EVALUATION OF *INNOVATE*

The general terms of reference (or framework) for the evaluation of the IPPF *i3 Innovate* project were developed by the IPPF CO for use by the IPPF Secretariat, External Consultants and participating FPA's in the design and implementation of the evaluation exercise.

In line with IPPF's policy to promote the active participation of young people, and as an integral component of the *Innovate* project, the *Innovate* evaluation team included a local youth representative identified by the FPA.

¹ SRH services refer to a range of services including counselling; contraception; emergency contraception; smear tests; pregnancy tests; STD/HIV prevention, diagnosis, treatment and counselling; drug abuse prevention and support; pregnancy and parenthood support & services; rape support; abuse support; etc. For the purposes of the *Innovate* project, SRH services included in the project must include condom and/or contraceptive provision. Any form of service delivery (e.g. youth centres, schools, youth clinics, multipurpose clinics etc.) may be included but must be defined at the outset of the project.

² IPPF will only send USAID funds to FPA's who do not undertake abortion-related activities and who are not on the US economic and trade sanction list.

The criteria for the youth participant was as follows:

- below the age of 25 years old;
- demonstrable leadership skills in working with youth;
- ability to communicate well in the working language of the FPA/evaluation team;
- active involvement in youth work at country level/FPA level.

The team for each *Innovate* evaluation included the following participants:

- an external consultant with expertise in evaluation;
- representatives from the IPPF Secretariat (Regional and Central staff);
- an FPA representative;
- a young person (local).

1.5.1 Objectives of Innovate Evaluation

Each evaluation team was asked to take into consideration the limited time available for project implementation to date. The objectives for the *Innovate* evaluations were then developed in line with the overall aims of the evaluation exercise – to assess the service delivery model being tested, to disseminate lessons learned and to ensure sustainability of the project.

1. To review progress made towards achieving project objectives comparing actual results as measured by the project's indicators to the baseline study.
2. To gather personal testimonies of beneficiaries, community members and project staff/volunteers on how the project has influenced them or has the potential to influence them in the future.
3. To assess effects of the project on FPA strategy and policies, in particular those relating to youth.
4. To assess the transfer of skills and experience and lessons learned between the project and the rest of the FPA.
5. To assess the project's strengths, weaknesses and any constraints to implementation.



6. To assess the strengths and weaknesses of support to the FPA from IPPF Secretariat (including funding framework and proposal development) and identify constraints; to make recommendations to build on strengths, correct weaknesses and improve support.
7. To identify prospects for project replication (in other sites or other FPAs).
8. To assess the long term sustainability of the project.
9. To assist the FPA in developing an action plan for the future – identifying sources of funding, integrating the project into the FPA programme, reviewing monitoring and evaluation plan, improving implementation.
10. To review the financial and commodities management of the project and assess the cost effectiveness of activities and outputs

For each evaluation of the 5 *Innovate* projects, specific 'Terms of Reference' were developed taking into account the specific project design and implementation to date.

1.5.2 Methodology

The methodology for the *Innovate* evaluations was developed by the Team Coordinator in close consultation with each respective Evaluation team.

Evaluation steps included:

- preparatory activities: review of project reports and documents, statistics, trip reports; collation of project performance data;
- in-country evaluation activities: analysis of project performance data, discussions with FPA staff and volunteers, interviews with project personnel, visits to project sites, observation of activities, meetings with partners (government, NGOs and others) and community representatives, focus groups/interviews with beneficiaries;
- post-evaluation activities: preparation and dissemination of the *Innovate* Evaluation report, follow-up and sharing of lessons learned and best practices.

1.5.3 Dissemination of results

Full evaluation reports will be available on the forthcoming CD ROM on the *i₃* Youth Programme, and will be widely disseminated both within and outside IPPF to ensure the sharing of lessons learned and best practices arising from the project.

1.6 AIM OF THE SYNTHESIS REPORT

The aim of the *Innovate* Synthesis Report is to document the main lessons learned from *Innovate*, with examples from each of the individual projects. This overview may be useful for developing interventions aimed at improving the access by young people to SRH information and services, and presents the more innovative aspects of the projects implemented by 5 FPAs as part of the *Innovate* programme.

Key lessons learned are divided into 2 areas:

1. Increasing young people's access to SRH information and services.
2. Youth participation in youth SRH programmes.

The *Innovate* projects addressed the 6 challenges outlined above and the lessons learned below have been grouped around these headings; informed choices, SRH service provision, target segmentation, sustainability, monitoring and evaluation and finally, youth participation.

1.7 KEY LESSONS LEARNED:

INCREASING YOUNG PEOPLE'S ACCESS TO SRH INFORMATION AND SERVICES

1.7.1 *Informed choices*

All of the *Innovate* projects included a substantial component to empower young people to make informed choices through the provision of information. A range of materials were produced and a variety of activities carried out. Successful strategies and lessons learned are highlighted below.

Working with schools:

- For youth in-school, collaboration with teachers and educational authorities can significantly increase access to young people, and influence community and parental attitudes.

Peru - successful cooperation with local schools and a strong reputation in the local communities led to school teachers bringing their classes to the *Innovate* project for their sexuality education classes.

IEC materials and activities:

- The more interactive and experiential learning environments are particularly successful with young people, including the internet, CD-ROMS, games and quiz competitions.



Peru – a variety of IEC materials ranging from traditional materials, such as posters and flyers, to technologically advanced interactive CD-Rom (on unwanted pregnancy), and educational board games provides young people with alternative choices on how to obtain information.

Albania – group counselling sessions, that go beyond SRH facts to cover relationships, feelings and emotions, and involve interactive discussions between the counsellor and group members are more successful than individual counselling sessions.

- The most attractive IEC activities to young people are those employing popular culture, sports or interactive approaches such as quiz competitions.

Senegal and Mozambique – using innovative and popular activities (such as drama, competitions, football, comedy and music, and working with famous celebrities) increases the numbers of young people reached with SRH messages that are germane, and given in a non-clinical, appropriate and fun way. These activities also have a positive effect on the motivation of young people to participate in the project.

- Tailoring SRH messages to the context of the audience or broadening the information provided to non-SRH issues that are of special interest to young people can increase the numbers of young people reached.

Mozambique – in drama activities, linking SRH issues closely to other non-SRH issues of interest to the local communities, such as environment or drugs, increases the relevance of the activity and means more young people are reached with SRH messages.

- The media is an attractive source of information for young people.

Senegal - 10,000 rap music cassettes, recorded by a well known band and delivering SRH messages are being distributed.

Ghana – television dramas were produced, each addressing a different SRH issue.

Peer education:

- Peer educators are most effective where expectations of them and their role in programmes is clear.
- High drop-out rates among peer educators wastes resources spent on training but there are strategies which help to minimise turnover of volunteers.

Mozambique – it has been suggested that a database could be established of youth volunteers who had moved away or outgrown the youth group. They could then be called upon to offer skills and experience where appropriate.



Ghana – incentives are offered to peer educators which have minimal financial implications. For example, peer educators are offered small payments to cover expenses, refreshments and free computer training.

- Peer educators can provide access to communities beyond the reach of facility-based services.

1.7.2 SRH Service Provision

All *Innovate* projects tested models of service delivery including stand-alone facilities, integrated clinics, retail-based distribution and some outreach. Several models included non-SRH activities and all sought to include youth-friendly services. No model was tested over a sufficient time period to produce concrete conclusions but the final evaluation process revealed that considerable progress has been made and a variety of interesting lessons learned, recommendations and ideas have been identified as a result of each *Innovate* project.

Community sensitisation:

- Sensitisation activities can be time-consuming but are worth the investment, especially where negative attitudes towards youth sexuality or providing particular services have been specifically identified.

Senegal - the investment in community sensitisation and mobilisation is invaluable in terms of increased support to *Innovate*, increased commitment to the health and well-being of young people, and increased acceptance of the need for youth to be informed.

Peru – project staff feared a community backlash if they began condom distribution due to the difficulty in gaining acceptance for the widespread use of condoms. The lack of time to gain support meant that the *Innovate* project did not distribute condoms during the project period. However, it is recognised that condoms are an essential part of the SRH package for youth, and condoms will be sold to young people in the near future.

Attracting young people to services:

- Provision and use of IEC materials does not automatically lead to a visible increase in service utilisation and there is a need for research to more closely establish how information can initiate behaviour change.
- Non-SRH services and activities can attract large numbers of young people who are then a potential audience for SRH messages.

Ghana – the provision of non-SRH services such as a computer centre and library, which are not readily available elsewhere in the locality, can be a significant attraction to young people.

Mozambique – designing the project around main interest areas for youth, for example, internet/technology, sports, drama etc has a very positive effect on their motivation to participate in the SRH programme.



- The development of logos and slogans can be used effectively to promote and market the service facilities, in IEC activities and through television, radio, print and electronic media.
- Involving young people in the development/design of logos can increase their sense of involvement and ownership of the project.

Ghana – the use of names, logos and slogans that do not explicitly use SRH language successfully attract young people, and are more attractive to other influential stakeholders including parents, community and religious leaders.

Albania – the development of a website using the logo provides a marketing opportunity for the services being provided in the centre.

- Promotion of services through the media is only successful in a receptive context.

Albania – it was felt that attracting attention to what was potentially a controversial project, such as providing SRH information and services to young people, would be counter-productive before major advocacy work had been carried out.

- A strong sense of youth ownership contributed to attendance levels at youth service facilities in Ghana, Senegal and Peru.

Models of service provision

- SRH services can be provided to young people successfully in facilities that have previously focused on married women.

Senegal – initial data indicate that adapting already-existing clinics that have previously served married women, can be made more attractive to young people through: raising awareness in the community, training service providers to work with youth, making the clinics more youth-friendly in terms of décor, and by providing other facilities attractive to young people.

- Young people respond well to the concept of their own youth-friendly ‘space’ which offers privacy from adult presence.

Ghana and Peru – clients felt that the youth-only facility offered them a ‘safe’ space to be.

- Where the model uses non-SRH activities to attract young people, every non-SRH service offered should have a clear relationship to improving youth SRH, for example, by promoting other SRH services, or by cross-subsidisation.

Ghana – SRH is comprehensively integrated into all Centre activities. For example, free internet time is offered for surfing SRH related sites, SRH publications are actively promoted in the library and film shows include an interval discussion on SRH.

- Retail outlets, or small businesses, run by youth can provide SRH information and condoms to young people in a manner and a style which is convenient and attractive to them.

Senegal – retail outlets, small business run by young people for young people, are based in places where young people live, near schools or in areas of youth recreation. These small businesses provide non-SRH facilities such as cafes, small shops, tailoring, hairdressing etc as well as ensuring easy access to SRH information and condoms to young people in their communities.

- Outreach is critical to increasing awareness, acceptance and utilisation of facilities providing SRH services to young people. It also increases their reach and allows them to vastly increase the number of people served.

Senegal – 4 networks of peer educators were established to extend the work of the youth centre into the community.

Youth-friendly services:

- Provision of condoms is essential for the health and well-being of young people and can be achieved through a variety of mechanisms.

Senegal - fixed sales points run by youth.

Albania and Ghana - distribution/sale in youth centres.

- Charging for condoms or providing them free is one factor which directly affects the success of condom distribution. However, different approaches work in different contexts.

Ghana – charging a small price for condoms was felt to place a value on them for clients. This also enables distribution figures to be a closer estimate of use as young people are less likely to pay for something they are not planning to use.

Senegal – charging for condoms increased the sustainability of this aspect of the project and enabled ASBEF to offer a small commission as an incentive to the young people that sold them.

Albania – selling condoms in the youth centre did not work because despite having access to money, young people were too embarrassed to deal with a service provider. Providing condoms free of charge from a basket at the door preserved youth anonymity and increased the numbers distributed.

- The youth-friendliness of all staff, including the service providers, is an important factor in attracting young people to services.

Ghana – provider attitude was found to be very youth-friendly but there were cases of security guards mistaking a nervous approach to the clinic for suspicious loitering and acting accordingly.



- The age of the clinical service providers should be considered for youth serving clinics as a range of ages is more welcoming. However, attitude towards youth and the client's perception of the providers experience are more important factors.

This was summed up by one of the Lessons Learned meeting participants as 'I want a young person to meet me at the door but an adult to give me an injection'.

1.7.3 Target segmentation

In each *Innovate* project, the target group was usually defined as 'youth in the target area' in order to reach the maximum number of young people. Within this framework, however, several FPAs identified groups of youth that were marginalized or were not being reached, and subsequently planned successful activities to include them.

- Strategies that attract certain 'hard to reach' groups can be successful, although most current youth programmes work under a broader mandate and aim to reach as many young people as possible regardless of age, gender, attitudes, aspirations etc.

Ghana – girls-only activities can be successful in encouraging young women to use youth centres.

Peru – youth from the age cohort 10-14 years, a group often difficult to access, were successfully attracted by dynamic interactive discussions and audio-visual activities. Being part of school groups also ensured they received sexuality education at a vital age.

Peru – by placing the educational stations in peri-urban locations, marginalized young people, including gang members, were reached.

1.7.4 Sustainability

There are a number of features of the *Innovate* projects which increase the potential for their sustainability. However, the ongoing need for resources was identified by all as a challenge at the end of the project.

- The *Innovate* projects now have established infrastructure in terms of buildings, equipment, staff and highly motivated youth volunteers, which means that future funding is largely running and maintenance costs.
- The youth volunteers are a vital resource for *Innovate*, and an area that can be expanded for many projects relatively cheaply.
- With the research undertaken and experience gained, *Innovate* is now in a better position to explore potential income generating activities than when project implementation began.
- More cross-subsidisation of non-SRH services to pay for SRH services is needed if sufficient income is to be raised in this way.

Ghana – youth are willing to pay for non-SRH services that they are interested in, and which appear to parents as educational, for example, computer training or use of the internet. However, they remain reluctant to pay for drugs and other SRH services.

- Also, the *Innovate* projects are now better-known amongst the local donor communities and governments, and with documentation of the innovative approaches and achievements, they are in a better position to attract further funding.
- FPAs are willing to contribute funds from the core programme budget to sustain *Innovate* on either a short-term or longer-term basis. This is especially the case when *Innovate* contributes to the overall FPA strategy on youth SRH, and is therefore integral to what the FPA is trying to achieve.

1.7.5 *Monitoring and Evaluation*

Monitoring and evaluation was found to be weak in all *Innovate* projects with the exception of Peru. This clearly impacted upon the ability of the *Innovate* FPAs to measure progress against objectives, recognise problems and deal with them in a timely manner, and to allow for successful documentation that would contribute to sustainability.

- It is imperative for any project that management information systems are in place to enable effective ongoing monitoring of project data to take place.
- The use of project data to measure progress, improve performance, document successfully and highlight challenges was weak in many *Innovate* projects, and further technical assistance is needed in this area.
- When close collaboration between project and evaluation staff occurs, the benefits are invaluable.

Peru – the strong partnership between *Innovate* project staff, including young people, and the FPA evaluation department ensured ongoing monitoring of project data and full use of data to inform project strategies and review achievements and challenges being faced. Continuous ‘informal’ monitoring of activities and progress was achieved through regular meetings between staff and volunteers.

1.8 KEY LESSONS LEARNED: YOUTH PARTICIPATION IN SRH YOUTH PROGRAMMES

One of the most successful outcomes of the *Innovate* programme is in the recognition by FPA management and governing bodies of the value of young people as key players in the design, implementation and evaluation of youth programmes. *Innovate* provided the opportunity for many FPAs to explore the possibilities of involving young people as staff and volunteers in ways which had never been done before.

1.8.1 Programme Management

- As a result of *Innovate*, FPAs have recognised the value of young people taking a more active role in the design, development, implementation and evaluation of programmes to ensure that programmes address their real needs rather than perceived needs.

Mozambique - young people successfully managed and implemented the *Innovate* project and this was identified as critical in harnessing youth creativity and attracting more youth to the facilities, as well as increasing the skills and employment opportunities of all the youth involved.

Senegal - young people are invaluable resources as their participation not only increases their own skills and empowerment, but means that many more young people are attracted to use the facilities available and to become involved themselves, for example, as peer educators.

Albania - Even in countries where it is ostensibly taboo to talk about SRH issues, there are young people who are willing to work as volunteers on an SRH project.

Ghana - clearly defined roles, responsibilities and incentives resulted in strong youth commitment to the project, and helped to minimise the disruption of high turnover.

Peru - clear profiles of youth staff and volunteers, initial intensive training and ongoing identification of refresher training needs, together with regular and solid support from the FPA were key factors in enabling young people to be independently responsible for many project activities.

Peru - the open relationship between project coordinator and youth staff and volunteers fostered an atmosphere that was conducive to individual creativity and team cooperation.

- Young people working with projects should also be involved in the monitoring and evaluation of the projects, including the development of monitoring procedures, data collection and analysis, use of data to inform programme and policy decisions,
- By providing young people with the tools to shape and guide programmes and the chance to be involved in decision-making processes as active partners, *Innovate* strengthens youth ownership and hence increases the sustainability of projects.

- Appropriate support from the FPA is necessary for young people to undertake all aspects of programme management.

Ghana – young staff members and volunteers continued to drive project decision making but worked in close collaboration with PPAG staff on a number of aspects of project planning including the finances and working with the media. PPAG provided advice on issues such as the drawing up of contracts.

Mozambique – young people were highly successful in the implementation of the *Innovate* project in Mozambique but they were not involved in some areas such as monitoring and evaluation or budgeting. This meant that they did not understand the broader context of these two areas and their implications for project planning which represents a lost opportunity that had implications for *Innovate*.

1.8.2 Training and skills building

- With training and support from FPA staff, young people are ideally placed to undertake research on their peers. As a result of *Innovate*, the research provided much-needed information on the unmet needs, opinions and attitudes of young people, that was incorporated into the design of the projects.
- Young people must be provided with the information and skills to be effective advocates for their own issues.
- Young people must be provided with the skills and support to participate effectively in the planning, implementation and evaluation of programmes.

Peru - Regular meetings between staff and volunteers to share ideas were also used to identify training needs on an ongoing basis. This ensured that regular training was provided to the *Innovate* youth staff.

Ghana - youth staff and volunteers worked closely with PPAG staff in monitoring and evaluation, finance and marketing/communications.

1.9 MAJOR CONSTRAINTS

All of the *Innovate* projects strongly voiced the short timeframe as a constraint to the implementation of their projects, and without exception, all can also be said to have responded to this challenge extremely positively. A considerable amount of progress has been achieved in what for most of the projects, amounted to between one and two years of implementation time.

The quality of implementation has not been reduced as a result of the pace of the projects, and in some cases, the short time frame actually encouraged innovation and fostered the enthusiasm and imagination of youth volunteers in a variety of contexts. The time pressure also aided the process of delegating authority to young people as FPA staff were forced to

hand over implementation and other jobs to new young staff and volunteers in order to meet the deadlines.

On the other hand, negative effects of rushed implementation included insufficient time to build youth capacity in all activities (Ghana: Monitoring and & Evaluation), insufficient time to sensitise community groups (Peru: about the need to distribute/sell condoms; Ghana –to mobilise parents). However, despite having achieved a great deal in a short time, the *Innovate* projects are not yet able to consistently demonstrate quantifiable results that reflect their achievements and future potential.

As the original funding has now ceased, the projects are now sourcing further funding and exploring income-generation opportunities in order to continue. In some cases, implementation will have to be scaled down, at least temporarily.

The nature of the *Innovate* projects as capital-intensive at the start will contribute to their future sustainability as they now require less money proportionally to continue. The network of highly motivated volunteers also requires minimal resources and contributes significantly to the ongoing implementation of activities.

The following section provides summaries of the 5 *Innovate* projects from Albania, Ghana, Mozambique, Peru and Senegal. Each summary highlights the project objectives, the model of service delivery implemented, main results, challenges faced, lessons learned and future plans.

2 INNOVATE PROJECT SUMMARIES

AFRICA REGION (AR)

2.1 COUNTRY SUMMARY, PPAG, GHANA

2.1.1 *Summary of Project Model*

The goal of the *Innovate* project in Ghana was to improve the sexual and reproductive health of young people aged 10-24 years in the target area using *i₃* funding of \$206,990. The model tested involved the establishment of a modern, one-stop, youth resource centre in Accra offering a variety of SRH and non-SRH information and services to young people within a two-mile radius.

2.1.2 *Specific Project Objectives*

1. To increase knowledge of young adults on SRH issues.
2. To increase access of young people to quality SRH services.
3. To increase demand for and use of SRH services.
4. To increase participation of young adults in the planning, implementation and evaluation of SRH programs.

2.1.3 *The Model of Service Provision to Young People*

The project set out to meet these objectives through the establishment of the Young and Wise Centre at the site of PPAG's headquarters in Accra. The Centre opened in January 2001 and includes the following units: youth clinic, counselling unit, main hall, library and computer centre. These units provide a wide range of services and activities including; internet access, mini-mart, drinks facilities, skills training, computer training, games, drama, counselling, audio-reference library, STI management, post abortion care, pregnancy/urine testing, maternal & child welfare, sub-/infertility management, treatment of minor ailments, voluntary counselling and testing for HIV/AIDS and family planning, including emergency contraception.

The Centre is managed and implemented by a team of youth staff and volunteers and aims to provide an attractive facility where young people can go to take part in constructive activities and learn about SRH. The computer centre and the library are the most popular reasons for attending Young and Wise among clients but SRH services are conveniently located within the same building and SRH education is integrated into all Centre activities.

i3

The Centre is supported by a marketing campaign which creates awareness of the facilities and which has established the brand 'Young and Wise'. The marketing component of the project included the development of a logo to be accompanied by the slogan 'Be Wise'. These were then used to promote the Centre through outreach activities, television, radio, print and electronic media.

In the Ghanaian context, this project was innovative in the following ways:

- young people are involved at all levels of decision making and in all stages of project implementation;
- highly successful strategies to use non-SRH activities to deliver SRH messages;
- wide variety of services and activities available at one site;
- computer centre accessible to those on a relatively low income.

2.1.4 Results

The Young and Wise Centre has become an extremely popular and busy place, consistently attracting both return and new users. A total of 25,715 visits have been made to the Centre during the course of the 8 months since it was launched in Jan 2001.

Objective 1: Increased knowledge of young adults on SRH issues.

- SRH information is provided by the Innovate project on a daily basis in a wide variety of ways. Each month, a different SRH theme guides all activities of the Centre. The incorporation of SRH messages into these activities is a major success of the project where other projects/organisations have not consistently or successfully used the opportunity of conveying SRH messages to young people through non-SRH activities or services.
- SRH information has been provided at the Young and Wise Centre in the following ways; 3 variety shows, 1 creativity day, group discussions, videos, posters and other IEC materials, free browsing time on internet for SRH related sites, exercises with SRH themes during computer training (273 computer training sessions provided) and library resources (just under half of all resources used in the library relate to SRH, and a total of 12,111 visits to the library have been recorded). Outreach activities also focus on SRH issues including drama performances, distribution of IEC materials and 3 community service environmental events.
- 5 leaflets on teenage pregnancy and abortion, rape, self-esteem, STIs and drug and alcohol abuse have been produced by young people, branded Young and Wise, in a series called Lets Learn.

Objective 2: increased access of young people to quality SRH services

- The Centre has been open and providing SRH services to young people in Accra since January 2001 (counselling started in May 2001).
- Services have achieved a high standard of youth friendliness in terms of environment, opening times, the variety of services available, staff attitudes, privacy and confidentiality.
- The Ministry of Health is using the Young and Wise as a model example on its training courses.
- The Centre has succeeded in attracting a variety of ages, both sexes and young people from a variety of socio-economic backgrounds.

Objective 3: increased demand for and use of SRH services

- The 'Be Wise' multi-media campaign has produced a TV mini-series (a drama covering SRH issues), 2 advertisements and a promotional documentary. Full use has not yet been made of these as 'Young and Wise' has benefited from an FPA wide marketing campaign under the Sustainability Initiative, the 'Young and Wise' logo being rolled out to all PPAG youth centres.
- Total sales of condoms over the 8 month period – male 18,995, female 2,337.
- 102 people were served in the counselling unit from May to August inclusive with an additional 4-5 per day by telephone.
- 2,646 clients served through the clinic.

Objective 4: increased participation of young adults in the planning, implementation and evaluation of SRH programs.

- Youth participation has been identified as the greatest achievement of the project, and also one of the major reasons behind the success of the project.
- Young people have been involved at all levels including proposal development, start up, implementation, management, monitoring and evaluation and publicity and this has led to a strong sense of youth ownership.
- The Centre is managed by a Youth Advisory Board of 8 members with support from 4 youth committees (Media, IT, Drama and Sista's) and from PPAG programme staff.

- In addition to involvement on the committees or as paid staff members, young people can also become Youth Facilitators (staff each unit on a voluntary basis), Peer Educators (trained to carry out SRH education and counselling) and Members (assist in the organisation of activities on a more informal basis). Each of these positions has specific responsibilities, selection criteria, incentives and procedures in case of 'inactiveness'.
- The attitudes of PPAG staff towards youth involvement have changed over the course of the project. This has contributed towards a shift within PPAG towards greater youth involvement including policies of 30% of staff to be under 27 and the inclusion of at least one young person on each project planning team.

2.1.5 Challenges

The Innovate project in Ghana encountered a number of problems but staff have often been quick to identify these and have achieved some successes in overcoming them.

In comparison to the other units in the Centre, the clinic is under-utilised. Strategies to increase clinic utilisation have included the introduction of group discussions in the reception area and the use of peer educators to conduct outreach and referrals. Both of these strategies have succeeded in increasing attendance and it is expected that confidence in, and utilisation of, the clinic will gradually increase over time.

Young people are often unable to pay for drugs sold at the clinic. These have had to be offered free of charge on an ad-hoc basis.

Initially, 'Young and Wise' attracted many more young men than young women. To address this, a 'Sista's only' programme was established including two-hours on two Saturdays each month where the centre is open for girls only. As Figure X shows, the centre was dominated by male visits in January and February, but from March on, there have been roughly equal numbers of male and female visits.

The Centre is attracting young people from all age groups but is not currently targeting specific activities and/or defining project goals by age e.g. 10-14, 15-19 and 20-24.

The Centre has a functional MIS but this has some weaknesses. The current system measures numbers of visits rather than numbers of clients and so it is not possible to assess coverage among the target populations.

As 'Young and Wise' continues to expand, space will become a problem. The main hall has a maximum capacity of 60. This problem is being tackled through outreach activities and providing additional sporting activities at a local council-owned site.

A considerable amount has been achieved over the 12 month duration of the project but the short time frame has had some negative effects. For example, there have been difficulties in involving local parents in the project despite several attempts to invite them to meetings. This has been linked to their lack of ownership of the project.

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2.1.6 Key Lessons Learned

- Young people can successfully manage and implement youth projects.
- The success of youth involvement is greatly enhanced by appropriate FPA support. 'Young and Wise' staff and volunteers were provided with training by PPAG and worked closely with PPAG staff in monitoring and evaluation, finance and marketing/communications. This skills development has enhanced the employment prospects of those involved.
- Clearly defined responsibilities and incentives attracts youth involvement and helps to minimise disruption from the high turn over of volunteers.
- A strong volunteer youth structure is a major resource and greatly enhances the volume of activities undertaken.
- A strong sense of youth ownership can increase attendance at youth centres.
- The provision of services such as a computer centre and a library, which are limited and/or expensive in the locality, can be a massive draw for young people.
- SRH can be effectively integrated into these non-SRH activities by delivering SRH messages to those initially attracted by other services.
- Youth will pay for services they are interested in and which appear to parents as educational e.g. computer training/use of the internet. However, they remain reluctant to pay for drugs and other SRH related services.
- Girls-only activities can be successful in encouraging young women to use youth centres.
- Outreach is critical to increasing awareness, acceptance, and utilisation of youth centres providing SRH services.
- The use of names, logos and slogans that do not explicitly use SRH language successfully attract young people and are more attractive to stakeholders such as church leaders.
- An efficient and functioning MIS is important for programme management, identifying challenges, and documenting successes.
- Projects such as Innovate should include planning for how successful pilot projects will be fully mainstreamed and incorporated into the organisation.

2.1.7 Future Plans

During the course of the project the 'Young and Wise' Centre developed a strong infrastructure including skilled staff and volunteers, a well-equipped centre, and increased utilisation and name-recognition through successful publicity. PPAG is now working to incorporate 'Young and Wise' more fully into its programme strategy.

Future plans include:

- continued support of the 'Young and Wise' Centre through funding recently secured from the African Youth Alliance (AYA);
- expansion of 'Young and Wise' to an additional site through funding from the private sector;
- future expansion of IEC materials including the imminent launch of the web site, the production of a quarterly SRH magazine and a bi-weekly newsletter and airing of TV productions already produced;
- expansion of outreach by increasing the number of peer educators from 2 to 20;
- 'Young and Wise' branding to be extended to all PPAG youth centres.



2.2 COUNTRY SUMMARY, AMODEFA, MOZAMBIQUE

2.2.1 *Summary of Project Model*

Associacao Mocambicana para Desenvolvimento da Familia (AMODEFA) received funds of \$85,969 from the *Innovate* component of the *i₃* Youth Programme. The goals of the *Innovate* project in Mozambique were to reduce the incidence of STI/HIV/AIDS and adolescent pregnancy in the youth population of Maputo by increasing their access to SRH services and education. The model tested involved a youth-friendly centre where a range of leisure facilities including culture, sports and the internet are provided as a comprehensive package to attract youth alongside the provision of SRH information and services.

2.2.2 *Specific Project Objectives:*

1. To increase awareness about SRH issues in the youth population of Maputo.
2. To increase access of youth to quality SRH services in Maputo.
3. To increase youth participation at AMODEFA in decision-making capacity.

2.2.3 *The Model of Service Provision to Young People*

The project used a number of strategies to work towards achieving these objectives all of which were managed and implemented by young people themselves. A youth centre was established in Maputo comprising an Information Technology Centre with an internet café and library to provide a base for young people and to generate income for the project. Quality of care issues in the provision of SRH services were addressed through training provided to youth leaders and nurses, and the *Innovate* project was supported in this aspect by the renovation of the AMODEFA model clinic under an independent project of the IPPF Netherlands Trust Fund.

A number of innovative and popular culture communication channels were used to provide young people with SRH information and to raise awareness of the SRH and other services available. Methods used included the internet café, a quarterly newsletter, an SRH drama/dance group and a female soccer team. These messages were further reinforced through the use of marketing and branding techniques. The youth programme developed a name and logo for use in IEC materials, produced television and radio programmes and promoted and distributed condoms to young people.

The innovative nature of this project has been recognised by the Government and international donor community within Maputo. In the Mozambique context, the project was innovative in the following ways:

- high level of ownership and management by highly motivated young people;
- project implemented activities which were defined by the young people themselves as being very attractive to youth in Maputo;
- peer education on SRH well integrated with other project activities;
- use of IT to increase the potential to reach a wider audience of youth.

All of the above increase the numbers of young people in Maputo being reached by the project with SRH services alongside other educational and recreational activities.

2.2.4 Results

The project has made considerable progress towards some of its objectives and it is likely to continue achieving more significant results in the long term.

Objective 1: To increase awareness about SRH issues in the youth population of Maputo.

- > A quarterly SRH Newsletter was published in March and June 2001. Produced by young people, and designed in part to test the demand for SRH information among young people, interest in the newsletter exceeded all expectations, and it is estimated that around 5,000 young people were reached to date.
- > A weekly radio programme has been broadcasting since March 2001 covering a variety of SRH themes in an interview and discussion format. Programmes are produced by young activists in mobile studios and broadcast live by Radio *Cidade* (city radio) – the preferred station of 69% of Maputo listeners³. The national channel Television of Mozambique (TVM) is also airing bi-weekly programmes incorporating sketches produced by the drama youth group.
- > Large numbers of young people have been reached through IEC activities at sporting and entertainment events. 2 football matches have so far been held featuring the female soccer team 'Rock 7'. Around 8,000 fans attended each match. Drama and dance events have also taken place in communities and schools attracting audiences of 60-200 people per event. Informal feedback suggests that SRH messages are presented in an entertaining and informative way.

³ According to a survey conducted in November 2000, the station also has a reputation for being popular amongst young people

- Over a 3 month period, 200 young people received peer counselling in 4 secondary schools/institutes of higher education in Maputo.

Objective 2: To increase access of youth to quality SRH services in Maputo.

- At the end of the Innovate project period, a youth-friendly infrastructure has been developed. An Information Technology (IT) Centre/Internet café has been equipped and will shortly be fully operational. A youth centre with a library is in operation and despite its very recent opening, is attracting around 100 visitors per month.
- A logo has been developed with the brand name 'Por Jovens' (for youth) and the message 'by youth, for youth'. This has been marketed through the activities of the programme including the female soccer team, the drama group, the distribution of IEC materials and the radio and TV slots.
- 20 youth leaders took part in a week-long Quality of Care training in August 2001. These leaders will go on to train others to provide a high standard of peer counselling to young people including the provision of SRH information and advice about AMODEFA's services where appropriate.
- Anecdotal evidence has been provided by professionals working in the SRH sector in Maputo to suggest that the mixture of IEC strategies (TV, radio, drama, sporting events, peer education) is reaching significant numbers of young people and that there has been an increase in the uptake of services such as counselling as a result. The uptake of a number of services is being monitored in AMODEFA clinics.
- An average of 200 packets of condoms (3 pieces per packet) are distributed daily from the Model Clinic.
- The Netherlands Trust Fund model clinic was opened in early 2001, and has been available to provide services to young people referred through the Innovate project.

Objective 3: To increase youth participation at AMODEFA in decision-making capacity.

- Strong youth committees and activist groups exist for the implementation of all main project activities including: mass media subcommittee; cyber café subcommittee; and entertainment, sports and culture committee.
- AMODEFA had an active youth group prior to their involvement in the *i3* Youth Programme but the role of young people in management has been strengthened substantially during the implementation of Innovate. The sub-committee structure facilitates communication with AMODEFA's executive management in liaison with the Youth Officer, and project initiatives are largely driven by young people.
- There are currently around 150 highly motivated youth activists involved, and this number is growing in response to publicity activities.



2.2.5 Challenges

AMODEFA's start-up on the Innovate project was delayed due to flooding within the country resulting in the launching of the project in July 2000. Given this constraint, a considerable amount has been achieved but project funding has ended before measurable or quantitative results can be documented.

Evidence of success in achieving objectives has so far been largely anecdotal. Although this is related to the timeframe, it also reflects the relative weakness of the monitoring and evaluation component of the project. As the project develops it will become increasingly important to be able to use the project data to monitor progress, and to measure the contribution of the different activities to SRH outcomes.

Additional support is required to assist the young people in the strategic management of the youth project. Providing training on monitoring and evaluation, finances and budgeting and making key young people aware of the role of the Innovate project within AMODEFA's broader activities are just two ways that youth capacity can be further developed.

In the newer components of the project, particularly the use of the internet, explicit and effective links to SRH have yet to be developed.

The components of the project with the greatest revenue raising potential are also those which are just coming on line, namely, use of the internet and the cafeteria. The amount of revenue which can be realistically generated has therefore not yet been established but AMODEFA are developing initiatives for the income generation including a tiered pricing structure for the use of internet facilities, and the sale of food and drinks in the cafe.

The number of youth activists is a major strength of the project but as their numbers continue to expand, careful management of this growth will be needed to utilise this resource effectively and maintain the interest of the young people.

As noted below under future plans, **UNFPA has also recently developed a youth targeted brand name 'Geracao Biz'.** There is concern that two brands marketing similar ideas and services may confuse the target audience and undermine the value of branding to either or both projects.

2.2.6 Key Lessons Learned

- With appropriate support, young people successfully managed and implemented the project and this was identified as a critical factor in harnessing youth creativity and attracting more youth to SRH counselling sites and services, as well as increasing the skills and employment opportunities of those young people involved.
- The large numbers of young, well motivated, volunteers is a major ongoing resource for the project.

- There is considerable demand for SRH information designed by young people, for young people in Maputo. AMODEFA are convinced of this as a result of the *i3* programme.
- Using innovative and popular activities such as the internet, football and drama/dance has the potential to reach large numbers of young people with SRH messages, and a positive effect on the motivation of young people to participate in the project.
- Linking SRH issues closely to the context of particular communities enhances the efficacy of SRH messages. For example, the drama group spends time in specific areas to identify the main issues of concern to the community before drama performances are developed. The result is a performance which includes relevant SRH issues alongside other concerns such as the environment, drug awareness and gender issues. Similarly, the use of mobile studios allows radio programmes to be broadcast direct from local communities. Positive feedback has been received in response to these activities both in terms of entertainment value and information provided.
- A much longer timeframe for project implementation is needed before measurable results in terms of SRH outcomes can be achieved.

2.2.7 *Future Plans*

Outside AMODEFA, the youth program is visible within the government and international donor community. With the right program development, there is potential to attract additional support from these outside sources. For example, the UNFPA is also supporting an Adolescent Reproductive Health Project, under the brand name "*Geração Biz*", and is currently working in collaboration with "*Por Jovens*". Discussions have been held with the UNFPA regarding the take over of "*Geração Biz*" by "*Por Jovens*" at which stage the AMODEFA Youth Network would need to decide which brand name to keep.

A number of factors make a positive contribution towards the sustainability of this project:

- much of project implementation is carried out by youth volunteers;
- an infrastructure has been established – e.g. set up and equipping the Internet Café, design of IEC materials (logos, newsletter, T-shirts, etc), etc. leaving mainly maintenance and running costs to be met;
- some activities have the potential to generate revenue. For example, the Internet Café, theatre / drama events and sports events could charge fees;
- there is a high level commitment from the senior levels of AMODEFA's management and the board of volunteers. AMODEFA's goals now emphasize working with youth as the corner stone of their SRH service and information provision;
- as above, there is considerable potential to attracting other donor support for this project that AMODEFA is now pursuing.

2.3 COUNTRY SUMMARY, ASBEF, SENEGAL

2.3.1 Summary of Project Model

The *Association Senegalaise pour le Bien-Etre Familial* (ASBEF) received funds of \$169,057 from the *Innovate* component of the *i3* Youth Programme for the implementation of innovative activities aimed at improving young people's access to high quality SRH services and increasing their knowledge of SRH issues. The four sites targeted by the project were in Dakar, Kaolack, Saint-Louis and Louga.

2.3.2 Specific Project Objectives

4. To increase the present rate of frequentation by young people in the 4 clinics from 2,050 to 24,160 by making these clinics more attractive to the youth.
5. To increase the number of sexually active young people using contraceptives by the distribution of 174,240 condoms via 10 retail outlets in each project site.
6. To increase the participation of young people in decision making by setting up a management committee of 15 young people at each site.
7. To increase from 47,785 in 1999 to 60,210 in 2000 and 74,535 in 2001, the number of young people at each site who have participated in IEC activities.

Table 1: Target for number of young people attending Senegal clinics and distribution of condom units to these clinics.

Clinic	Young people	Condom Units
Kaolack	4,800	32,000
Louga	5,440	42,240
Dakar	7,200	60,000
Saint-Louis	6,720	40,000

2.3.3 The Model Of Service Provision To Young People

There are 3 components to the model of service provision in the *Innovate* project in Senegal. The first involves making already existing service facilities youth friendly in order to increase uptake of services. Secondly, the establishment of retail outlets offers young people a chance to run a small business alongside the sale of condoms in the heart of their communities. The third component that cross-cuts all the project's activities, is the participation of young people in making decisions about project activities. As members of the ASBEF youth committees,



they are involved in the design and implementation of the project, and conducting the IEC activities in their communities.

SRH services for young people at the clinics in Kaolack, Louga, Saint-Louis and Dakar

The four clinics where this project worked have in the past focused on married women as their main target group. One of the aims of the Innovate project was to begin to shift ASBEF's primary clientele profile to be more focused on young people by bringing more youth to the clinics, and finding ways to 'integrate' both client groups in the clinics that have previously provided services predominantly to married women. In order to achieve this, the clinics were made more attractive to young people by:

- re-adapting the setting by refurbishing a fully equipped games/refreshment room. A further room houses a library and can also be used for other events to provide young people with the types of educational and recreational services they want alongside SRH facilities⁴;
- providing youth-friendly training to service providers working in the clinics;

The installation of retail outlets

The retail outlets provide young people with access to SRH information and condoms near to their homes or schools. Managed by a sub-committee composed of five members who were trained in managing the outlets, and on SRH issues concerning young people, the retail outlets also give a number of young people the opportunity to run small businesses and become focal points in their communities for SRH information.

The involvement of young people in management of the project through the ASBEF clubs

The focus of youth participation in this project was through the ASBEF youth clubs and management committees, with new youth clubs established and existing clubs revitalised. In order to reach as many young people as possible in the communities in which they live, and to inform them of the services available for them in the ASBEF clinics, the IEC activities were conducted regularly in each of the project sites, organised by young people and ranging from group discussions to drama and music events to one-on-one counselling, home visits and work with schools. Finally, young people were also involved in the production of a musical cassette with SRH messages. 10,000 copies of the cassette were produced and 1,000 promotional posters were printed. In the first stage of promotion, CDs containing one title were distributed to radio stations that began to play it. As a result, ASBEF was contacted by a number of distributors who wanted to take the product. An exclusive contract was signed with

⁴ This refurbishment involved changing the way existing space is used in the already established clinics or renting rooms directly adjoining the clinics. Either way, space was made available which was used only by young people, and this included a consulting room for use by doctors and psychologists seeing youth clients.

a distributor who will purchase the cassettes at 650 CFA Francs (89 cents⁵) each, which provides receipts of 6,500,000 CFA Francs (US \$8,904.11) for the first 10,000 copies.

2.3.4 Results

The project has made considerable progress towards its objectives, and is likely to continue achieving more significant results in the long term.

Objective 1: To increase the present rate of frequentation by young people in the 4 clinics from 2,050 to 24,160 by making these clinics more attractive to the youth:

Table 2: SRH services provided to young people

Project Site	Expected	Achieved	% of result achieved
Kaolack	4,800	3,890	81%
Louga	5,440	4,608	85%
Dakar	7,200	5,603	78%
Saint-Louis	6,720	6,486	97%

20,587 young people have benefited from the SRH services provided by the 4 clinics to date, and a further 12,151 youth people have visited the clinics for competitions, documentation, or to participate in discussion groups. Therefore, a total of 32,738 young people have visited the clinics.

Objective 2: To increase the number of sexually active young people using contraceptives by the distribution of 174,240 condoms via 10 retail outlets in each project site:

Table 3: Condoms provided to young people

Project Site	Expected	Achieved	% of result achieved
Kaolack	32,000	38,972	122%
Louga	42,400	18,600	44%
Dakar	60,000	66,000	110%
Saint-Louis	40,000	36,000	90%

⁵ Exchange rate 730 CFA Francs = US \$1.00

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The total number of condoms distributed to date is 159,572, or 91% of the expected number to be distributed during the project period.

Objective 3: To increase the participation of young people in decision making by setting up a management committee of 15 young people at each site.

Management committees of ASBEF youth clubs were set up in each site with 15 members per site. The main roles of the youth clubs are to undertake the IEC activities in their communities. These range from group discussions to drama, quizzes, and rap sessions. As the figures below reveal, many more young people were reached during the IEC activities than originally expected.

Objective 4: To increase from 47,785 in 1999 to 60,210 in 2000 and 74,535 in 2001 (total of 538,980), the number of young people at each site who have participated in IEC activities.

A total of 690,765 young people, (151,785 more than expected) have been informed about SRH issues in all the sites during the reduced project duration, of which only a total of 12,151 attended IEC meetings held inside the ASBEF clinics.

2.3.5 Challenges

The principal difficulties encountered were:

The short implementation period for the project (17 months instead of the 21 as planned originally);

Delay in the purchase of critical equipment due to the process of renewal of the ASBEF Investment Programme;

The inaccurate estimation of the length of time for the community outreach activities: the first five months of the project were mostly devoted to preparatory activities, including working with community and religious leaders and other key people to ensure their approval and support for the project;

The absence of effective technical assistance especially at the beginning of the project, and notably in monitoring and evaluation;

In consequence, **the lack of systematic data collection and analysis** for each site, and comparison across sites;

The young people's wish for a wider range of activities to be available in the centres (notably due to delays in their refurbishment).

2.3.6 Key Lessons Learned

- Research conducted by young people for this project revealed a huge unmet need for both SRH information and services for youth in Senegal.
- The establishment of 40 retail outlets increased access to condoms and SRH information for young people by placing the retail outlets in the heart of each community, often in places where young people frequently go (e.g. the beach), near schools or in residential areas. Furthermore, the retail outlets provided a small number of young people with the opportunity of running their own businesses, increasing their skills and improving their self-esteem, as well as being recognised in their communities as focal points on SRH issues.
- The amount of time required to enrol all the community and religious leaders, '*chefs de quartiers*'; parents and other key community members was significant and underestimated.
- However, this investment resulted in strong relationships established with the communities which proved invaluable in terms of the support they gave to the project and its activities with increased commitment to the health of young people and increased acceptance of the need for youth to be informed.
- Senegal is traditionally a society where it has been difficult to gain acceptance for widespread use of condoms; this project shows that for young Senegalese, easy access to condoms from fixed sales points run by their peers and backed up with SRH messages and IEC activities can be successful.
- With training and support, young people can manage comprehensive IEC projects, act as key focal points in their communities for SRH information and the distribution of condoms; however, initial and refresher training courses are needed, especially as new educators come on board.
- Young people are an invaluable resource for the project, their participation not only increases their own skills and empowerment but means that many more young people are attracted, not only to use facilities available but also to become involved themselves, for example as peer educators.
- Initial data indicate that adapting already existing clinics, traditionally serving married women, can be made more attractive to young people through raising awareness in the community, training service providers, making the clinics more youth-friendly in terms of the décor and by providing other facilities attractive to young people; more research is needed to review the use of the centres and their cost-effectiveness.
- Using innovative and popular activities such as drama, competitions, comedy and music means that many more young people can be reached with SRH messages that are germane, and given in a non-clinical, appropriate and fun way.

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- Developing a musical cassette conveying SRH messages through music with 'pop stars' well-known in Senegal and popular amongst youth is an innovative and influential way of reaching young people with much needed SRH information.
- A much longer timeframe for project implementation is needed before measurable results in terms of SRH outcomes can be achieved.

2.3.7 *Future Plans*

ASBEF's current Strategic Plan makes a commitment to targeting young people as their key client group in the future. This means that there is significant support for the work being done in the area of youth SRH from both staff and volunteers.

The *Innovate* project has established an infrastructure in terms of buildings, equipment, staff and highly motivated young educators/volunteers. Along with the experience gained and lessons learned from this project, ASBEF is now in a strong position to sustain its work with youth. ASBEF's youth programme is well known amongst the international donor community and the Senegalese government and further funds are currently being sought to meet the costs of the project for the future. In addition, income generation possibilities are being explored.

Recommendations from the final evaluation of the Senegal *Innovate* project include:

- the peer network needs to be expanded with a concomitant increase in funding to cover the costs of the peer educator activities;
- the role of youth volunteers should be expanded to include project management and decision-making, monitoring and evaluation, and staff positions on youth projects should be opened up to young people;
- more systematic data collection and use of data is needed to monitor progress and address areas of weakness in project design, as well as the effectiveness of the referral system;
- review and cost-effective studies of centres/clinic facilities used by young people should be undertaken.

Ongoing training courses should be established, refresher for current and introductory for new educators and service providers.

2.4 COUNTRY SUMMARY, AFPA, ALBANIA

2.4.1 *Summary of Project Model*

The Albanian Family Planning Association (AFPA) received funds of \$104,490 from the *Innovate* component of the *i₃* Youth Programme. The project involved the creation of the Po! ("Yes!") Youth Centre in central Tirana. The aim of the Centre is to combine attractive, youth friendly services to encourage young people to access information and services aimed at improving their sexual and reproductive health.

2.4.2 *Specific Project Objectives*

To achieve the overall goal of improving youth SRH in Albania, the *Innovate* project funded the Po! Youth Centre which has the following objectives:

1. To increase access to appropriate information, education and quality services that address the SRH care needs identified by young people.
2. To increase youth participation in a decision-making capacity.
3. To strengthen the capacity of AFPA to develop and implement sustainable programs in the areas of youth sexuality within the wider context of SRH.

2.4.3 *The Model Of Service Provision To Young People*

The Po! Youth Centre was based on the model of a youth-friendly environment where young people can go to access a range of facilities, including computers with internet access and a library. By combining these services with SRH information and counselling, condoms and emergency contraception, and a referral service to an AFPA clinic next door, access to SRH information and services by young people was to be increased.

There are a number of innovative aspects of this model in the Albanian context:

- Multi-service centres have not been used before in the country. Youth centres tend to be for leisure only and do not have SRH as an additional component.
- Income generation by the Youth Centre and general issues about sustainability of the project have been considered from the beginning.
- The programme has a participatory approach involving young people. This is extremely rare in youth services in Albania. As the AFPA Executive Director pointed out, SRH aims depend on effective communication with young people, not simply

bombarding them with information that they may not accept. For a programme to be accepted and ultimately for it to be sustainable, young people must be involved.

- Targeting young people for SRH services and messages is innovative because SRH topics are taboo. In 1994, basic sex education was introduced in schools, but not all young people attend school, and there is still a lack of knowledge among this group.
- Combining Centre activities with outreach is innovative in Albania.
- The Centre has been innovative in using marketing and branding to promote Centre activities. A Po! website and logo have been developed, and the media have been used to promote the Centre.

The image of the Centre as 'by and for young people' has provided a model for the country in how youth programmes can be run. There has been considerable effort made to obtain media coverage to advertise the fact that this type of service exists.

2.4.4 Results

The project has made considerable progress towards its goal, and is likely to continue achieving more significant results in the long term. The key results of work undertaken to date are highlighted below.

The Po! Youth Centre was successfully set up in central Tirana, and most of the facilities that were planned in the initial proposal are currently available in the Centre. The Centre provides internet access and computer training, career counselling, a library, counselling on SRH issues, contraception (condoms and emergency contraception), and drinks.

Objective 1: To increase access to appropriate information, education and quality services that address the SRH care needs identified by young people.

The Centre itself is quite small and consequently, the potential for educational activities within the Centre itself is limited. Some peer education work has taken place outside the centre in schools and universities, and more organised peer education work is planned for the future. The number of Information, Education and Communication (IEC) materials available in the Centre is also limited and not easily accessible.

Psychosocial counselling is a new concept in Albania and is associated with mental illness, so the provision of counselling in the Centre is a test case. The numbers of individuals requesting counselling has been low, but group counselling sessions on SRH issues are popular.

Condom distribution from the Centre has been successful: condoms are available for free in the Centre, and young people help themselves from a basket next to the door.

Provision of SRH services by the Centre has been less successful. The Centre has not been running for very long however, and progress would be expected to be slow initially. Links

with other relevant service providers have not been established, and strong referral networks have not yet been set up.

Objective 2: To increase youth participation in a decision-making capacity.

The *Innovate* project has provided the opportunity to revitalise the Tirana Youth Group of AFPA. Young people were involved in the process of setting up the Centre including renovation, the computers, internet and website, and design of the logo. The Youth Group are also responsible for organising bimonthly IEC events that include promotional activities on international days (e.g. HIV/AIDS, Population, Women etc), a campaign for youth in Tirana's biggest park, and an art exhibition on Safe Sex. Many of these events attracted mass media coverage on TV and radio. The Centre employs young people as staff in the positions of manager, counsellor and youth workers, assisted by young volunteers. Decision-making with respect to Centre is the responsibility of the *Innovate* staff.

Objective 3: To strengthen the capacity of AFPA to develop and implement sustainable programs in the areas of youth sexuality within the wider context of SRH.

The experience gained from the *Innovate* project has strengthened the capacity of the AFPA in the following ways:

- training: both project staff and volunteers have been trained in peer education and as trainers of other educators. Young people have also received computer training, including internet and web-design and management;
- sustainability: AFPA received technical support on sustainability towards the end of the *Innovate* funding period which focused on review of pricing policies and service utilisation;
- AFPA Visibility: all activities organised by the Centre have involved the media and important policy makers, politicians and international NGOs/GOs, to raise awareness and enrol support for AFPA's work with young people;
- youth participation; the re-structuring of the Youth Group as a result of the *Innovate* project has increased AFPA's capacity in youth programming, and young staff and volunteers are seen as an important resource undertaking key roles in project management;
- with the experience of the *Innovate* project and the infrastructure in place, in terms of the Centre, equipment, staff and volunteers, AFPA is now in a strong position to expand its work with youth in Tirana.

2.4.5 Challenges

The principal difficulties and challenges faced during this project are described below:

Links between SRH and other services: there is a lack of clarity among the Centre staff and youth volunteers with respect to the centrality of the SRH goals of the Centre. Opportunities for linking SRH with the other services provided were not generally taken.

Scope of the work of the Centre: the number of young people attending the Centre itself is rather small, and outreach work to date has been limited. The Centre could, through outreach, have a positive impact on a large number of young people by giving information, and by increasing their awareness of services available. Furthermore, there are frequent power cuts in Tirana (up to 8 hours per day during the summer months) and the Centre is without light, air conditioning and computer facilities. For this reason, a generator has been recently purchased to cover periods when the electricity grid is down.

Provision of SRH education/information: one of the key weaknesses of the Centre is its lack of focus on educating and informing young people about SRH issues. There is not enough information about SRH available in the Centre or on the Po! website. In some cases, staff voiced prejudices and myths about contraceptive methods that would be expected in the general, un-informed population. Youth volunteers trained as peer educators said that they had not given information to other young people in the Centre. All these issues need to be addressed as a matter of urgency. Staff and volunteers need to receive more training, they need to be more confident and motivated to give information to others, and they must be well informed to ensure that the information they give is correct.

Monitoring and evaluation: data collection and the use of data to monitor progress was not undertaken systematically.

2.4.6 Key Lessons Learned

The lessons learned from this project can be summarised as follows:

- From the experiences of the Po! Youth Centre, it is clear that more technical training and support would be very helpful at all stages. Where this was received by the AFPA, it was viewed very positively. Technical assistance could come from local or overseas consultants. In particular, assistance could be given in proposal development, development of monitoring and evaluation procedures, use of data collected to *inform* policy decisions, financial procedures and monitoring, how to set up and run peer education schemes, use of marketing and branding techniques to “sell” services. In a country where there is so little past experience of providing such services locally, external expertise is essential.
- In a multi-service centre such as the Po! Youth Centre, there is the danger that the principal purpose of the Centre, i.e. youth SRH, loses priority status in favour of the other services. Every service offered in the Centre should have a very clear relationship to improving youth SRH, whether directly or indirectly (i.e. by promoting other services, or

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by cross-subsidisation). If services cannot be justified in these terms, they should be discontinued.

- Even in a country where it is ostensibly taboo to talk about SRH issues, there are young people willing to work as volunteers for the AFPA, and parents seem positive about their children receiving SRH information. However, low levels of general knowledge about SRH mean that those disseminating information have a particular responsibility to ensure that this information is correct and up to date.
- A shift in emphasis in the work of the Centre towards a more outreach-orientated approach, combined with an increase in levels of staff and volunteer training should mean that the Centre will be in a powerful position to affect a large number of young people's sexual and reproductive health for the better.

2.4.7 *Future Plans*

The Po! Youth Centre project has achieved some of its objectives, but there is still much work to be done, particularly in terms of links between general services and youth SRH. Having said that, the fact that SRH services for young people in Albania are so new and so limited means that the progress the project has achieved is commendable. Project staff and volunteers are enthusiastic about the project and keen to improve the Centre. Many people have worked hard to make the project a success. The Centre has great potential to have a very positive impact on the young people of Tirana and elsewhere. At the moment, much of this potential is latent, but with some changes in focus it could be realised relatively easily and quickly, and further funds are being sought to meet the future maintenance costs of the project.

The main recommendations from the final evaluation of the Albania *Innovate* project include:

- Marketing of the Po! Centre should be increased and all decisions regarding Centre operations should be reviewed regularly to ensure that these activities relate to the overall SRH objectives of the project.;
- Staff and volunteers must be trained to a high level to respond to SRH queries, and to give SRH information in general; this training should be ongoing, and with regular refresher training.
- Data collection and use of these data to *inform* management decisions must be improved.
- Peer education has the potential to have a considerable impact in increasing the scope of the Centre to reach young people in need of services and more outreach work should be undertaken.
- The role for the volunteers should be formalised to capitalise on an important human resource and enable youth to participate more systematically in AFPA's work with youth.
- Collaboration with the AFPA-run Women's Centre should be formalised and strengthened with systematic recording and follow-up of referrals and advertising of

the Women's Centre in Po! to increase awareness of and access to a full range of SRH services.

- Clinic staff should receive further training for effectively working with youth, and staff who are receptive to working with youth populations should be hired.
- Income-generation activities need to be explored.

WESTERN HEMISPHERE REGION (WHR)

2.5 COUNTRY SUMMARY, INPPARES, PERU

2.5.1 *Summary of Project Model*

IPPF's affiliate in Peru, the 'Instituto Peruano de Paternidad Responsable' (INPPARES) received funds of US \$272,722 from the *Innovate* component of the *i₃* Youth Programme. The goal of the YES!! (Youth Empowerment System) project was to improve the sexual and reproductive health of youth in Lima by increasing the access and use of sexual and reproductive health services of youth in four marginalized urban '*barrios*', or neighborhoods (Ate, Comas, Los Olivos and San Juan de Lurigancho).

2.5.2 *Specific Project Objectives*

1. To strengthen the capacity of INPPARES to offer quality services and products to youth.
2. To increase the organized participation of youth within the institution through all activities and phases of the project.
3. To increase the availability of IEC materials and methodologies for working with youth.
4. To improve knowledge, attitudes and practices related to SRH among youth by increasing access to information and education.

2.5.3 *The Model Of Service Provision To Young People*

In each of the *barrios* selected, a Yes!! youth station was established. The stations were designed and constructed by youth with the goal of offering young people living in the '*barrios*' a space where activities related to SRH could take place. In addition to the youth participation in the construction and design of the stations, the Yes!! stations are operated and managed by youth educators and station coordinators. The stations have a 'youth club' atmosphere in which young people can spend time socializing, using the computer and interactive CDs, viewing SRH videos and receiving counselling on specific SRH topics.

To increase use of SRH services by young people, the Yes!! stations also serve as a link with INPPARES' peripheral health clinics. The Yes!! stations are located in close proximity to the clinics, and a referral system is in place whereby referral cards are given by the stations for discounted health services provided by the clinics.

The stations offer local youth an outlet where young people can go to resolve problems and be assured of receiving correct information about topics not openly discussed in Peruvian society. While young people between the ages of 10 and 24 years represent approximately one-third of Lima's 8 million inhabitants, there is a dearth of services oriented toward the health of adolescents – especially in marginalised areas. Hence, the Yes!! Stations themselves are viewed by youth and adults alike as one of the most innovative aspects of the project. In addition, the project is breaking new ground in that

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youth are responsible for designing, planning and carrying out all the educational and promotional activities.

The Yes!! project can also be considered innovative from an administrative standpoint. The interaction between the program and evaluation units encouraged the use of program data for project planning. Ideally program service statistics are collected, analysed and used for decision making in a timely manner. However, in practice this is rarely achieved. The Yes!! project not only demonstrated how this could be done, but more importantly, that it could be initiated and carried out by young people.

2.5.4 Results

The project has made considerable progress towards some of its objectives and it is likely to continue achieving more significant results in the long term.

Objective 1: To strengthen the capacity of INPPARES to offer quality services and products to youth.

INPPARES' mission is to increase the accessibility of low socio-economic sectors of Lima to inexpensive, high-quality reproductive health services, including young people. The YES!! project has enabled INPPARES to begin working with marginalised young people in 4 sites.

The *Innovate* project has established an infrastructure in terms of buildings, equipment, staff and highly motivated young educators/volunteers.

Along with the experience gained and lessons learned from this project, INPPARES is now in a strong position to continue its work with youth in the marginalized areas of Lima.

The YES!! project's monitoring and evaluation plan included an indicator related to youth staffing in INPPARES: *the percent of INPPARES staff in Lima that are youth (under 25 years old)*. This guided the selection of the YES!! project team, and INPPARES reported that by the end of June 2001, the percent of INPPARES staff who are youth had increased to 21.3% from 13.6% at the end of the first quarter of the project (March 2000).

Objective 2: To increase the organized participation of youth within the institution through all activities and phases of the project.

Each of the Yes!! youth stations were designed and constructed by youth. In addition, the Yes!! stations are operated and managed by educators and station coordinators who are under 30 years old. In each station, there is one coordinator and three educators who work in pairs to cover the morning and afternoon opening hours of the stations. The YES!! staff are also involved in the design and promotion of IEC materials, including the multimedia CD (see below), as well as the ongoing monitoring and evaluation of project data.

Each YES!! station also has a group of youth volunteers who assist in the running of the stations and are also involved in the educational activities. Volunteers reported that the atmosphere at the stations, namely being surrounded by and participating with other young people from the community, were motivating factors to volunteer at the stations. The empowerment expressed by youth volunteers

because of their work, and their increased knowledge related to SRH should be emphasized. Volunteers stated that not only were they able to share this knowledge with their friends, but they were able to talk to their parents about subjects that even their parents did not know how to broach.

Objective 3: To increase the availability of IEC materials and methodologies for working with youth.

Yes!! project staff have developed an appealing and visually effective brand image. The Yes!! logo and slogan (*Ya Estoy Segur@!!*⁶ or Now I'm Sure!!) were designed by youth participating in a competition. In addition, various IEC materials have been produced ranging from educational fliers, posters, calendars, two types of condom flyers, and a condom ruler. Added to the traditional IEC materials mentioned above, the Yes!! project took advantage of more technologically advanced methods of material development. A total of eight board games dealing with issues of self-esteem, STI/HIV/AIDS, decision making, conflict resolution, contraception methods, relationships and sexuality have been designed and manufactured for potential sale in the future. The Yes!! project also employed a team of graphics designers to create an interactive CD. The final product '*Inesperado*', or 'Unexpected', was recently completed.⁷ The CD, using video clips, tells the story of a young, unmarried couple who become pregnant. The interactive nature of the CD allows the user to make decisions and choose between a variety of educational themes and options.

Objective 4: To improve knowledge, attitudes and practices related to SRH among youth by increasing access to information and education.

In the YES!! stations, the educational activities, counselling and referral to INPPARES clinics are aimed at improving the knowledge, attitudes and practices related to the SRH of young people. A total of 128,500 young people were provided with IEC materials, counselling given to 2,868 youths, 5,069 used the multi-media services, and 14,417 participated in workshops.

Educational activities

Charlas are dynamic, interactive group discussions and account for more than half of all educational activities taking place in the Yes!! stations. Other educational activities included workshops, games and use of audio-visual materials. The project was particularly successful in reaching the age group of 10 to 14 year olds, an age cohort that is often difficult to reach in SRH programs, and one which can be especially important in terms of effecting responsible behaviour. 62% of all participants in educational activities at the stations are from this age group.

⁶ The use of the @ sign in Spanish is a contemporary method for indicating a gender-neutral construction of a word.

⁷ While the interactive CD-ROM *Inesperado* was developed specifically for the Yes!! project, programs previously developed by INPPARES, such as *Riesgo X*, are also utilized in the stations.



Counselling

The Yes!! station coordinators and educators received counselling training related to a variety of issues, such as sexuality, family planning, violence, STI/HIV/AIDS prevention and testing, and communication within couples. Counselling services take place with individuals, couples or in groups, and are most popular for 15 to 19 years olds.

Condom distribution

The distribution and sale of condoms was to be a key component of the Yes!! stations in meeting the reproductive health needs of youth in Lima, however, distribution and sale of condoms did not occur during the project period. In addition to logistical difficulties in acquiring condoms, this component of the project was never initiated for fear of a community backlash. Several community members interviewed, who supported the Yes!! stations believed that selling and distributing condoms would promote promiscuity. Others thought that only the free distribution of condoms would be bad, insisting that selling condoms was more appropriate in promoting responsible sexual behaviour among already sexually active youth.

Referral to clinics

The link between the Yes!! stations and the peripheral clinics was a difficult part of the project to execute successfully. While the station educators promoted the clinics to visitors to the stations by verbally telling youth about the clinics, by handing out flyers with information about the nearest peripheral clinic, including the price of discounted services for youth referred from the Yes!! Stations, and by making a referral to the clinic when appropriate during a counselling session, an increase in the number of services provided to youth during the project period did not occur.

2.5.5 Challenges

The principal difficulties encountered were:

- the short implementation period for the project;
- finding acceptable locations for the Yes!! stations was difficult and security was an ongoing concern;
- the provision of condoms in the stations was not achieved during the project period and remains an area of challenge to INPPARES;
- the underlying structure of the relationship between INPPARES and the peripheral clinics limits the incentive for the clinics to promote SRH services to the youth population;
- in spite of the promotion of clinical services by the Yes!! stations, the number of youth clients seeking services at the peripheral clinics did not increase.

~~because of their work, and their increased knowledge related to SRH should be emphasized.~~

2.5.6 *Key Lessons Learned*

- A primary innovation of the Yes!! project is in offering local youth a space where they feel comfortable and have a sense of ownership.
- The effective use of trained peer educators who were responsible for educational activities was also viewed as an innovative aspect of the project.
- Yes!! station personnel were able to effectively mobilize community support for the stations' activities.
- By developing Yes!! project staff profiles, a balanced gender mix of youth was selected for Yes!! staff positions.
- The selection of Yes!! station coordinators drew from a pool of current INPPARES volunteers with a demonstrated commitment to the principles and goals of INPPARES.
- The Yes!! project coordinator maintained an open relationship with station coordinators and educators fostering an atmosphere conducive to both individual creativity and team cooperation.
- The partnership between YES!! staff and the INPPARES evaluation department resulted in the use of data to inform project strategies and ensured ongoing monitoring of the project data, and review of achievements and challenges being faced.
- Formal and informal meetings between station coordinators and educators allowed for a continuous assessment of activities, the sharing of ideas and the identification of training needs.
- Periodic trainings covering issues selected by either Central Office staff or suggested by station coordinators and educators provided continuous training and development to Yes!! personnel.
- A variety of IEC materials were produced, ranging from traditional materials such as posters and flyers, to technologically advanced interactive CDs and educational games.
- Cooperation with local schools and a strong reputation, means that school teachers bring their pupils to the YES!! stations for sex education classes.

The Yes!! project was particularly successful at reaching younger youth aged 10 to 14, an age group which is often difficult to reach in SRH programs, with the most popular activities being 'Charlas' - dynamic, interactive group discussions and audio-visual activities, and in addition, many 10 to 14 year olds attending the stations in school groups. This is a key achievement as reaching youth before sexual activity begins can be effective in promoting responsible behaviour.

2.5.7 Future Plans

Further funds are being sought to meet the future maintenance costs of the project. In addition, income generation possibilities from the sale of the educational board games and interactive CD 'Unexpected' are being explored.

Recommendations from the final evaluation of the *Innovate* project include:

- Community mobilization efforts are an important component for the project's success, and should be initiated during the early stages of the project and systematically incorporated in all Yes!! station activities.
- The role for the volunteers should be formalised to capitalise on an important human resource and enable youth to participate more systematically in INPPARES' work with youth.
- The relationship between volunteers and youth educators in the stations should also be formalised as with increased responsibilities for educational activities, youth involvement will be strengthened and enhance the sustainability of the project.
- Efforts should be continued and strengthened to make the peripheral clinics more youth-friendly.
- Clinic staff should receive further training for effectively working with youth, and staff who are receptive to working with youth populations should be hired.
- Whether provided free of charge or at a cost, condoms must be provided in the Yes!! Stations.
- Efforts should be focused on marketing existing IEC materials produced by the Yes!! project, rather than developing new materials, and feasibility studies should be carried out to determine if the IEC materials can be used to generate income.

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1 INDICATE SYNTHESIS REPORT

1.1 OVERVIEW OF INDICATE

Indicate is a one-year global Operations Research (OR) project aimed at improving the quality of sexual and reproductive health services for young people. The goal of *Indicate* is to investigate the relationship between service utilisation and the quality of care provided to young people. The project consists of two phases: the diagnostic phase aimed at investigating key variables affecting utilisation of services by young people; and the intervention phase aimed at testing intervention strategies to address the key barriers to access identified in the diagnostic phase.

The *Indicate* project has been implemented in four of the six IPPF regions through seven participating Family Planning Associations (FPAs), these are: Guyana, and Trinidad and Tobago in the Western Hemisphere Region (WHR); Burkina Faso and Swaziland in the Africa Region; Malaysia and Tonga in the East and South East Asia and Oceania Region (ESEAOR); and Nepal in the South Asia Region (SAR).

The criteria for FPA selection stipulated in the funding framework were that:

- the FPA is currently providing SRH services for young people including the provision of contraceptives and/or condoms;
- FPAs selected must implement both the Phase I: Diagnostic study and Phase II: Interventions;
- the FPA is not already participating in the *i3* Innovate project;
- the SRH services selected as site(s) for the proposed *Indicate* project must have secure funding from other sources for the duration of the project;
- consistency of FPA activities with USAID funding provisions.

All seven participating FPAs fulfilled the above criteria, although the range of existing services provided to young people varied considerably between the FPAs.

1.2 EVALUATION OF INDICATE

IPPF contracted Options Consultancy Services to undertake an external evaluation of the *Indicate* project in all seven participating countries. The overall objective of the external evaluation was to undertake a *process* assessment of the appropriateness, effectiveness, efficiency and value of the *Indicate* project to the FPAs.

In order to achieve the above objectives, the evaluation was conducted through field visits to five of the participating FPAs: Burkina Faso, Malaysia, Nepal, Swaziland, and Trinidad and Tobago. Due to time constraints, the evaluations of the remaining two FPA projects (Guyana and Tonga) were conducted as desk-based assessments.

An evaluation framework was developed and based upon the five steps of the OR process, and covered the following themes:

- analysis of the overall strengths, weaknesses and constraints in implementing the OR process;
- appropriateness of the problem identification, design of the diagnostic phase and strategy selection;
- effectiveness of the intervention strategy;
- utilisation of information and lesson learning to improve services for young people;
- identification of next steps to build on the lesson learning;
- recommendations for strengthening the OR process.

1.2.1 The Evaluation Process

The in-country evaluations utilised a participatory approach throughout. The evaluation teams consisted of: an external evaluator (Options consultant); the IPPF Regional Office Representative; a member of FPA Programme staff; and where possible, a youth representative.

Data for the field-based evaluations were collected through:

- an introductory workshop with FPA staff, volunteers, and youth representatives to: clarify evaluation objectives; identify initial expectations of the FPA in participating in *Indicate*; undertake a participatory analysis of the strengths, weaknesses, opportunities and constraints encountered in implementing *Indicate*;
- observations and visits to project sites;
- interviews and discussions with: FPA staff and volunteers; young people participating in the project; users (and non-users) of FPA youth services; community members (where appropriate);
- review of documents/data produced: project proposal; baseline survey; tools and instruments used in the baseline; quarterly and six-monthly reports to IPPF; end-line survey data (where complete) and service utilisation data.

The desk-based evaluations were carried out by an email questionnaire (which followed the same framework as the in-country evaluations), telephone interviews with key staff and a review of documentation. A document review checklist was also developed as part of the evaluation framework.

1.2.2 Aim of the Synthesis Report

A detailed country evaluation report has been produced for each of the participating FPAs, summaries of these reports follow this section (full evaluation reports on each country available from IPPF). The aim of this synthesis report is to provide an overview of the key lessons learned from the *Indicate* project as a whole, which have value both for replication of the process by other FPAs and for developing interventions to increase young people's access to SRH services. The report divides lesson learning under the following main areas:

- 1) The Operations Research process.
- 2) Strategies for increasing young people's access to services.
- 3) Institutionalising youth participation.

1.3 THE OPERATIONS RESEARCH PROCESS

1.3.1 The Aim of the Operations Research (OR)

OR is usually undertaken as facility-based research, the aim being to provide data to programme managers to enable specific adjustments to be made to programme interventions in order to improve performance. There are a set of distinct steps in the OR process including problem identification and diagnosis, strategy selection, strategy implementation, analysis of results, and adjustment to programme based on the results.

While some of the FPAs participating in the *Indicate* project had prior experience of carrying out social research and needs assessment activities, none had experience in designing and implementing OR. For all the FPAs, the *Indicate* project presented a major challenge not only in terms of making adjustments to youth programming, but also in developing an understanding of the OR process. The FPAs welcomed this challenge, perceiving it to be an opportunity to acquire OR skills and to strengthen their youth programmes. This section considers the extent to which the implementation of OR, as defined above, is appropriate to the needs of the FPAs, and the extent to which the FPAs were able to follow the OR process.

1.3.2 FPA Expectations of the Indicate Project

The introductory workshops highlighted that from the outset all participating FPAs had high expectations of the benefits of taking part in the *Indicate* project. The range of expectations were somewhat broader than would normally be feasible for an OR project indicating that FPAs had some difficulty in making a distinction between OR, needs assessments, and knowledge, attitudes and practice (KAP) surveys. The range of expectations also reflected the differing levels of experience of participating FPAs in carrying out research, and in youth programming.

Despite the variations it is possible to identify a set of core expectations, which were shared by all participating FPAs. These were:

- to improve understanding of the perspectives of young people on barriers to SRH services;
- to learn how the FPA can contribute to improving SRH information and services for young people (by *inter alia* addressing barriers to service use);
- to increase young people's participation in SRH projects;
- to convince policy makers of the importance of providing SRH services to young people and to increase their commitment to sustaining youth services;
- to develop skills in carrying out OR to improve services for young people;
- to be seen as a leading Non-Government Organisation (NGO) in sexual and reproductive health, with a special mandate for young people.

The country evaluations indicate that on the whole the first three of these expectations were met by all the participating FPAs. The fourth expectation was partially met in several of the FPAs, with the OR being a catalyst to initiating a process of policy development. The fifth expectation was only partially met, largely due to the capacity building requirements of FPAs if they are to be able to undertake OR without substantial ongoing Technical Assistance (TA) from IPPF and external consultants. It is too early to assess whether the sixth expectation has been met, since this will depend on the effectiveness of the FPA in utilising and disseminating the OR findings.

1.3.3 Phase I: Diagnostic Phase

Focus of the diagnostic study

While all the participating FPAs successfully completed the diagnostic studies, there were a variety of interpretations of the aims of the studies and in the approaches used. The range of approaches also reflects varying levels of experience and understanding among the FPAs of the specific objectives of the OR. For those FPAs with more limited experience in research and youth programming, additional TA during the planning stage would have resulted in more robust study designs.

The majority of the studies adopted the goal of the overall *Indicate* project as the problem statement or hypothesis to be investigated, i.e. to investigate the correlation between service utilisation and variables related to youth friendliness of services. Few FPAs were able to undertake an initial consultation process in order to further refine the problem statement from the perspective of young people and adapt it to the specific contexts of their programme. The lack of refinement of the problem statement was partly due to the inexperience of many FPAs in carrying out OR, as well as the very short timeframe available in which to design and carry out the diagnostic study.

Several FPAs undertook very ambitious diagnostic studies, which tended towards broad scale needs assessments of young people's SRH, for example (this was found to be the case in Malaysia and Tonga). The lack of clarity on the objectives of OR, constraints in refining the problem statement) and the recent nature of the youth programme led the Nepal FPA to conduct a broad-scale KAP study.

The studies undertaken in Burkina Faso, Swaziland, Guyana and Trinidad and Tobago were more specifically facility based, and drew from a community sample within the defined catchment area of the service facility. The FPAs which were able to refine the problem statement to consider youth perceptions of the FPA's services for youth, tended to be those with greater experience in youth programming.

Data collection and methods

It was generally found that the needs assessment and KAP studies collected more data than was required for the purposes of the OR. Nonetheless they served an important purpose in filling data gaps on young people's SRH both for the FPA and for other stakeholders, such as the Ministry of Health (MoH).

Despite the wide variations in the focus and scope of the studies, all of the FPAs were able to identify successfully key barriers to access of SRH services by young people. It was generally found that the most useful data for identifying barriers to access were those collected through qualitative methods, mainly focus group discussions (FGDs) with FPA youth volunteers, programme users and non-users (community members). All the diagnostic studies collected qualitative data, however the timeframe for implementation limited the extent to which qualitative methods could be used.

The quantitative data proved to be useful for the purposes of convincing policy-makers, such as the FPA Executive Board and external stakeholders (e.g. the MoH) of the demand for sexual and reproductive services among young people and the need to address this demand through appropriate interventions. Most FPAs were able to use an effective mix of quantitative and qualitative methods, allowing for triangulation of data and providing a rich data set.

While most of the diagnostic studies were able to make some analysis of differences within the youth population on the basis of gender, age and marital status, they were not able to capture socio-economic diversity among the young people and differences based on religion and ethnicity. Most of the country evaluations have made recommendations that the ongoing monitoring of interventions needs to be able to track differences in gender, age, marital and socio-economic status of young people, to assess which groups are being reached by which type of service.

The studies also demonstrated the importance of developing a set of clear, easy to use and simple data collection tools. The design of data collection tools needs to ensure that a manageable amount of data is collected, which is also of direct use to the OR.

Most of the FPAs had adapted elements of the tools provided by IPPF. The FOCUS Youth Friendly Services tool¹ was generally found to be most useful, especially the FGD guides and interview guides. The IPPF WHR Self Assessment Tool was judged to be least appropriate to the diagnostic study. It was considered to be too detailed and time consuming to adapt, and less useful for the purposes of *Indicate* as its focus is on programme managers and providers as opposed to young people. While the IPPF Youth Committee's "Youth Friendly Services Checklist" was considered to be useful, it was found to be more helpful as a programme monitoring instrument rather than a research tool. Further orientation on the purpose and merits of each tool would have been beneficial for the FPAs.

Several of the evaluations (Malaysia, Guyana, and Trinidad and Tobago) identified limitations in using ready-made tools, as it was found that they limited the extent to which tools were developed and designed according to locally specific data needs. However, the time frame for carrying out the diagnostic study was identified as the main constraint on developing locally specific tools.

All of the studies highlighted the importance of using local interviewers to carry out the survey interviews and FGDs, and the importance of conducting interviews in the local language/dialect by people whom the community trust. Several of the studies also found that conducting community and client surveys is a time consuming exercise, requiring teams of trained and dedicated interviewers to ensure that they are carried out effectively.

1.3.4 Phase II: Intervention Phase

Appropriateness of strategy selection

There was an overall tendency to view the *Indicate* project as an opportunity to optimise services for youth rather than to test specific focused interventions, as would be the case in a conventional OR exercise. However, in the context of limited available funding for youth programming, it is understandable that each FPA should want to maximise the impact of each project grant.

All the participating FPAs implemented a multi-pronged intervention strategy as opposed to a single intervention. This was due to two main factors:

- a lack of clear understanding among the FPAs of the objectives of an OR project;
- the broad based nature of the problem statement and diagnostic study resulted in the identification of a set of multiple concerns of young people, which the FPAs felt an obligation to try to address in the intervention phase.

¹ 'Assessing and Planning for Youth-Friendly Reproductive Health Services'. Kristin Nelson, Laurel MacLaren, Robert Magnani. January 2000. ² FOCUS Tool Series, FOCUS on Young Adults.

As a result, while the interventions were all appropriate to the findings of the diagnostic studies, the package of interventions tended to be too ambitious to implement fully within the timeframe allowed by the *Indicate* funding framework, and the limited resources (\$50,000 per *Indicate* project) were widely spread.

Measuring effectiveness

The least successful component of the *Indicate* project was measuring the effectiveness of the intervention strategy. The funding framework allowed insufficient time for the interventions to have been operational long enough to gain any real indication of effectiveness.

At the time of the external evaluations not all of the end-line (post-intervention) surveys had been completed. Where they had been completed, limitations were identified in the design of the tools. Due to the very tight timeframe for project completion, insufficient time was given to the design of the end-line survey. In some cases the use of different tools to conduct baseline and endline surveys produced data that made comparison of data sets difficult. For all interventions it was too early to be able draw any real conclusions from service utilisation data (where this was available). Nonetheless, given all these limitations, utilisation data and end-line data appeared to indicate that the intervention strategies had resulted in positive changes in young people's perceptions of service quality and access. In many FPAs, perceptions of service providers, senior management and members of the Executive Boards have also changed substantially towards providing youth friendly services.

The evaluations also identified a general lack of clarity among participating FPAs on the link between objectives, activities and indicators. While all project proposals included a set of indicators, they were generally not referred to beyond the proposal development stage. The use of project indicators for measuring effectiveness was generally not well understood, largely due to the FPAs' lack of experience in conducting research and routine facility based monitoring.

In some cases attempts had been made to use control sites, although there was a general lack of clarity of the purpose of using controls. The use of control sites for the type of interventions being tested was found to have limited utility and tended to over-complicate the process. The most useful gauge of programme effectiveness would have been comparison of pre- and post-test intervention data, had the project framework allowed sufficient time between implementation and measurement of effectiveness.

1.3.5 Youth Participation in the Process

Young people's participation was greatest at the implementation stage of the intervention strategy. All the evaluations identified limited participation of young people in the design of the diagnostic studies, data collection tools and data analysis.

For most of the FPAs the diagnostic study provided the first opportunity to consult young people on the quality of services, and actively seeking young people's views was generally perceived by FPAs to be a major aspect of youth participation in the diagnostic study. While in the majority of the projects, young people were trained in interviewing skills, there was a reluctance to involve young people directly in the study design and data analysis. One of the constraints identified was that the timeframe was insufficient to facilitate a participatory study design process with young people. A

further constraint was the lack of recognition by FPAs, ROs and consultants of the potential for young people to participate actively in the research design².

Overall the evaluations identified the need for more consultation with young people in the study design phase.

1.3.6 Technical Assistance and Capacity Building of FPAs

Ongoing and extensive TA was found to be essential to enable the OR to be carried out successfully. All the FPAs benefited from substantial high-quality TA provided either by consultants or the regional office (RO) representative. Burkina Faso especially appreciated the TA provided by the Africa RO and in French.

All the FPAs identified the need for ongoing TA if they are to replicate the OR process. While FPA staff were able to develop basic skills in conducting research (e.g. interviewing skills), there was limited transfer of skills in design of the diagnostic study and tools and data analysis, which was mainly carried out by consultants. Capacity building of the FPAs was not made an explicit objective of the project in the funding framework, even though skills development appeared to have been a significant expectation of participating FPAs.

While the RO representatives were provided with an orientation training on OR by the IPPF central office (CO), not all FPAs were able to attend this training, with the exception of Swaziland FPA who found the orientation training proved to be extremely valuable. For those unable to participate, the lack of orientation on the objectives of OR and the OR process may account for some of the lack of clarity regarding problem identification, focus of the diagnostic study and use of indicators. For some RO representatives, this was their first opportunity to manage an OR project, and further specialist TA from IPPF-CO or external consultants would have enabled them to have provided more effective support to the FPAs.

While several of the FPAs indicated that they would be prepared to allocate funds from their core budget to repeat the OR process, all recognised the need for continual TA and the high-cost of buying in international or regional expertise.

1.3.7 Value of the OR Process to the FPAs

Despite the fact that the standard OR process was not completely followed, all the participating FPAs considered that the *Indicate* project had been of significant value. Some of the most important opportunities and benefits resulting from the project were unanticipated by the FPAs at the outset.

The most valuable outcomes of the *Indicate* project identified by the FPAs can be summarised as follows:

² For an example of young people's involvement in SRH research and monitoring see: Hawkins, K. and Price, N. L. (2000) *A Peer Ethnographic Approach to the Social Appraisal and Monitoring of Reproductive and Sexual Health Programmes*. University of Wales, Centre for Development Studies, Swansea

1. *Enhanced understanding of young people's perspectives and SRH needs*

- The diagnostic phase proved to be extremely useful for all the FPAs in terms of producing concrete data as a basis for implementing changes to youth programming.
- For some FPAs the study filled existing data gaps on young people's SRH, and was of additional value to government, donors and other NGOs.
- The study provided the first opportunity for most FPAs to consult young people on their views, and enhanced FPA understanding of the importance of listening to young people at all stages of programming.

2. *Catalyst for commitment to improving the quality and accessibility of services to young people*

- Participating in the OR process has had an overall motivating effect on staff, volunteers and young people.
- The strategy selection process also served to sensitise programme and clinic staff to the needs of young people.
- The OR has been instrumental in enabling the FPAs to establish their youth programmes, and in broadening the understanding of youth issues among staff, volunteers and policy makers.
- The OR provided the chance to review service data and to consider the extent to which services were being used by young people.
- The findings of the end-line surveys (although limited by the time-frame) appear to confirm that the OR has resulted in perceptions of enhanced access by young people to services.
- Even where the interventions are still not fully operational, the process of undertaking the diagnostic study and consultations has resulted in an increased commitment of FPA senior management, Board members and service providers to providing high quality services for young people.

3. *Increased youth participation*

- The OR provided the opportunity to begin to hand over areas of decision-making to young people.
- The OR enabled all staff to realise the potential benefits of harnessing the creativity and dynamism of young people for all FPA programmes.
- The OR stimulated the FPAs to reflect on how to strengthen institutional mechanisms for youth participation.

4. *Programme development and strategic thinking*

- As a result of the OR, the FPAs placed a high value on developing programmes based on research findings rather than assumptions. OR enabled all staff to realise the potential benefits of harnessing the creativity and dynamism of young people for all FPA programmes.
- The OR proved to be an effective tool for making management decisions.

5. *Advocacy and raising the national profile of the FPA*

- The OR has assisted several FPAs in increasing the recognition among external stakeholders (e.g. government and donors) of the strategic role of the FPA in providing SRH services to young people in the context of a national SRH programme.
- The OR process has provided opportunities for some FPAs to identify specific areas for collaboration with government partners.
- The OR findings have provided opportunities for several FPAs to disseminate their work in youth programmes more broadly, thereby raising their national profile as a provider of youth SRH services.

1.3.8 *Appropriateness of the Indicate funding framework*

The main strengths of the *Indicate* funding framework were identified as follows:

- The decentralisation of the financial and planning arrangements to the ROs allowed for speedy decision making and scope for capacity building of FPAs.
- The framework allowed flexibility in the development of locally appropriate interventions.
- The availability of seed money for the OR was a stimulus for initiating more long-term changes in FPA approaches to youth programming.
- Financial management arrangements in the funding framework were clear and easy to follow and no problems were encountered in using the framework.
- The budget was found to be sufficient for the initial intervention activities although some FPAs supplemented the package of activities with other funds (e.g. to buy additional furniture to improve the environment of a youth centre).

The major limitations relate to the overall constraint of the short timeframe for implementation. The limitations can be summarised as lack of time for:

- ROs and FPAs to develop proposals.
- Orientation of FPAs on the OR process and the youth-friendly concept in preparation for implementing the project.

- Orientation of external stakeholders to the objectives of the OR.
- Problem diagnosis.
- Design of locally appropriate tools.
- Translation of tools into local language.
- Youth involvement in the study design and design and pre-testing of tools.
- The intervention phase (to allow time to assess changes).

A further limitation identified by French-speaking Burkina Faso, was that due to the need for translation of documents, tools and financial agreements these were all received very late, which affected implementation.

1.3.9 *Recommendations for Strengthening the OR Process*

The following general recommendations can be made for strengthening and replicating the OR process.

- Thorough orientation of FPAs to the OR process is required before implementation.
- Information sharing and consultation should be built in to the project framework as part of the OR process to ensure ownership by all FPA staff.
- Orientation of external stakeholders (e.g. MoH) to the objectives of the OR will assist in building partnerships.
- The OR would benefit from a simplified problem statement, study design and intervention strategies.
- Longer preparatory and planning period required for participatory approach to study design, and strategy and site selection.
- It is important to establish a focal point in the FPA to ensure continuity of the entire OR process.
- The importance of youth participation in all stages of the OR should be defined at the outset in the project framework.
- More flexible timing is required to allow for unavoidable delays (e.g. as a result of political instability/institutional problems).
- Ongoing high quality TA to FPAs is a prerequisite for effective design and implementation.
- Longer timeframe required for implementation to allow assessment of effectiveness.
- Planning for the sustainability of interventions should be built into the project framework.

1.4 INCREASING YOUNG PEOPLE'S ACCESS TO SRH SERVICES.

1.4.1 FPA Experience in Youth Programming

One of the selection criteria of participating FPAs was that they should already be providing services to young people. The extent and range of the services being provided was highly variable among the participating FPAs. Burkina Faso and Swaziland had already established youth centres prior to the *Indicate* project, and were concerned to explore why utilisation of these remained low. Tonga had just begun to implement youth health education services through a Youth Health Centre, but had not yet begun to provide youth-friendly clinic services. Trinidad and Tobago, and Guyana both had established peer educator programmes, and were providing SRH services to young people through their existing adult clinic services. In Malaysia, state FPA clinics were already providing a comprehensive package of SRH services to married youth, and some states also implemented peer educator programmes and education/resource centres for all youth, although youth-friendly clinical services were yet to be established. In Nepal, the FPA was providing an SRH education programme for in-school and out-of-school youth, and had successfully lobbied the government for permission to provide contraceptives to young people, but is in the early days of establishing its own youth services.

1.4.2 Policy and Socio-Cultural Context of Young People's SRH

The policy context and socio-cultural environment in which young people experience SRH also varied considerably across the FPA programmes. In Malaysia, there is an increasingly positive policy environment for addressing adolescent health, although dominant socio-cultural values support provision of contraceptive services only to married youth. In Tonga, the government's reproductive health programme is geared to providing services only to married youth and there is no explicit government policy on youth. The FPA has established services to reach all young people, although utilisation is low due to lack of awareness of SRH among young people. In Nepal, there is as yet no government policy or programme addressing young people's needs. In Guyana and Trinidad and Tobago, there is increasing recognition by the government of the need to provide SRH services to young people, and a growing acceptance among providers that services need to reach all youth according to their need (regardless of age or marital status). In Burkina Faso, the government is very supportive of the provision of SRH services to young people, and in Burkina Faso and Swaziland, there is an increasing awareness of the SRH needs of young people generally, the main challenge to the FPAs being how to provide accessible and affordable services.

1.4.3 Barriers to Access

Despite the very different social, programme and policy contexts in which the *Indicate* project was being implemented there was a remarkable consistency across the studies regarding the main barriers to young people accessing SRH services. These can be summarised as:

- lack of awareness among young people of the services available to them from the FPA;
- judgmental and insensitive attitude of FPA service providers towards young people's SRH needs;
- uncomfortable physical environment of the clinics and inconvenient opening times;

- perceived lack of privacy and confidentiality provided in the clinics;
- social stigma attached to being seen using FPA services, as many people perceive the FPA as only providing contraceptive services and to married youth.

1.4.4 Intervention Approaches

The diversity of experience in youth programming among the participating FPAs clearly had an impact upon the focus of the intervention strategies selected. Those FPAs with established Youth Centres tended to focus on raising awareness of the services and improving the quality of care provided in the youth centres. Those with established youth programmes (e.g. peer education), but no separate service facility for youth, utilised the *Indicate* project to either establish separate youth clinic sites or youth clinic sessions within the mainstream services of the FPA. The FPA still in the very early days of youth programming (Nepal) developed youth information and counselling centres for young people, provided training of service providers in counselling on Sexually Transmitted Diseases (STDs) and providing a more youth friendly services, but did not tackle the issues of young people accessing clinical services.

Each of the intervention packages incorporated a combination of the following core components:

- upgrading of existing clinic facilities;
- integration of youth only sessions into main clinic services;
- establishing separate multi-purpose youth centres which include clinical services;
- establishing a youth clinic within existing multi-purpose youth centres;
- establishing youth SRH information and counselling centres which do not include clinical services;
- improvements to the physical environment and service delivery in existing youth centres;
- media and awareness raising activities to create awareness among young people and gatekeepers (e.g. community leaders, teachers, youth leaders) of the services provided by the FPA;
- peer promotion.
- IEC materials targeted at youth.

1.4.5 Lessons Learned from Interventions

It is not appropriate to provide guidelines on a definitive set of effective interventions that can be implemented in all programme and policy contexts. As has been described, all intervention packages were based upon the specific findings of the diagnostic studies, and effectiveness of approach will therefore vary according to context. However, it is possible to draw out a generic set of lessons

learned from the evaluations on increasing young people's access to SRH services. These can be summarised as:

1. Relationship between utilisation and quality

- The OR confirmed that there is an overall correlation between improved quality of services from the perspective of young people and increased utilisation.
- There is also a correlation between increased awareness by young people of the SRH services available and increased utilisation.
- Improving quality and raising awareness are two essential and inter-related determinants of increasing utilisation and creating youth friendly services.
- Creating a youth friendly environment based upon young people's participation is essential to increasing utilisation of services.

2. Creating youth friendly services

- The OR confirmed that young people's participation at all stages of intervention design, planning, implementation and evaluation is essential to ensure a youth friendly environment.
- Involving young people in strategy development, implementation and evaluation empowers them and gives them a sense of achievement and ownership of the programme.
- While negative attitudes of service providers were identified as a major barrier to access, training of service providers to improve attitudes was considered to be the least feasible and effective intervention strategy. Changing provider attitudes requires time, and training of providers needs to be supported by a range of interventions, which create an overall policy and programme environment, which is favourable to providing youth friendly services.
- Strategies to increase young people's access to clinical services included both providing services to youth through separate sessions within the main clinic, and establishing separate service centres for young people. Both were found to be feasible and successful approaches to increasing utilisation, although young people were most comfortable receiving services in a separate space to the adult clinic.
- Youth-friendly services need to be available in a place that is easily accessible, and not associated with Family Planning (FP) services alone.
- Using neutral titles such as Youth-Friendly Service/Centre rather than sexual and reproductive health services increases the likelihood of young people accessing the service.
- Clinical services appear to be most youth-friendly when provided in combination with a range of information, education and counselling services and activities.
- Youth centres need active programmes which keep young people motivated and which enable young people to participate in decision making (e.g. youth committees, peer educator programmes).



- Good quality TV and radio spots designed by young people were shown to be a good way of attracting young people's interest and disseminating information. However, multi-media interventions are expensive and difficult to sustain.
- Mass media advertising can create a negative backlash if it is not combined with community awareness activities to sensitise opinion leaders to the SRH needs of young people.
- Involving parents through sensitisation to the aims of the intervention is recognised as an essential component of creating youth friendly services. Involving parents can bring the programme closer to the community and reduce the barriers to utilisation due to negative adult views. However, this is likely to be a slow and costly process that requires time and sensitivity.
- Training peer educators and utilising peer networks have great potential as a cost-effective means of disseminating SRH information to young people and increasing awareness of the services that are available.
- It is vital that there is a plan for sustainability of the intervention at the outset, to avoid raising false hopes and expectations.

3. *Areas for strengthening*

- Strategies need to be developed which ensure that the FPA is reaching different sections of the youth population, in particular poor and marginalised groups.
- In some of the FPAs fees for service were identified as a barrier to access to the poorest. Strategies need to be developed to ensure that fees do not present a major barrier to access to the poorest young people.
- Several FPAs identified the need to develop strategies to reach young men and to provide gender sensitisation training to staff.
- Different strategies also need to be developed to meet the differing needs of married and unmarried youth.
- Relationships need to be established between FPA youth friendly services and other service providers (e.g. government STI diagnosis and treatment services, voluntary HIV testing and counselling services), to ensure ease of referral.
- It is important that data collection systems are developed which disaggregate users by: age, gender, marital status and socio-economic background, ethnicity and other characteristics of vulnerability and marginality, in order to be able to effectively monitor the groups of young people currently being reached.

1.5 INSTITUTIONALISING YOUTH PARTICIPATION

1.5.1 Formal Mechanisms to Increase Youth Participation

One of the important and possibly unanticipated outcomes of *Indicate* was the increased recognition at FPA senior management and policy making levels of the FPA of the need to create a more youth friendly institutional environment within the FPAs, and to formalise mechanisms for youth participation. The main components of this include:

Developing Youth Policy

- One of the outcomes of the *Indicate* project was the recognition among all participating FPAs of the need to formulate a youth policy, which was reflected in the identification of next steps.

Youth Participation on the Executive Board

- While participating FPAs had recognised the need to formalise youth participation in decision-making structures, a further outcome of *Indicate* was the development of action plans by participating FPAs to ensure youth representation on the Executive Board and at the Annual General Meeting.

Developing protocols for youth friendly services

- As a result of *Indicate* all the FPAs identified the need to work with young people to develop or adapt protocols for providing youth friendly services.

1.5.2 Managing the Process of Institutional Change

- For all participating FPAs the *Indicate* project has been an important catalyst for institutional change. The OR has also had an impact on internal dynamics and relations within the FPAs. As a result of the *Indicate* project several key areas of lesson learning have emerged on managing the process of internal change, necessary to create a youth friendly institutional environment:

Support of the Executive Board

- The support of the Executive Board has been critical to enabling the participating FPAs to make the necessary changes to their youth programming. The support of the Executive Board has been highlighted as essential for implementing the changes necessary to make the project successful. Even where the intervention strategies had not been fully implemented, the process of undertaking the consultative diagnostic phase and the effort to establish youth friendly services have represented important shifts in the FPA policy and programme environment.

- Several FPAs highlighted the importance of effective advocacy as a precursor to instituting change and ensuring the support of decision-makers (both at national and FPA levels) for improving young people's participation and access to services.

Support and ownership of all FPA staff

- A major challenge faced by several FPAs has been managing staff perceptions of the findings of the OR. In some cases, the diagnostic studies raised some difficult issues regarding judgmental attitudes of providers, creating internal tensions within the FPA, which have had to be carefully managed.
- The *Indicate* project has highlighted the need for information sharing between, consultation with and sensitisation of all staff and volunteers throughout the process of implementing change. This is necessary to ensure ownership of the programme by all staff, volunteers and young people.
- In some FPAs, the *Indicate* project has been a catalyst for FPA staff to recognise the need to review the general quality of services provided from the client perspective.

Staff commitment to change

- Above all, the success achieved by all participating FPAs in significantly improving the youth friendliness of services in a very short space of time (and in several cases in difficult social, cultural and political environments) could not have been achieved without the commitment and dedication of all FPA staff and volunteers.

2 INDICATE PROJECT SUMMARIES

AFRICA REGION (AR)

2.1 COUNTRY SUMMARY, ABBEF, BURKINA FASO

2.1.1 Project Design

The key issue that the *Indicate* project was designed to address was the under-utilisation of the *Association Burkinabe pour le Bien-Etre Familial* (ABBEF) Youth Centre, given the number of youth living in the capital, Ouagadougou, and the lack of viable alternative reproductive and sexual health services available to them. The intervention designed following the diagnostics study on under-utilisation of the Centre, sought to address this by increasing awareness of the Centre and its services, and improving selected aspects of quality of care.

2.1.2 Achievements of Indicate project

This was the first time that ABBEF had undertaken such a comprehensive study of the Youth Centre, as well as the first time that young people participated in a research project for ABBEF. This gave the youth volunteers the opportunity to learn about research methodologies and techniques of data collection.

As a result of information and publicity activities about the Youth Centre, awareness of the Centre and its location doubled, increasing from 31% in the baseline to 61% in the post-test. It is expected that this knowledge will translate into higher attendance figures at the Centre and clinic in due course.

The total number of young people who attended IEC talks through the peer educator network represents approximately 20% of the estimated number of young people living in the target area. This is very impressive, and an illustration of the hard work done by the peer educators during the project. Between November 2000 and May 2001, staff of the Centre also held 36 talks with a total of 1,263 parents (1,018 mothers and 245 fathers). These talks were organised and facilitated by the Youth Centre staff in the evenings and were very popular with parents. Although these talks did not reach such a high proportion of all parents, some young people are now attending the centre as a result of being encouraged to do so by their parents.

The number of young people visiting the Centre to participate in recreational games has increased enormously, particularly boys and young men, and this is due to the promotional activities at the Centre. A total of 16,666 young people visited the Centre for recreation during the intervention of whom 2,224 were girls (13%) and 14,442 (87%) were boys. In particular, inter-sector and inter-school tournaments proved to be a highly successful means of involving young people in the activities of the Centre, including young people from school clubs and the community, with teachers, parents, chiefs and community leaders as juries and prize givers. The development of the leisure and cultural activities at the Centre has served to bring the Centre much closer to the community. This has contributed, and will continue to contribute, to higher attendance figures by young people at the Centre.

2.1.3 Key Lessons Learned

Despite the lack of in-house knowledge of OR, and a number of practical problems (i.e. the delay in getting started), ABBEF staff managed to follow the OR process effectively.

Key Lessons Learned from Young People's Participation in the *Indicate* Project

- Young people's enthusiasm and dynamism was effectively harnessed to implement the intervention and maintain momentum throughout the Project.
- Involving more young people directly in the study design and intervention planning of the project would have led to greater understanding of the OR process and an overview of the *Indicate* Project, which was lacking among some of the youth volunteers.
- Young people's involvement in the decision-making and policy-making processes for the Youth Centre could be systematised by their regular participation in a management committee.
- All staff at ABBEF, and not just those working with the Youth Centre, have realised the importance of listening to, and involving young people, an important result of *Indicate*.

Key Lessons Learned from the Diagnostic and Intervention Phases

- Staff at ABBEF require additional technical support in OR.
- Data was collected that enabled ABBEF to take management decisions in relation to all the Youth Centres and not just the Ouagadougou Centre.
- The involvement of parents and community leaders in the activities of the Youth Centre has been vital in reducing the barriers to service utilisation posed by negative adult views (identified in the pre-test).
- Mass media have played an important role in advertising the Centre and its services, and is probably responsible for drawing young people in from the farthest sectors of Ouagadougou (despite the fact that the intervention focused on a seven kilometre radius around the Centre).
- The intervention could not have been implemented without significant commitment from staff and youth volunteers at all levels to working long hours and weekends. This points to the need to plan carefully which of the activities will be continued in the future.

2.1.4 Future Plans

ABBEF has already begun to implement the results of the *Indicate* project elsewhere in its policies and programmes to increase the quality and impact of its work with young people.

- > Three other youth centres will implement activities to involve the community more closely in their activities and create networks of motivational peer educators
- > ABBEF will allocate at least 20 percent of its budget to young people's programmes in the future.
- > Young people will be involved in all aspects of policy and programming in a more systematic manner, and this will be written into existing ABBEF policy documents.
- > A meeting for the youth volunteers of the four Youth Centres, and a workshop for stakeholders in Government, NGOs and donors will be held to share the experience of using OR to improve youth programmes as well as the lessons learned and results from the Indicate project.

1. TABLE to show ABBEF's BARRIERS AND INTERVENTIONS

BARRIER	INTERVENTION
<p>Lack of Awareness</p> <p>Of the non-users questioned (184 people), 72% had never heard of the Centre.</p>	<p>⇒Raising Awareness:</p> <ul style="list-style-type: none"> • Information and Publicity activities including a radio spot, a TV advertisement, posters, signboards, fliers, and signboards in the town.
<p>Negative Provider Attitude</p> <p>70-80% of existing users were happy with the clinic atmosphere.</p>	<p>⇒Improvements to the environment of the Centre:</p>
<p>Physical Environment</p> <p>Some existing clients travel over 10KM to the Centre.</p> <p>Young people attach great importance to the environment and image of the Centre.</p>	<ul style="list-style-type: none"> • re-doing outdoor areas, painting, installing games, etc. <p>⇒Involving parents:</p> <ul style="list-style-type: none"> • Bringing the Centre closer to the community by developing a network of young people ('les relais') to support the Peer Educators, holding chats with parents and key adult informants, holding an open-day, nominating a figurehead, and a competition to name the Centre.
<p>Perceived Lack of Privacy</p> <p>Perceived that the waiting room could be seen from the road, e.g. from the bus stop located immediately outside the Centre.</p>	
<p>Social Stigma</p> <p>Centre was associated by some adults with promoting sexual activity among young people – this important because most young people live at home.</p> <p>Young people and adults associated the Centre with problems related to sexual activity eg STI, pregnancy - attending the Centre therefore perceived as advertising sexual activity.</p>	<p>⇒Improving selected aspects of quality of care:</p> <ul style="list-style-type: none"> • <i>Minimum package of services:</i> Activities included increasing the package of services available for young people to include general health services (a nurse was employed), MHC services and Norplant, and the availability of a doctor (obs/gynae) once a week. • <i>Improving the health information system</i>



2.2 COUNTRY SUMMARY, FLAS, SWAZILAND

2.2.1 *Project Design*

Given the number of young people living in Manzini, the high rates of teenage pregnancy and STIs, and the extremely high rate of HIV infection among the 10-24 age group, the utilisation of the Family Life Association of Swaziland (FLAS) Youth Centre was low. The goal of the study was "to have a better understanding of the factors which affect SRH service utilisation by youth and develop strategies to improve service utilisation in order to meet the needs of young people". The intervention designed following the diagnostics phase sought to increase awareness of the Centre and the services it provides while maintaining high levels of client satisfaction among Centre users.

2.2.2 *Achievements of the Indicate project*

Indicate has had a motivating effect on staff and youth volunteers at FLAS. Under the guidance of the Research and Evaluation Unit (REU), staff and young people at FLAS have worked as a team to plan, implement and evaluate the intervention.

The most successful interventions all took place in the first three months of the intervention phase due to intensive follow-up and hard work by the REU. These were three radio spots and a television ad that were aired during the national soccer tournament in Nov/Dec 2000 and resulted in a large rise in enquiries about the Centre. The directional signs and billboards were all placed around town by the end of the year and *Indicate* financed an edition of the quarterly FLAS Newsletter, written and edited by young people.

Awareness of the Centre and its activities has increased over the project period through the implementation of the *Indicate* activities, although it is difficult to show a statistically significant increase in service utilisation. A high proportion of the users were also aware of at least 5 services offered by the Centre. The perception of service quality has remained very high among the users of Centre.

2.2.3 *Constraints of the Indicate project*

Since January 2001, changes in human resources at FLAS have had a significant impact on the implementation of the *Indicate* Project. The REU Manager left the organisation in January 2001 and was not replaced until June 2001. Those who took over responsibility for the project had to gain an understanding of it from reading available documentation (which was incomplete). This has affected both the intervention and post-test phases of the Project, in particular, the design of the post-test was not based on that of the pre-test making the results of the two largely incomparable.

2.2.4 Key Lessons Learned

Despite these problems, staff and young people felt that *Indicate* had been a positive experience and were able to identify many lessons learned from the project.

Key Lessons Learned from Young People's Participation in Operations Research

- Participation by young people in the design of the study and planning stages would have helped them to understand the overall OR process and consequently to participate more fully in its implementation.
- Throughout the Project, time and energy need to be invested in ensuring that young people have the requisite level of understanding of the OR process in order to be able to participate fully in decision-making and strategy development.
- Involving young people in the development of activities can have a motivating force within the organisation and leads to greater creativity and dynamism.
- Staff realised the value of young people's participation through *Indicate*.

Key Lessons Learned from the Intervention

- It is necessary to consider the context in which young people live. Most young people in Swaziland live with and depend on their families for financial support.
- Multimedia approaches are resource-intensive: they are expensive and require intensive follow-up in order to succeed. However, selective use of radio spots (i.e. during the annual national soccer tournament) can be a very successful means of communicating with young people.
- Word-of-mouth is a powerful tool in raising awareness and increasing utilisation of the Centre by young people, and this should be capitalised on, perhaps through the development of community-based peer education networks.
- It is important to forge a link between recreational activities and SRH services at the Centre (i.e. by providing and recording IEC talks) in order to increase awareness of SRH issues facing young boys/men and to attract them to the Clinic.
- Registration processes at the Centre (for all activities) are an important means of monitoring the success of different strategies.
- Sustainability is a key issue. The OR must test strategies that are feasible for the organisation in the medium- to long-term.

2.2.5 Future Plans

After discussion of the results of *Indicate*, it was decided in the final evaluation workshop to delay the dissemination of the *Indicate* results until January 2002. This will enable FLAS to complete the post-test and to monitor service utilisation for a further six-month period. A workshop will be planned for disseminating the findings of *Indicate* to government representatives, NGOs and other relevant organisations.

However, the following steps were identified for immediate action:

- Use the results of *Indicate* in setting up another Youth Centre in Mbabane.
- Use radio spots/ads to publicise both youth centres and also other aspects of the FLAS programme, particularly during national soccer tournaments and other programmes popular with young people, such as music programmes
- A need has been identified for the systematic involvement of young people in planning, design, implementation and evaluation of projects. There is an opportunity for this to be operationalised through the current policy review being carried out by FLAS. The National Executive Committee has also recently appointed two young members.
- The national SRH policy of Swaziland is also currently under review and the Executive Director of FLAS is part of this process. The results and experience gained through *Indicate* will be fed into the consultation, particularly those regarding participation by young people.

2. TABLE to show FLAS's BARRIERS AND INTERVENTIONS

BARRIER	INTERVENTION
<p>Lack of Awareness</p> <p>Of the non-users questioned (252 people), 56% were not aware of the Centre's existence</p> <p>*Among users and non-users, radio, friends, relatives and peer educators were all common sources of information about the Centre.</p>	<p>⇒Creating awareness about the Centre:</p> <ul style="list-style-type: none"> • Radio spots and programme, TV adverts and a 15-minute documentary, FLAS newsletter, community sensitisation campaigns (principally young people's activities known as 'bashes'), promotional materials.
<p>Negative Provider Attitude</p> <p>Users were satisfied with the standard of service they received.</p>	<p>⇒Increasing knowledge about the Centre and its services:</p>
<p>Physical Environment</p> <p>Environment of care judged to be good.</p> <p>Users felt opening times were appropriate.</p>	<ul style="list-style-type: none"> • Development and distribution of a pamphlet, and placement of directional signs and billboards around the town. <p>⇒Maintaining client satisfaction levels:</p>
<p>Perceived Lack of Privacy</p> <p>Over 90% of users were satisfied with the level of privacy.</p> <p>Registration procedure was found to have little privacy.</p>	<ul style="list-style-type: none"> • Continued provision of SRH services at the Centre, and placement of condom dispensing machines.
<p>Social Stigma</p> <p>Low level of awareness of the Centre among adults. FLAS generally viewed as a family planning organisation and as sex among young people viewed negatively, FLAS facilities thought to be inappropriate for them.</p>	



2.3.3 Key Lessons Learned

Lessons Learned in Increasing Access by Young People to Services

- Increased recognition that a youth-friendly approach to SRH service provision needs to be integrated into programmes as a whole, and cannot stand alone in isolation from existing FPA clinic or other youth activities.
- Use 'fun' activities as an entry point for introducing SRH issues to youth clubs.
- Importance to young people of privacy, confidentiality and having own space.
- Attitude of providers is more important than their age.

Lessons Learned from Participation of Young People in the Process

- Clarify role of young people in project from the outset to strengthen participation in decision-making.
- Build up a broad base of young people for continuity of youth activities.
- Avoid over-dependence on one person for co-ordination of youth activities.

Lessons Learned for the FPA Managing the Process of Change

- Positive thinking: if you think you can, you can!
- Allow time and resources for thorough orientation to the project as a whole to establish common ground on youth-friendly concept, and to minimise misunderstandings and fear of 'journey into the unknown'.
- Process of sensitisation on the concept of youth-friendliness is as important as the OR tasks themselves. Share experiences of different youth-friendly interventions to influence perceptions of stakeholders.
- Flexibility in intervention design and budget allows project to respond to local situation.
- Strong support of State Council and Branch is important factor for success.

2.3.4 *Future Plans*

A final workshop held to agree on the next steps for the *Indicate* project identified the following priority areas:

- Policy-makers and managers identified an immediate need for advocacy about the youth-friendly concept to both decision-makers (volunteers and state managers) and service-providers in other state FPAs.
- Replication of youth-friendly services was proposed in *Miri*, Sarawak State, and in *Negeri Sembilan* to introduce a mobile youth-friendly service into schools.
- Establishment of mechanisms to ensure that lessons learned are exchanged between states through resource persons and/or 'champions' of youth friendly services.
- FFPAM should develop a 'youth-friendly manual' to be approved by the Council, with contributions from the experience of state FPAs.
- FFPAM proposes to organise a National Seminar on Adolescent Reproductive Health in 2002, during which FFPAM will share lessons learned from *Indicate* with government, NGO and private sector participants.

3. TABLE to show FFPAM's BARRIERS AND INTERVENTIONS

BARRIER	INTERVENTION
<p>Lack of Awareness</p> <p>Lack of awareness of services for young people.</p>	<p>Malaysia had two project sites which chose different interventions:</p> <p>In <u>Negeri Sembilan</u>, the strategies included:</p>
<p>Negative Provider Attitude</p> <p>Providers had problems dealing with unmarried clients.</p> <p>Unfriendly atmosphere.</p>	<ul style="list-style-type: none"> • Physical upgrading of youth friendly clinic to increase privacy and comfort integrated within the main FPA clinic – completed in December 2000. • Dedicated youth clinic open on Mondays 2 - 5pm.
<p>Physical Environment</p> <p>Preference for longer opening hours.</p>	<ul style="list-style-type: none"> • Campaign, exhibition and other promotional activities (leaflets, radio programmes, articles in vernacular newspapers).
<p>Perceived Lack of Privacy</p> <p>Lack of privacy during consultation.</p> <p>Lack of confidentiality in record keeping.</p>	<p>This complemented the existing Youth Advisory and Resource Centre (YARC), which provides a space for young people to meet, enjoy games, and to participate in SRH education sessions, in a separate location to the youth-friendly clinic. Linkages between the YARC and the youth-friendly clinic have been fostered under the <i>Indicate</i> project, in terms of referrals from YARC to the clinic, and youth volunteers who are attached to the YARC also working at the clinic.</p>
<p>Social Stigma</p> <p>Young people perceive FPA clinic as only for married women and that they will be labelled as promiscuous by the community if they go there.</p>	<p>In <u>Sarawak</u>, initially, the FPA chose to undertake training of service providers as their intervention. However, FFPAM pointed out that this alone would not ensure that other youth-friendly factors, such as privacy, would be addressed. The decision was made to establish a youth-friendly clinic in the same building as the FPA clinic, but two floors above, adjoining the existing FLE Club.</p>



2.4 COUNTRY SUMMARY, TFPA, TONGA

2.4.1 Implementation

The key issue that TFHA sought to address with the *Indicate* project was the under-utilisation of existing SRH services for youth (10-24 years) in Tonga despite the need for such services as indicated by the rising incidence of teenage pregnancies and STIs. The objective of the diagnostic phase was to investigate why young people were not using existing SRH services, to understand the barriers hindering them from accessing the services, and to identify strategies that would enable TFHA to better meet the SRH needs of young people. The resulting intervention was designed to implement culturally appropriate strategies that address service barriers identified in the Diagnostic Phase, and to test whether strategies and interventions addressing barriers to service utilization have a significant impact on SRH service utilization by young people. The strategies sought to increase awareness and knowledge of SRH for young people and increase access to and utilisation of the existing TFHA Youth Health Centre (YHC) and clinical services.

2.4.2 Achievements of Indicate Project:

Indicate has been instrumental in establishing TFHA's youth SRH services. TFHA has adopted a youth-friendly model where only youth SRH services are available in the main FPA clinic on a dedicated day. These services coincide with the adjacent YHC activities.

The project has been particularly successful in reducing the barrier of lack of awareness about SRH services through effective and innovative use of mass media. This has contributed to the increased utilisation by young people, and greater community sensitisation. TFHA has taken a radical step to make information about sex available in the public sphere, on television and radio. Media strategies have targeted not only young people, but also parents and other adults, in order to overcome socio-cultural barriers to young people accessing SRH services, and awareness of the TFHA's youth services has increased.

The TFHA has strengthened opportunities for young people's participation during *Indicate*. Young people were actively involved with the diagnostic study, the design of the intervention strategies, planning of workshops and TV/radio programmes. TFHA feel strongly that their involvement has resulted in a bottom-up approach, producing a project firmly rooted in young people's views and needs, and increased commitment within the organisation to youth participation. Other benefits of the project to TFHA include capacity-building in OR and the opportunity to use OR as a tool to improve programme performance and to test assumptions.

2.4.3 Key Lessons Learned

Lessons Learned for Increasing Access of Young People to Services

- Service providers need training to acquire knowledge/skills to serve youth.
- Good quality, professional television programmes and television spots attract young people and are an effective way of disseminating information in Tonga. Media allows issues that have traditionally been held in the private sphere to be openly discussed in public.
- Youth Friendly services must be in the vicinity where young people visit but not be seen as a sterile place to visit.
- A complete one-stop clinic is required to avoid young people's embarrassment of referral from one place to another.
- General community acceptance of SRH information is quite high, but the message still needs to be communicated delicately.

Lessons Learned from Young People's Participation in the *Indicate* Project

- The importance of involving young people from the start in youth projects.
- The need to formalise the role of young people in policy and guidelines.
- The involvement of young people in strategy development, implementation and evaluation empowers them and gives them a sense of achievement and ownership of the programme.
- Young people need some kind of incentive for their participation (e.g. as peer educators); they need to feel valued and appreciated.
- Involvement in production of TV/radio spots creates a sense of ownership and maintains motivation. It also ensures that the messages/information going out to young people are appropriate.

Lessons Learned from the Diagnostic and Intervention Phases

- Undertaking OR is the best way to implement a project in order to assess effectiveness rather than basing activities on assumptions.
- Specialist support is required for robust study design, tool selection, strategy selection and indicator development.
- Greater clarity of OR hypothesis (dependent and independent variables) from the outset helps focus the diagnostic study to assess the correlation between service utilisation and variables related to youth friendliness.
- Greater clarity of role and purpose of control sites is needed at the outset of OR.



- Triangulation of data from qualitative and quantitative research methods provides a rich information base.
- It is more difficult to use OR to test the effectiveness of interventions which are not facility-based, such as awareness raising, since OR is used to address factors which are under a programme manager's control.

2.4.4 Future Plans

- In future, TFHA wishes to be more focused in its use of OR - testing one particular aspect of an intervention, and to then build up interventions slowly
- Further opportunities for OR will help TFHA to strengthen the OR skills of its staff and young people. Opportunities have been identified to replicate this project using other sources of funds.
- THFA plans to disseminate the lessons learned from *Indicate* to Government, by sharing the report and holding discussions about the OR process and ARH situation in Tonga with the Reproductive Health Coordinating Committee.
- As a result of *Indicate*, TFHA recognises the importance of formalising the contribution from young people with regard to policy decisions in the following ways:
 - Work with the Youth Working Committee to review existing policy to incorporate lessons learned.
 - Formulate new written '*Youth Policy Statement*' to reflect lessons learned for future youth programmes, and to include young people right from the pre planning stage of all youth programmes until the evaluation stage.
 - Executive Board to adopt new youth policy statement by end of 2001.
 - Holding consultative meetings with young people on youth programmes.
 - Delegating youth programmes to young people to plan, implement and monitor.

4. TABLE to show TFHA's BARRIERS AND INTERVENTIONS

BARRIER	INTERVENTION
<p>Lack of Awareness</p> <p>60% of young people were not aware where to access youth services. Only 23% knew about TFHA as a provider of youth services. The lack of awareness was also linked to lack of knowledge about SRH and the need to seek services.</p>	<p>TFHA had initially decided to introduce a youth-friendly clinic with counselling room within the YHC. However, TFHA encountered problems in securing contractors to build counselling rooms within the YHC, which meant that the service could not be offered during the lifetime of <i>Indicate</i>. Therefore, the Friday youth clinic within the main FPA clinic was implemented during the intervention phase. This Youth Clinic was scheduled to coincide with Friday activities at the adjacent Youth Health Centre: workshops and talks for young people. Young people attracted to the activities at the YHC were then referred to the Friday youth clinic on request.</p> <p>During the Friday youth clinics, young people expressed increasing concerns over the location of the clinic (since older clients often still dropped in for services on Fridays and the nurses found it hard to turn them away). This highlights the need to operationalise the strategy of introducing a youth only clinic.</p>
<p>Negative Provider Attitude</p> <p>Staff and providers are generally supportive of youth services and show positive attitudes towards promotion of adolescent SRH.</p> <p>However, staff and providers lack youth-specific training.</p>	
<p>Physical Environment</p> <p>There is high preference for 'walk-in clinics' (49%), which allow young people to access services without making appointments.</p>	
<p>Perceived Lack of Privacy</p> <p>Fear of lack of privacy and confidentiality. Many cited fear at being discovered by parents/other adults as a barrier to seeking services.</p>	
<p>Social Stigma</p> <p>79% of young people cited embarrassment about coming to the facility that was traditionally seen to provide FP services as a major obstacle. Many were worried about cultural and religious expectations. Community adults are concerned about promoting SRH services as this can be interpreted as promoting sexual promiscuity.</p>	



SOUTH ASIA REGION (SAR)**2.5 COUNTRY SUMMARY, FPAB, BANGLADESH****2.5.1 Project Design**

In view of the unmet need for SRH information and services among young people, the Indicate project aimed to improve the access and quality of SRH services for young people through operations research in two project sites. The programmatic factors affecting young people's access to services investigated in the diagnostic phase were:

- lack of appropriate information about SRH issues and service facilities among young people;
- the need for peer counsellors;
- inadequate SRH knowledge among youth organisers;
- inconvenient location of service facilities;
- lack of support from adults in the community.

Areas investigated in the Operations Research included attitudes and knowledge about adolescence, sexual behaviour, the human reproductive system, pregnancy, STI, sexuality and drug use. The study also looked at awareness among young people of existing services provided and levels of training and attitudes among service providers about youth SRH needs and youth-friendliness.

Due to FPA constraints, the intervention phase was not implemented during the *Indicate* timeframe. However, the intervention strategy planned as a result of the diagnostic study aims to provide a youth-friendly setting in which young people could access such services and information in the two project sites. It also plans to work with parents, local leaders and adults in the community to increase awareness of youth SRH issues and needs and support for the provision of services to young people. The activities planned include the establishment of a Mobile Clinic Services Team to visit the project sites regularly, and the establishment of 'Intervention Unions' involving OR monitors, counsellors and youth organisers in the project sites who will organise regular group meetings, orientation workshops and film showings on youth SRH for young people in the area, and arrange similar activities for adults in the community.

2.5.2 Achievements of Indicate Project

As a result of *Indicate*, FPAB were able to build up a base of knowledge and information on the attitudes of young people and adults towards youth SRH issues, needs and the provision of services; on levels of knowledge about SRH among various demographic groups in the project sites; and to gain a better understanding of the programmatic, psychological and social barriers to young people accessing SRH information and services.

The research has been particularly effective in raising awareness and support for youth SRH needs and services in the community. There has been high attendance numbers among young people at meetings on SRH and RH rights. Local opinion leaders, religious leaders, school teachers and parents have, to a large extent, extended support and cooperation to group meetings and orientation workshops on youth SRH.

In the future FPAB plan to implement an interventions phase related to the diagnostics findings of *Indicate*, and hope to replicate the model of the *Indicate* Operations Research project in other areas.



2.6 COUNTRY SUMMARY, FPAN, NEPAL

2.6.1 *Implementation*

Given the reluctance by young people in Nepal to use SRH services, and the negative attitudes on the part of service providers, programme planners and parents to providing SRH services to youth, FPAN chose to focus on identifying the perceived barriers faced by young people in accessing SRH services in their diagnostic study. It was expected that the *Indicate* project would enable the FPA to gather data on the SRH needs of young people, and provide an opportunity to experiment with approaches to creating a favourable environment in which to provide SRH education and some contraceptive services, as a first step to increasing access to and use of SRH services. The specific objectives of the interventions identified by FPAN were to establish service outlets with user-friendly components; to attract young people to the service outlets of FPAN; and to provide SRH education through counselling and other media. The activities planned to achieve this included the establishment of Youth Information Centres (YIC) and mobile clinics, peer to peer counselling, the development of IEC materials, and orientation and training to service providers.

2.6.2 *Achievements of Indicate Project*

The *Indicate* project has been of real importance to FPAN in forming a good knowledge base on the SRH needs of young people in certain districts in Nepal. *Indicate* has given the newly formed Youth Section the chance to undertake a detailed analysis of several key interventions, which will form the building blocks on which to base future programmes.

Setting up the YICs created a chance to experiment with the provision of a 'safety zone' for young people from which to access information and counselling. This may encourage young people to learn about SRH, and to develop the confidence to request and access services suitable to them in the future. Numbers of visits to the YICs show that they are extremely popular, even after a relatively short intervention period of 6 months (February – July 2001). Staff training for youth coordinators and clinical staff has been given on adolescent SRH, youth issues, and in areas specific to individual roles. Clinical staff interviewed who have received training now seem positive and eager to provide a more youth friendly service.

Peer Group and Youth Committee members have all received training on adolescent SRH, youth issues, running peer groups, areas for group discussion etc. Some groups have organised sessions within the community and in schools, which include rallies, street drama and fundraising events.

The project has also enabled certain FPAN staff to gain skills and experience with which to inform their own future youth and/or operations research interventions.

The survey results and key project findings from the OR can be used to strengthen future FPAN lobbying of Government on the SRH needs of young people, thus increasing FPAN's status as an important advocating body within Nepal. This could include further lobbying on the need to provide contraception to unmarried youth.

2.6.3 Key Lessons Learned

Lessons Learned for Future Use of Operations Research within FPAN Programmes

- The diagnostic study was wider than necessary for the original OR objective. However, it provides a valuable source of data on which to build effective programmes in future.
- The timeframe of twelve months was too short to implement an OR intervention of this sort. As a result, certain components had to be implemented rapidly, reducing the levels of feedback and participation from young people and staff involved at key stages of the process. Time was also limited for testing of the interventions and for gathering and processing the end-line data.
- Technical support is necessary for any project team undertaking OR for the first time.

Lessons Learned for Participation of Young People

- FPAN is still at an early stage in developing the concept of working with and listening to young people. The FPA has made great strides in the process of institutionalising young people's participation in key areas. However, before the youth participation can be fully mobilised, the understanding that young people are a vital source of information and advice on planning and running services, and should be consulted all stages of programming, must be accepted at all levels of FPAN.
- Youth participation in the design stage of this project was minimal. However, youth participation improved during the intervention stage and should be increased in future.

Lessons Learned for the Management of Change within FPAN as a Result of *Indicate*

- For real change to occur, institutional commitment at all levels is necessary. To achieve the long-term goal of improving provider attitudes and services for young people, a coordinated effort is needed at all levels of the FPA, to build upon the lessons learned from the project. Dissemination of information (e.g. the survey results, lessons learned etc) will be necessary to make using OR worthwhile and cost effective. This will also increase the chances of more successful interventions being replicated or integrated into future core FPAN activities and planning.
- It is clear that this project has raised some important issues for policy and protocol discussions within the FPA (e.g. whether all levels of staff support the policy of supplying contraceptives to unmarried young people, and issues around the prohibitive cost of STD drugs). It is hoped that the discussions held during the final workshop will help to take forward some of these issues, which could be key to FPAN's future commitment to working with young people.

2.6.4 *Future Plans*

- Ideas for dissemination include: further workshops with additional field staff and practical and continued use of the survey (both baseline and end line data) information for future lobbying purposes.
- Lengthy discussions were held on possible future provision of discounts on drugs (particularly for STDs) for young people who cannot afford to pay the full amount. This is already being piloted in one district. The issue of drug costs will be taken to the next board meeting.
- Discussions on ways in which survey results and key findings can be used for lobbying government on issues around provision of contraception to young unmarried people. The Youth Section will work on a short document in support of this issue.
- Continuing discussions on the provision of contraceptives to unmarried youth are necessary. Although there is already a policy supporting this, the evaluation has made it clear that this policy has not been effectively fed down to field level and that a clearer protocol must be produced and implemented.
- Specific issues suggested for future OR were:
 - the effectiveness of using peer groups in SRH interventions for young people;
 - school drop out: what causes it, and how to respond in terms of SRH needs.

5. TABLE to show FPAN's BARRIERS AND INTERVENTIONS

BARRIER	INTERVENTION
<p><i>Lack of Awareness</i></p> <p>Only 19% of informants had ever used a SRH service and 80% of the non-users said that they were unaware of such.</p>	<p>⇒ Youth information centres, which are set up to offer a range of advice and support on SRH health matters through:</p>
<p><i>Negative Provider Attitude</i></p> <p>Focus group discussions showed that health provider attitudes are a major barrier. Clinics and clinic workers were ranked very low as a source of SRH information for young people.</p>	<ul style="list-style-type: none"> • Peer to peer counselling • A range of activities including the use of a library • A range of good IEC materials • SRH classes to out of school youth
<p><i>Physical Environment</i></p> <p>Timing of clinics was not convenient for most young people, especially those still in school. Young women are often reluctant to take time off daily work to travel to a clinic.</p>	<ul style="list-style-type: none"> • A range of board games and other organised activities • Youth committees also organise events such as rallies and drama shows
<p><i>Perceived Lack of Privacy</i></p> <p>Lack of privacy and assurance of confidentiality were key concerns of young people who identified them as major barriers to visiting clinics.</p>	<p>⇒ Orientation and training to service providers:</p> <ul style="list-style-type: none"> • Training in counselling to young people on SRH issues and sensitisation to youth SRH needs • STD case management training to paramedics.
<p><i>Social Stigma</i></p> <p>Young women were strongly influenced by gender norms, which often dissuaded them from attending clinics. Family members often put little faith in 'Western' medical services. Pre-marital sex is culturally taboo in Nepal, and discussion around it and access to contraceptives is therefore very difficult. 49% of young informants felt that providing contraceptives to unmarried youth was important, but this view was not shared by older generations.</p>	<p>⇒ Orientation and training to branch staff:</p> <ul style="list-style-type: none"> • Training in Adolescent/Youth SRH (AYRH) • Orientation on SRH, how to set up and run peer groups etc. <p>⇒ Mobile clinical services.</p>



WESTERN HEMISPHERE REGION (WHR)**2.7 COUNTRY SUMMARY, GRPA, GUYANA****2.7.1 Project Design**

The overall objective of GRPA's diagnostic was to investigate the relationship between utilisation of services and quality as defined by young people in the age group 15-24 years. The intervention strategy, designed following the diagnostics phase, sought to improve the quality of GRPA services offered to young people, particularly in the areas of privacy, confidentiality and service provider attitude to improve the youth friendliness of GRPA's programmes. This was achieved through improvements made to the environments of the clinic and the counselling facility in the Olga Byrne Youth Centre, training sessions for service providers on specific youth SRH needs and the participatory development of IEC materials and a TV advertising slot.

2.7.2 Achievements of Indicate Project

The *Indicate* diagnostic study was undertaken at an opportune time for GRPA. In the context of increasing political and socio-economic instability in Guyana, there is a need to strengthen social support and services for young people. The OR has provided the first opportunity for GRPA to assess its services from the perspective of young people, and has been of great value in enabling GRPA to re-focus its services to better respond to young people's needs. Following the identification of key variables, GRPA embarked on a consultative process with young people and staff to assess how GRPA services could be re-structured to meet the needs of young people.

The end-line survey had not been carried out at the time of the evaluation. In the absence of the end-line survey data, the evaluation has reviewed service utilisation data collected by GRPA before and after the implementation of the intervention strategy. The most notable increase has been in the number of clients receiving counselling services as a result of the intervention strategy. Young people appear to perceive a positive change in provider attitudes, and there is an increasing demand from young people for the hours of the youth clinic session to be extended. The intervention activities (production of IEC materials and a TV advertising slot) has increased awareness among young people of the services available to them.

The *Indicate* project has provided GRPA with the opportunity to involve young people in all stages of the project design, planning and implementation; to develop skills of GRPA staff and consultants in working with young people through participatory approaches; and to reflect on institutional mechanisms to strengthen young people's participation in GRPA decision-making structures. Undertaking the OR process has also highlighted the need to continually assess quality from the client's perspective in all areas of GRPA programmes and to provide continual training to staff to increase/maintain quality.

The implementation of the OR has enabled GRPA to build stronger relations with the Ministry of Health, Ministry of Education, the Ministry of Youth, Culture and Sport, and with the Regional Health Authority through sharing of information and lessons learned on how to improve youth friendliness of services. This process has strengthened GRPA's collaboration with the government in developing a national policy on youth. The OR has also created an opportunity to share lessons learned and experiences with other FPAs in the Caribbean (in particular with Trinidad and Tobago).

2.7.3 Lessons Learned

Lessons Learned from Operations Research

- The OR has enabled GRPA to re-focus its programmes to better address young people's needs and to mobilise young people to participate in planning and decision-making in GRPA.
- The high quality technical assistance and guidance provided to GRPA by the IPPF Regional Office consultant was essential for ensuring the success of the OR project.
- The project allowed a sufficient flexibility to enable GRPA to develop the most effective responses according to the local context.
- The timeframe of the *Indicate* project was the major constraint in implementation.
- Time allowed between implementation of the intervention strategy and the end-line survey was insufficient to truly assess effectiveness.

Lessons Learned for Increasing Young People's Access to Services

- Many young people in the catchment area of GRPA's Georgetown clinic were not aware of the services GRPA provided to young people.
- Young people experience significant psychological and social barriers to accessing clinical services. GRPA services are not delivered with the sensitivity, openness and objectivity that young people desire.
- GRPA's male programmes have not increased involvement of young men and are limited in the services they offer young men.
- Charging fees for services is a barrier to access for many young people in Guyana. Asking young people to make a small voluntary contribution for the service they have received, if they can afford it, has been a successful strategy for addressing this barrier.

Lessons Learned for Strengthening Young People's Participation

- The OR clearly demonstrated the need to involve young people at all levels of programme planning and decision-making, and that through involving young people in designing programmes GRPA can better respond to their needs.
- Sufficient time needs to be allowed in programme planning to enable full youth participation to take place.
- There is an acceptance among the GRPA Volunteer Board of the challenges facing young people, and the need to involve them in GRPA's policy and decision-making structures.
- There has been an increased awareness among programme staff of the need to *continually evaluate services from young people's perspective*.

Lessons Learned from Managing the Process of Change

- As a result of the OR there has been an increased recognition among GRPA staff and volunteers of the need to change approaches to serving young people.
- Involving all GRPA staff and service providers in continual discussion and dialogue regarding the findings of the diagnostic study and identification of the intervention strategy was essential to ensure that the necessary changes could be implemented effectively.
- As a result of the participatory approach adopted by GRPA throughout the OR process, a sense of ownership of the project developed among GRPA programme staff and peer helpers. Continuing efforts need to be made to increase the sense of ownership of the programme amongst clinic staff.

2.7.4 Future Plans

GRPA has identified the following action points and next steps for feeding lesson learning into policy and programmes:

- *Dissemination workshop planned for August 2001 to present findings of the OR project to key government ministries, donor agencies, NGOs and youth groups.*
- Consider the extent to which lessons can be fed into GRPA programming in other regions of Guyana.
- Establish a committee to develop work-plan and actions following the results of the end-line survey.
- Develop a GRPA policy on youth.

- Consider mechanisms for youth representation on the Volunteer Board and for young people's participation at the Annual General Meeting.
- Involve young people in refining service delivery protocols for youth services.
- Seek resources to expand programmes as demand increases and to replicate OR process in other areas in the future.
- Areas in which GRPA would prioritise OR in the future include:
 - strategies to increase utilisation by young men;
 - strategies to increase access of marginalized youth to services;
 - improving services in other regions of Guyana.

6. TABLE to show GRPA's BARRIERS AND INTERVENTIONS

BARRIER	INTERVENTION
<p><i>Lack of Awareness</i></p> <p>Many young people in the Georgetown clinic catchment area are not aware of the services provided to young people by GRPA. The media under-utilised as a way of informing youth about SRH issues and promoting services.</p>	<p>⇒Improvements to physical environment of clinical services:</p> <ul style="list-style-type: none"> • E.g. purchase of comfortable chairs; improvements to the counselling room). <p>⇒Youth only clinic sessions:</p>
<p><i>Negative Provider Attitude</i></p> <p>GRPA's youth groups felt that services are not delivered with the sensitivity, openness and objectivity that young people want.</p>	<ul style="list-style-type: none"> • A separate clinic session for young people was established on Friday afternoons. <p>⇒Peer promotion:</p>
<p><i>Physical Environment</i></p> <p>Peer promoters identified the uncomfortable and unwelcoming physical environment of the clinic as a barrier to visiting the clinic.</p>	<ul style="list-style-type: none"> • Two peer helpers were trained to provide a peer counselling session on the GRPA telephone hotline, and 2 peer helpers were recruited for counselling at the Friday youth clinic.
<p><i>Perceived Lack of Privacy</i></p> <p>GRPA needs to re-assess its clinic and counselling services with regard to privacy and confidentiality.</p>	<p>⇒Participatory development of IEC materials and raising awareness of services:</p>
<p><i>Social Stigma</i></p> <p>Young people experience significant psychological and social barriers to accessing clinical services.</p>	<p>Re-design IEC materials and a TV advertising slot that would better reflect young people's perspectives.</p> <p>⇒Training of service providers:</p> <ul style="list-style-type: none"> • Orientation and training sessions were held with service providers on young people's SRH needs.

2.8 COUNTRY SUMMARY, FPATT, TRINIDAD AND TOBAGO

2.8.1 *Project Design*

The key issue that the *Indicate* project was designed to address was the under-utilisation of FPATT clinic by young people, given the high demand for SRH services revealed in the diagnostics study, and the lack of viable alternative SRH services available to them. The intervention designed following the diagnostics study on under-utilisation of the clinic, sought to address this by renovating a disused building next to the clinic to create a youth-friendly centre.

2.8.2 *Achievements of Indicate Project*

The *Indicate* project was undertaken at an opportune time for the FPA, which is currently in the process of defining its strategic role in the context of the health sector reforms. While, FPATT senior management and programme staff had identified the need to initiate changes in their approach to serving young people prior to the OR project, the diagnostic study provided the concrete data necessary to enable these changes to be implemented rapidly.

The study provided two valuable sets of data. First it demonstrated that there is a significant demand for SRH services by young people aged 15-24. Second, it confirmed that young people experience significant barriers in accessing clinic based services. The majority of young people who use condoms and other contraceptive methods purchase their supplies from pharmacies.

The diagnostic study also highlighted the difference between provider's and young people's perceptions of effective youth participation. While providers expressed positive attitudes regarding young people's participation as peer helpers, they were very cautious about recommending an expanded role for young people in the policy, planning and decision-making structures of FPATT. On the other hand, YAM members felt that the level of youth participation in FPATT decision-making was inadequate, and that decision-making processes were too bureaucratic to allow full youth participation.

The Intervention phase, planned as a result of the diagnostics phase, has provided FPATT with an opportunity to begin to hand over areas of decision-making to young people, and to reflect on how to continue to strengthen its institutional mechanisms for youth participation. The renovation of a disused building as a youth centre, and recruitment of peer helpers have increased awareness among FPATT staff of the importance of understanding quality issues from the client's perspective, and contributed to re-stimulating young people's interest in the YAM. The peer helpers have provided FPATT with the opportunity to reach out to young people in the community through their peer networks. The creation of the post of Youth Coordinator provides the opportunity to re-establish YAM activities and provide training to YAM members. While, the expectation of working with parents has not as yet been met, the intervention strategy provided the opportunity to begin to work with adults in the community, and to begin to close the gap between adults and young people.

The *Indicate* project has assisted FPATT in its strategic thinking and in defining its role in the context of health sector reforms, as the project has provided the basis for the development of a collaborative national initiative between FPATT, PAHO and the MoH to increase young people's access to SRH services across Trinidad and Tobago. There is also the opportunity for FPATT to share research findings and lessons learned at a regional level and to assist in building capacity for youth programming in the Caribbean.

During the process of undertaking OR, FPATT took the opportunity to seek additional sources of funding to sustain the youth centre and replicate the approach once the funding for the Indicate project had come to an end. FPATT have been successful in securing funds from the corporate sector for the youth centre and in gaining the interest of UNICEF and PAHO to replicate the intervention in other parts of Trinidad and Tobago.

2.8.3 Key Lessons Learned

Lessons Learned for Increasing Access by Young People to Services

- Young people's perception of quality differs significantly from that of clinical service providers and from quality as defined in clinical protocols.
- Initial service data (following two months of implementation) indicate that as a result of the intervention package, there has been an increase in utilisation of FPATT services by young people in the age group 15-24 years.
- Informal interviews and observation indicate an improved perception of quality of FPATT services by young people as a result of the intervention.
- Young people are a diverse group and different approaches may be needed to reach different groups, in particular young men, and different socio-economic groups e.g. unemployed and rural youth.

Lessons Learned from Participation of Young People in the Process

- The OR confirmed that young people's participation at all stages of intervention design, planning, implementation and evaluation is essential to ensure a youth friendly institutional environment.
- Developing effective mechanisms for young people's participation requires continual dialogue and consultation. Young people's perception of effective participatory approaches may differ from that of programme staff and policy makers.
- Establishing mechanisms to ensure continual dialogue with youth advocates, and to ensure young people's participation in programme planning, decision-making and policy formation is the next step in institutionalising a youth friendly environment within FPATT.

Lessons Learned from the FPA Managing the Process of Change

- Operations Research does not occur in a vacuum. The OR has acted as a catalyst for institutional change within FPATT, which has had an impact upon all FPATT programmes and staff.
- Continual management of these internal processes of change is required to ensure continuity of quality and approaches to serving young people across FPATT's services.
- There is a need for continual management of relations and networking with youth advocacy and community groups to strengthen collaboration and referral networks.
- As demand increases, there will be a need to manage the disjunction between the quality of FPATT's youth services and the quality of its existing clinical services.

• *Future Plans*

The following action points for future directions were identified by the FPA:

- Dissemination workshop planned for August 2001 to present findings of the OR project to key government ministries, donor agencies, NGOs and youth groups.
- Disseminate findings of the OR at the IPPF Regional Council meeting in Barbados in September 2001 and at the Caribbean FPA's Annual General Meeting.
- Look at the potential to apply the OR process in order to improve quality of the FPATT clinic.
- Examine training needs and review training priorities of clinic/programme staff in the light of the findings of the OR.
- Initiate information sharing sessions to improve dialogue between clinic and youth centre staff.
- Hold a pre-work programme and budget planning workshop involving all programme staff.
- Plan information sharing and coordination meetings with external stakeholders (eg RAPPOR).
- Establish a mechanism of communication to feed youth perspectives into FPA programming and planning.
- Form a youth management committee for the youth centre with representation from the youth centre staff, peer helpers, YAM and representatives from key youth groups (e.g. RAPPOR).

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INDICATE

- Once the YAM is strengthened, select YAM representative to sit on the volunteer board.
- Review the IPPF/WHR protocols on services for youth, and with the participation of young people adapt the protocols to the specific situation of Trinidad and Tobago.

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7. TABLE to show FPATT's BARRIERS AND INTERVENTIONS

BARRIER	INTERVENTION
<p><i>Lack of Awareness:</i></p> <p>There is a low level of awareness in the community that FPATT provides services to young people. Young men perceive FPATT's services as being targeted at women, hence there is a very low level of utilisation by young men</p>	<p>⇒Establishment of multi-purpose youth centre with clinic:</p> <ul style="list-style-type: none"> • Conversion of the FPATT building into a multi-purpose youth centre containing a drop-in area, an examination room, a counselling room, and an office. Recruitment of a young professional as the FPATT Youth Co-ordinator.
<p><i>Negative Provider Attitude</i></p> <p>Some service-users perceived service providers as judgemental and insensitive or disrespectful of the needs of young people in their relationship with young clients – 21% of clients interviewed did not care to see the same provider again.</p>	<p>⇒Improvements to physical environment</p> <ul style="list-style-type: none"> • Decoration of the youth centre, and a donation and purchase of several items of furniture and appliances.
<p><i>Physical Environment</i></p> <p>The uncomfortable physical environment and formal atmosphere deterred young people from visiting the clinic.</p>	<p>⇒Training of service providers:</p> <ul style="list-style-type: none"> • Recruitment and training of 1 doctor, 4 nurses, a part-time social worker, and a family life educator.
<p><i>Perceived Lack of Privacy</i></p> <p>Young people are concerned about the privacy and confidentiality of the clinic services.</p>	<p>⇒Raising awareness of service providers:</p> <ul style="list-style-type: none"> • Production of promotional flyers and brochures, and a TV spot. • Distribution of letters to all households participating in the community survey informing them of the opening of the youth centre.
<p><i>Social Stigma</i></p> <p>Young people are concerned about being seen visiting the clinic as it will imply to others that they are sexually active.</p>	<p>⇒Peer promotion</p>



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1 INFORM SYNTHESIS REPORT

1.1 BACKGROUND AND OBJECTIVES

Inform is the third component of the *i*₃ Youth Programme. Its aims are to document IPPF's work with young people and share lessons learned from IPPF's global network in order to improve the implementation and management of on-going programmes, and to guide the development of new initiatives.

Drawing upon the extensive experience of IPPF in implementing youth programmes, *Inform* has identified best practices, successful approaches and models being used by FPAs, and promoted the sharing of information on youth programmes through a series of publications, exchange visits and the *i*₃ Youth Programme Lessons Learned meeting.

The objectives of *Inform* are:

1. To systematically gather information on the diverse range of youth programmes implemented by IPPF and its Members.
2. To analyse the approaches and models adopted by IPPF and its members, and to identify best practices and lessons learned.
3. To facilitate the exchange of experience in youth programming throughout the Federation and with other agencies.
4. To disseminate best practices and lessons learned from IPPF youth programmes both within the Federation, and to other agencies working with young people.

1.2 SUMMARY OF ACTIVITIES

Inform is the most varied component of *i*₃ Youth Programme comprising a variety of activities at CO, RO and FPA level, all of which contribute to the overall objectives above.

1.2.1 Documentation

Four Regional Offices (Western Hemisphere Region, European Network, Africa Region, East and South East Asia Oceania Region) designed their own *Inform* projects based on each region's specific needs for improved documentation and sharing of experiences from their youth programmes. A range of activities were implemented including:

- field research leading to the production of case studies and videos;
- field research and a Youth Forum contributing to the production of regional youth strategy.



At the Central Office, documentation included the coordination of the production of the publication *'Eye to Eye'*. This was researched and written with the participation of young people from 7 FPAs working with IPPF Regional and Central office staff over a web-based forum and at a writing workshop. *'Eye to Eye'* illustrates IPPF's approaches to working with young people and the extensive experience IPPF has in youth programming. This includes programme examples and lessons learned from the *i₃*-funded projects, but also from the wide variety of other FPA and RO level case studies documented as part of *Inform*.

In addition to this, *Inform* also funded a publication on the use of emerging technologies in SRH youth programming in the WHR.

1.2.2 Exchange visits

Three regions (ARO, WHR and ESEAOR) were invited to nominate FPAs that would benefit from participating in two South South Technical Assistance Partnerships. The exchange visits involved Malaysia and Zambia, and Colombia and Ethiopia.

1.2.3 Lessons Learned meeting

Finally, CO organised the Lessons Learned meeting which marked the end of the *i₃* Youth Programme and gave participants from all *i₃* components the opportunity to share experiences from their involvement in the programme.

1.3 AIM OF THE SYNTHESIS REPORT

A series of reports and publications have been produced as a result of *Inform* as highlighted in the table of Outputs below, and available from IPPF. The aim of this synthesis report is to provide an overview of the lessons learned and challenges faced during the *Inform* experiences of documenting IPPF's youth programmes. Subsequently, more detailed information and programmatic lessons learned are presented on each of the *Inform* projects.

1.4 OUTPUTS

The *Inform* component of *i₃* has resulted in the generation of a significant number of outputs including reports, publications and videos. These resources are now available and will continue to be distributed beyond the lifetime of the *i₃* Youth Programme.



The table below summarises the outputs from *Inform*:

COUNTRY/ REGION	OUTPUT
ESEAOR	<p>Regional Youth Forum</p> <p>Forum attended by youth volunteers and staff from FPAs from 23 countries responsible for youth projects.</p> <p>Coordinating the documentation of 'best practice' case studies in 3 FPA youth programmes (listed below).</p>
Malaysia (FFPAM)	<p>Documentation by FFPAM of youth involvement in the development and use of Reproductive Health Adolescent Modules.</p> <p>Publication documenting the process of involving young people in the development of IEC materials.</p>
Indonesia (IPPA)	<p>Review of the <i>Mitra Citra Remaja</i> Project in West Java (Bandung) as a case study to document IPPA's work in the field of youth SRH.</p> <p>Publication of the review in a report and dissemination of the report.</p>
Fiji (RFHAF)	<p>Documentation of RFHAF's work with young people.</p> <p>Research into youth participation in RFHAF.</p> <p>Research among young people into what RFHAF should be doing to address their SRH needs.</p> <p>Publication and dissemination of research findings in a report.</p>
ARO	<p>Coordinating the documentation of 'best practice' case studies in 3 FPA youth programmes (listed below).</p>
Kenya (FPAK)	<p>Review of FPAK's work with young people, especially girls, to eliminate the practice of FGC through increasing knowledge and awareness of gender issues, power relations, women's rights, and the promotion of personal self-esteem.</p> <p>Documentation and dissemination of review findings in a report and a video.</p>

COUNTRY/ REGION	OUTPUT
Ghana (PPAG)	<p>Review of PPAG's projects in <i>Trokosi</i> communities concerning the practice of ritual enslavement of girls through marriage.</p> <p>Documentation and dissemination of review findings in a report.</p>
Ethiopia (FGAE)	<p>Review of FGAE's work addressing youth SRH needs and concerns through youth centres and peer promoters.</p> <p>Documentation and dissemination of review findings in a report.</p>
EN	<p>Documentation and dissemination of models and approaches employed in selected FPA and regional youth projects.</p> <p>Review of the 1995 IPPF-EN youth strategy, '<i>Make it Happen...Make it Now</i>'.</p> <p>Questionnaires, surveys and case study research on the IPPF-EN youth strategy and on experiences of youth participation in various the FPAs.</p> <p>FPA Case studies carried out by youth volunteers (Albania, Ukraine, Spain and Ireland)</p> <p>Review findings published in '<i>YOUth and IPPF European Network: A Review of The IPPF-EN Youth Strategy</i>'.</p>
WHR	<p>Study Publication: '<i>... and Technology: IPPF/WHR Experiences to Promote Sexual and Reproductive Health</i>'. The case studies reviewed youth and technology projects in Chile, El Salvador, Guatemala and Peru.</p> <p>Research for the '<i>WHR Spotlight on Youth</i>' series.</p>
South-South Technical Assistance Partnerships	<p>Columbia and Ethiopia Exchange.</p> <p>Malaysia and Zambia Exchange.</p>
Global	<p><i>i3</i> Youth Programme Meeting.</p> <p><i>i3</i> Inform Publication '<i>Eye to Eye</i>'.</p> <p><i>i3</i> Youth Programme CD ROM</p>



1.5 LESSONS LEARNED & CHALLENGES: THE USE OF DOCUMENTATION & EXPERIENCE EXCHANGE

The *Inform* component of *i3* employed a number of strategies to encourage FPAs and other organisations to learn from the experiences of IPPF members around the world. In the context of limited funding, FPAs and donors will often not prioritise the process of documentation and exchange of experience in resource allocation. As FPAs are primarily service providers, directing resources into documentation must be based on a clear understanding of the role and benefit of documentation and of the different strategies available.

The different methods and methodologies used by the FPAs and ROs who took part in *Inform* are presented in the *Inform* Project Summaries section following this synthesis. However, a number of observations, lessons learned and challenges were noted during the process of carrying out the different *Inform* activities, and these are listed below.

1.5.1 Documentation and Dissemination: case studies

Reports indicate that in all cases the process of researching, documenting and disseminating case studies of youth SRH projects from various FPAs was highly beneficial and significant on a number of levels:

- The involvement of youth volunteers in the research process as participants in focus group discussions, data collectors or even as researchers and reporters themselves (as in the case of EN) ensured that young people's opinions, views and voices were represented in the research findings. This facilitated the important transfer of research skills to youth volunteers.
- Research skills and review methods were also developed and enhanced within the FPAs.
- The case study reviews clearly highlight what has been achieved in the FPAs work with youth SRH, what gaps and barriers exist, what challenges and directions there are for the FPA in the future. Failures, challenges and problems are highlighted enabling FPAs to investigate potential solutions.
- The documented research findings form an important body of information on which the FPA and other organisations can draw from in designing, planning and implementing future projects and activities. By disseminating these reports regionally, and even internationally, other FPAs in the Federation can also benefit from the information.
- The documentation and dissemination of the research findings (either in the form of a published report as in most cases, or a video as used by ARO and the Kenyan FPA to document their FGC-related work with girls) serves as an important advocacy tool, representing the work of the FPA to other institutions, civil society organisations and government, raising issues related to youth SRH to a broader audience and recording young people's voices to be heard in the public sphere.

1.5.2 Partnership and Exchange (South-South)

The South South Technical Assistance Partnerships funded through *Inform* were considered to be very constructive by the four FPAs involved. A number of observations, conclusions and recommendations were made by the participants relating to both the logistics of the exchanges and the contribution they have made to youth programming.

- The exchange visits required a lot of time and very detailed planning. Both the Best Practice FPA and the TA recipient found that planning and agreeing on the learning points and specific results prior to the implementation of the visits led to a more productive use of the visit time available.
- It is important for ROs and FPAs to better inform both the volunteers and all staff about the visits to enable full participation and preparation. Partial participation of volunteers and staff was a barrier to the success of some visits.
- If possible, any similar exchange trip will involve the volunteers in the future.
- Visits highlighted the different contexts in which FPAs operate but also identified similarities in the challenges they face and the applicability of strategies across regions. This clearly illustrated the enduring relevance of sharing experiences and lessons learned at a global level.
- The exchange strategy was very beneficial to both FPAs in both partnerships. In each case, the exchange worked in both directions, as the Best Practice FPA was also able to learn valuable strategies and approaches from the TA recipient, not only vice versa. This fostered a feeling of genuine partnership that goes beyond standard models for technical assistance.
- The allocation of \$3,000 for follow-up activities was identified as good strategy to enable the 'next steps' to be taken in implementing lessons learned during the visits, and to support the FPA's commitment to change.
- Clear benefits were identified in developing long-term partnerships that are not seen as a one-time activity, and the FPAs involved have viewed the *i₃* South South project as a starting point in this process. Profamilia and FGAE, and, FFPAM and PPAZ have committed themselves to further follow up activities in their work programme budgets for 2002, and made a request for technical assistance from their regional offices to develop activities over a three year period.
- A significant level of funding is required to provide return visits for a number of people across regions. Current transport links are not currently designed for regular travel between developing countries on different continents. Further investigation is required to establish whether the benefits of such partnerships can be viewed as cost-effective in comparison to exchanges within regions or other forms of collaboration such as international meetings.



1.5.3 *International Meetings*

The ESEAOR Regional Youth Forum and the *i*₃ Youth Programme Lessons Learned meeting in London at the end of the programme were highly significant for creating a forum in which experience, skills and knowledge could be shared between FPAs and across regions. More importantly, the EASAOR Forum was attended by many young people from the region, and likewise, there was a large attendance of *i*₃ Youth Programme youth staff or volunteers attending the Lessons Learned Meeting. Even though FPAs differ in terms of needs, resources and socio-cultural context, the meetings were instrumental in connecting the work that had been done in the *i*₃ programme across the regions, and in highlighting best practices and challenges for future youth SRH projects. Many participants stated that physically getting together in the structure of a forum or a conference was a highly effective way to communicate, as follows:

- establishing communication channels can sustain the links and relationships developed at the meetings into the future;
- on-line conferences and meetings could be organised as a means of continued communication;
- periodical newsletters are a good way to keep each other informed of developments and share experiences and ideas;
- the development of semi-formal structures would facilitate this continued sharing of knowledge and experiences;
- the use of a Regional Youth Forum had been successful in ESEAOR and could become a regular activity as well be extended to other regions;
- international meetings generate information on best practices and IEC materials, and ideas for guidelines suggested at the meetings should be disseminated and made available to each FPA;
- exchange visits would deepen understanding and ideas gained through meetings, and further facilitate the exchange of information and methods;
- the FPAs, ROs and CO should look for resources with which to fund these follow-up activities after the *i*₃ *Inform* project has ended. Some existing channels of communication within the IPPF structure could also be utilised such as the Youth Shakers website.

Some of the key themes emerging from these regional and international discussion forums are highlighted in the following section.



1.6 EMERGING KEY THEMES

The case studies produced, exchanges carried out and meetings held under *Inform* have resulted in the documentation of a wide variety of subjects relating to youth programming. Lessons learnt relating to each context are presented in the subsequent *Inform* Project Summaries section, but it is possible to identify some key themes running through the materials produced and these are given below:

Youth Strategies

- The ESEAOR Regional Youth Forum highlighted the need for a Regional Youth Strategy which, at the same time, would reflect the varying needs of different FPAs. EN's review of EN-IPPF Youth Strategy, '*Make it Happen! Make it Now*' implemented in 1995, demonstrates the significance of such a Youth Strategy as a framework for regional guidelines which inform FPAs in their planning of youth SRH projects.
- Strategies must be defined at RO level but then adapted to work in the local context. Research by EN found, for example, that it was useful to recommend to FPAs that they provide incentives to attract young people but that very different options would be effective in Ukraine to Ireland.

Youth Involvement

- Youth involvement remains under-developed and supported at governance level across the Federation. Many FPA and RO representatives highlighted the difficulties in getting young people involved at a governance level.
- Youth participants need training in governance and advocacy in order to properly mobilise their involvement at a governance level.
- One of the constraints identified in many of the projects was the high turnover of young volunteers, which often hinders FPAs' operations especially where projects/activities depend on them to promote youth participation and a sense of ownership.

ESEAOR highlighted the need to use incentives to sustain youth involvement in FPA projects.

In Cyprus there is a specific context of young people between 20 and 28 going abroad to study. Raising the age limit of the youth group to 30 has been a way for them to ensure a larger youth group with continuity that allows transfer of experience.

- Young people can work alongside other key stakeholders.

In the production of the Reproductive Health Adolescent Module RHAM, FFPAM used grass roots services providers, including young people, to develop the materials from initial key concepts.



- Young people from the target group are best placed to identify their needs.

In Bulgaria, young blind people put forward proposals for the production of materials in Braille.

Youth Representation

An important question which was asked at the ESEAOR Regional Youth Forum and the *i*₃ Youth Meeting, and which emerged from the case study research was:

How youth representation might properly reflect opinions of young people at the FPA, regional and federation level?

Various initiatives and recommendations emerged as follows:

- Formal, institutionalised structures are required to ensure youth representation at all levels.

FGAE have established youth SRH forums or panels in 8 major towns around the country to involve young people in programme design, decision making and governance.

- Youth representatives should be chosen by young people themselves through a bottom-up mechanism in which community youth representatives choose their national youth representative who would then go to the regional level.
- A youth committee should be established in each FPA from which their own representatives would be elected.
- There needs to be more than one young person to represent the youth in the region and to avoid tokenism.

Peer Education

- Peer educators trainings are strengthened by incorporating more information on sexuality and gender rather than biological and clinical facts.
- In all cases peer educators need access to comprehensive reference materials on SRH and ongoing training.
- Follow-up supervision and support are important to maintain interest for peer educators.

PROFAMILIA in the Dominican Republic found that peer educators are more effective where they are provided with clear guidelines and expectations are established.

IPPA found that peer educators were most effective where they were given continual guidance regarding their role and duties.

Youth and Technology

- These studies indicate great potential for reaching youth with technology as part of an integrated approach.
- Technology (internet, computer programmes) is one of the most effective ways of attracting young people to SRH services and can provide an entry point to discussion of SRH. However, the SRH message must remain central and projects must take into consideration the specific groups that are attracted by technology.

IPPA found internet corners were good ways of attracting young people to their facilities, but also that good supervision was required to ensure that this was a constructive activity.

- Computer technology projects primarily reach middle-class, non-indigenous, urban youth attending private schools. There is a need to monitor use patterns and establish socio-economic profiles of project participants.

CD Roms produced in Chile and Peru were useful tools but only in schools which had the high-speed computers needed to run them.

- Computer technology requires a high level of literacy, semi-literate and illiterate youth are therefore excluded from such projects, and there is a need to develop initiatives to target these marginalized groups. The possibility for integrated approaches to the use of technology that bring together literacy programmes and SRH information needs to be researched.
- New technologies will not overcome existing social barriers which means that certain products will not reach certain demographic groups.

In Guatemala, mechanical babies were not so successful in reaching young men.

- Technology does not automatically lead to sustainability/income generation. Funds are needed for resource and development, purchasing and maintaining technology and training users. Market feasibility studies are needed if the goal is to generate income.
- Special pricing may be needed for low-income populations.
- Involving youth on project teams as artists, actors, musicians and software developers can ensure an appealing and appropriate product/service.

INPPARES in Peru involved young people in all aspects of the development of its educational CD Rom. This led to a high level of acceptability of the project among young people.

- Changes in technology itself may have the biggest effect on the progress of 'second generation' technologies in youth SRH programmes.
- More systematic research is needed to assess use of technology for improving youth SRH.

IEC

- Comprehensive sexuality education, including skills building, should be formalised within the education system.

Workshops held with young people in Fiji have demonstrated the value of sexuality education and RFHAF continues to advocate for this to be included in the school curriculum to reach a large proportion of the population.

BEMFAM in Brazil has achieved considerable success in integrating SRH into school curricula, and has found that with support, teachers can find creative ways to put across messages even where this hasn't been formalised at the level of the Ministry of Education.

- Providing a consistent SRH message can promote responsible choices (eg abstinence, safer sex) without being perceived as judgemental.

IPPA found in Indonesia that young people did not feel that they were being told what to do, and responded to these messages by requesting further information and counselling to consider their options.

- Youth are often more comfortable discussing SRH issues within the context of other pressing concerns such as jobs or in informal, recreational settings.

This was demonstrated in both the case studies of INPARRES (PERU) and BFLA's (Belize) projects for Out-of-School Youth.

In FGAE's work with street children and commercial sex workers in Ethiopia, one of the approaches FGAE used was for peer educators in *Harar* to go to the regular *Bercha* or 'Chat' chewing sessions of street kids. Discussions were then initiated on issues such as rape and sexual abuse, STI and HIV/AIDS, pregnancy etc.

- Non-SRH activities attract young people and can then be used to provide SRH messages.

FGAE uses libraries, which are very popular among young people, to attract the target group to their youth centres and to provide them with SRH information.

IPPA provides SRH information as an integral part of a wider youth development programme including internet services and career training.

- The attitudes of young men can be changed through IEC activities.

FPAK chose to address all sections of the community in its efforts to eradicate female genital cutting (FGC). Discussions and training sessions were held with young men and these were found to be effective in raising awareness of the health implications of FGC and broader SRH issues and in changing the opinions of young men on the practice as it related to their future partners.

Youth-friendly Services

- All staff members, from receptionist to doctor, must be trained in sensitivity to youth needs.

PROFAMILIA in Colombia found that this was especially important when introducing youth services into previously adult only facilities to make all staff aware of the different needs of youth.

- Many FPAs highlighted physical (lack of facilities, location, time), economic (money required to travel to the clinics/centres, use the services) and psychological (embarrassment, social stigma, socio-cultural and religious norms) barriers to youth accessing SRH services in their reports.
- While youth participation and young volunteers are very important, many young people want to receive clinical services from adults/professionals.
- Approaching youth directly is the best way of promoting services.

IPPA found that young people must become very familiar with the existence of the services and feel comfortable with the level of privacy and ease of access before they will use them.

Networks, Partnerships and Collaborations

- At the local level, youth meetings involving other NGOs, community organizations, institutions should be organized.
- There is a need to improve communication (training, exchanges, internet-based information exchange) between FPAs, regionally and inter-regionally as well as with other organizations and institutions.
- Developing alliances with other organizations can be very helpful in the creation, implementation and administration of some services, for example:

Hotlines in Guatemala and Columbia used other organisations to disseminate information about the service to young people

PPAG's partnership with International Needs Ghana (ING) in their work in their work in *Trokosi* communities. PPAG sought the assistance of ING, who had been working to liberate *Trokosi* girls since the early 1980's, to gain the trust of community members.

- Similarly, the Brazilian FPA (BEMFAM) found that partnering with schools in the provision of sex education services widened the scope of the FPA's work and those accessing the service, diminished costs and helped project sustainability.
- Networks and Partnerships with schools, government ministries, other NGOs and institutions provides potential channels through which IEC materials, CD ROMS etc produced by the FPA could be marketed and sold. The marketing potential for such products requires investigation.

- > Project sustainability can be improved by collaborating with community organizations to develop locally appropriate strategies

Youth centres in Ethiopia are administered by FGAE in collaboration with the Departments of Health, Education, Social Affairs and Culture, and relevant NGOs.

PROFAMILIA formed partnerships with schools, churches, cultural and sports clubs to provide a broader pool for the recruitment of peer educators and more space in which to hold activities.

- > Working with other organizations to address topics not normally in the scope of SRH can expand and improve adolescents' overall quality of life.

BFLA (Belize) and INPPARES' (Peru) projects for Out-of-School Youth partnered with business and education oriented groups working in inner city areas to provide SRH alongside other skills development.

Advocacy

- > Advocacy among community networks and organisations is important to generate demand and support for youth SRH services in all cases.

In their work with *Trokosi* communities, PPAG trained local people as Community Facilitators. Establishing community members as the primary source of information was critical to the acceptance of new ideas within the community and the subsequent uptake of contraceptives.

In combating FGC, FPAK established a Project Advisory Committee made up of influential and respected community opinion leaders and trained community volunteers to advocate on behalf of the project. The PAC and the volunteers provided a link between the project and the communities in which it works and it has been highly successful in providing a supportive social structure for those who agree not to be involved in the practice of FGC.

- > In many cases, staff and representatives expressed a need for more training on advocacy and governance with respect to youth SRH.

Sustainability and Resources

- Ongoing marketing of services/products is essential so that they continue to reach a broader population and so that they can be sustainable.

Telephone Hotlines in Guatemala and Columbia and CD ROM's developed by the Peruvian FPA.

- The question of payment for services is central.

The case studies from ESEAOR and discussions at the Regional Youth Forum highlighted that it was difficult to charge fees for services to youth since many do not have the economic means. This represents problems for sustainability and it was felt that more vigorous fund-raising needs to be implemented.

- In some cases, payment for services was essential, not only for sustainability, but also for creating a sense of professionalism that young people desired.

PROFAMILIA (Columbia) emphasizes that services being offered to youth should be paid for so that youth have the right to demand quality, to improve sustainability and to make young people seek services at the right time. It was felt that paying for services gives youth a sense of empowerment and attaches greater value to the services. Following the South South partnership with PROFAMILIA, FGAE (Ethiopia) will begin to introduce these approaches into their programmes, thus reducing the FPA's dependence on donors.

Research, Monitoring and Evaluation

- Clinics must be vigilant about recording accurate data on client profiles, whilst maintaining full client confidentiality.
- A strong national coordinating body is required to ensure monitoring and evaluation where multiple clinics are involved.

Columbia, where youth SRH services have been integrated into existing PROFAMILIA clinics.

2 *INFORM* PROJECT SUMMARIES

2.1 AFRICA REGION

Inform has documented case studies from 3 FPAs in the Africa region. PPAG (Planned Parenthood Association of Ghana), FPAK (Family Planning Association of Kenya) and FGAE (Family Guidance Association of Ethiopia), have successfully developed diverse approaches and models to address strategic issues including gender based violence, FGC and girls SRH rights, and youth SRH services respectively. The case studies focused on the unequal and discriminatory socio-cultural and economic environs in which young people live and how these affect their sexual and reproductive health status. These FPAs have all worked with relevant agencies to advocate, and lobby for full enjoyment and awareness of sexual and reproductive health and rights. Opportunities have been given to young people themselves to take part in the development of effective solutions.

Objectives

The objectives of the *Inform* project in the Africa region were as follows:

1. To document the approaches applied in eliminating the practices of FGC in Kenya and *Trokosi* in Ghana, and to document the dynamic approaches of peer promoters for attracting youth to SRH services in youth centres in Ethiopia.
2. To use the case studies to highlight contributions in Youth SRH and Rights interventions in the Africa Region.
3. To disseminate the best practices and the lessons learned in Youth SRH and rights interventions.

Three projects that have successfully developed approaches to address youth issues were documented through reports and a video:

2.1.1 *The elimination of Female Genital Cutting (FGC) in Kenya*

The Family Planning Association of Kenya (FPAK) project 'Options for Improving the Status of Women' (OISW) has assisted young women to increase their capacity to make choices and say no to female genital cutting (FGC). This *Inform* case study documented the voices of young people on this subject in a video, as well as in a report.

The main aim of the project is to empower young women (12-24 years old) through gender sensitisation as a prerequisite to improving their sexual and reproductive health and rights. Studies on FGC conducted so far have shown an interrelationship between FGC and the reproductive and sexual health of young girls and women. Women and girls who have undergone FGC experience trauma and, frequently, severe physical complications such as bleeding, infections, and in some cases death.

A case study on this project was conducted as part of the Africa Regional Office's *Inform* project. Information was gathered in the community of Nyambene using a qualitative approach including personal testimonies from the project beneficiaries. Stories, songs and drama as presented by the beneficiaries, were also reported. Additionally, a series of interviews were conducted on a cross-section of individuals within the community including male and female elders, opinion leaders, male youth, practising and reformed excisors, and church leaders.

Results from the study show that almost ten years after the inception of the OISW project, the Nyambene community value and belief systems are gradually transforming in terms of the way men and women perceive women's social, reproductive and economic rights. The perceptions of female sexuality, and its manipulation through customs such as FGC, have also changed. Findings indicate that nowadays young women are more determined to resist any form of coercion, and refuse to undergo FGC, or enter into early marriage.

Although the OISW project is aimed at empowering young women, the effects of the project have spread to young men as well. Discussions held with adolescent males revealed that there is a high level of awareness on matters concerning reproductive health. Project activities also focused on young men in their talks, discussions and training sessions and, as a result, information on the negative effects of FGC is a subject that is now discussed without inhibition by young men. The elderly in the community have also been influenced by the project activities. One of main reasons usually given for the perpetuation of traditional practices is "respect for tradition and culture", and the elderly are seen as an embodiment of tradition and culture. The project has successfully involved elders in the ongoing FGC eradication efforts.

One of the key lessons learned was that FPAK would not have made such a remarkable breakthrough without grassroots support. The Project Advisory Committee (PAC) was formed to enhance community support and ownership, and included influential and respected community opinion leaders, clan and family elders, religious leaders, women and youth group leaders, Education Officers, and representatives of various development committees in the project sites and government ministries. The PAC works with leaders of the communities and with the communities at large. They influence girls to say "no" to FGC, and support and encourage those ostracised by the community for refusing to undergo FGC.

Another implementation strategy that has contributed to the success of the project is the use of Volunteer Community Gender Educators (VCGEs). VCGEs are community members who have volunteered to advocate for the eradication of FGC, and form the focal point and link between community members, FPAK, and other collaborating agencies. As part of the community, they have been found to be invaluable in mobilising and educating community members, disseminating information, and carrying out advocacy activities in the project sites.

The study reveals that although a certain amount of awareness exists in the community on the dangers associated with FGC, the battle is not yet won. There were isolated cases of practising excisors who reported that some parents invite them to secretly circumcise their daughters from time to time. Another new dimension, which could jeopardise the status of

the project, is the modification¹ and modernisation² of FGC. More extensive sensitisation on FGC is required in the project area to ensure increased success, and FGC must be understood within an economic and social framework. Efforts to stop this harmful practice need to concentrate on individual and on social identity.

2.1.2 *The Elimination of Trokosi enslavement in Ghana*

In the Volta region of Ghana, communities practice a form of ritual bondage called, *Trokosi*. In this tradition, young girls are used to atone for the sins of their families. These girls live in shrines and are forced to work as domestic servants, participate in forced labour, and used as sex slaves. Their sentences range from a few years to a lifetime and began before the onset of puberty. These girls not only lack the power to control their own fertility, they are also completely unaware of their rights as human beings. Community members and non-governmental organisations (NGOs) began working to abolish or reform this practice in the 1980s but, as with most traditional practices, change is slow and resistance high. The plight of the *Trokosi* girls caught the attention of national and international media, and in 1998 Ghana passed a law prohibiting ritual bondage. Anti-*Trokosi* sentiment, and the fear of criminal prosecution, has made the more traditional communities increasingly suspicious of outsiders, and staff of the Planned Parenthood Association of Ghana (PPAG) found it exceedingly difficult to work in these communities being denied access to the shrines and the girls.

International Needs Ghana (ING) began working to liberate *Trokosi* girls in the early 1980s and was one of the first NGOs to commit to modernising the *Trokosi* practice. By 1997, ING had liberated and rehabilitated over 600 *Trokosi* girls, and PPAG sought the assistance of ING to help gain the trust of community members. This endorsement from ING opened the door for PPAG. This *Inform* case study reviews the project undertaken by PPAG to work with seven communities where *Trokosi* girls had been liberated.

In these communities, PPAG trained 134 Community Facilitators (CF) to work as grassroots service providers. They were charged with a mission to provide reproductive health counselling, basic SRH education, and non-prescriptive contraceptives to their extended families. Experience has shown that involving community members as a primary source of information is critical to the acceptance of new ideas in traditional communities. Building the partnership between PPAG and these grassroots community organisers was the pivotal strategy of the project.

In exchange for these services, CF received the prestige of their unique position, knowledge from PPAG training, and a percentage of non-prescription contraceptive sales. In addition, PPAG secured assistance from the Ministry of Agriculture. Agricultural Extension Officers worked in these communities to provide advice and counselling for community projects. PPAG contributed a token sum to assist CF with the set up costs of these projects. PPAG staff

¹ Modification: Moving away from the severe types of cut (infibulation and excision), to the 'Kiswahili' cut – removal of the tip of the clitoris.

² Modernisation – Refers to the performance of FGC (any type) in more sanitary conditions (in hospitals or clinics) and by a health professional, or someone with medical training.

complemented the work of CF with regular field visits. They provided minor ailment treatment, reproductive counselling, contraceptive services, including on site insertions of Depo-Provera and Norplant, and educational support such as movies.

Achievements

Qualitative and quantitative research showed that attitudes in the seven communities have shifted from an anti-family planning stance, to a position allowing youth access to SRH education and services from PPAG. Evidence also showed a slight shift in the determinants of fertility, with 83% of girls aged 15 to 19 reported that they had not had a first birth at the time of the follow-up study, compared to 77% in the baseline. The survey also revealed an increase in the ideal age of marriage for both men and women. The baseline study reported that almost one in ten respondents believed that the ideal age of marriage for both men and women was less than 15 years of age, whereas almost no one in the follow-up survey reported this belief, and almost half the respondents thought it was best for girls to wait until they were at least 24 years old.

Dramatic improvements were observed in the respondents' understanding and knowledge of sexual and reproductive rights. 80% of female respondents believed that women have the right to negotiate for condom use, an enormous increase over the 25% recorded in the first survey. Seven out of ten respondents said they believed a woman has a right to say "no" to sex, compared to only slightly more than four out of ten in the baseline. Finally, respondents seemed to understand that they could control their own fertility, with 78% saying they believed people have control in deciding the number of children they will have.

A change in attitudes about SRH education was clear. 90% of respondents believed that sexually active young people should have access to information about reproductive health, and the 'tools' – such as condoms – to protect themselves. There were some important improvements in SRH knowledge among respondents. 75% of respondents knew that a woman could get pregnant the first time she has intercourse, in comparison to 56% of respondents who were able to answer the question correctly in the baseline study.

These improvements in attitudes and beliefs translated into behaviour change as well. The follow-up study measured an increase in respondents who had ever used contraceptives from 23% to 54%, with the largest increase in users coming from young people aged between 15 and 19. Another encouraging outcome from the project was the number of continued users – over 73% of individuals who said they had used contraceptives in the past were still using them.

Attributing these gains to the work of the CF is difficult, however, evidence does support the link. It was clear from the survey and focus group discussions that community members knew their CF, and they were also able to articulate information about the training of CF and their work in the communities.

Conclusion

The partnership between PPAG and ING was critical in establishing an effective community-based initiative. Furthermore, the partnership between communities and PPAG field staff created an atmosphere of trust that has allowed marked gains in sexual and reproductive

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health. In this atmosphere, PPAG was able to distribute information on sensitive topics and deliver controversial services to traditional communities.

2.1.3 *Peer education in Ethiopia*

FGAE has focused on reaching marginalized and out-of-school youth through the work of youth services and peer promoters in the community. The purpose of this *Inform* case study was to critically assess and document the 'best practices' of FGAE with respect to the role of peer promoters in facilitating access to sexual and reproductive health. Qualitative information was collected through focus group discussions and key informant interviews. The different services in the youth centres and outreach sites were observed for their youth-friendliness and quality.

Delivering SRH Services to Young People

Peer promoters use different IEC strategies to disseminate SRH messages and services to young people attracted to the youth centres, and at the outreach sites. The IEC and service delivery approaches can vary depending on the creativity and communication skills of individual peer promoters. The main approaches used by peer promoters are:

- educational entertainment methods such as music and drama performances, educational video and film shows, puppet shows, sport competitions and games;
- peer group discussions;
- panel discussions, question and answer competitions, and mass gatherings are also used for youth SRH promotion.

Peer promoters provide contraceptives to their peers, and to marginalized groups of street youth, sex workers and casual labourers. Clients are charged nominal service fees for contraceptives. Peer promoters respect the rights of clients to SRH services, and as such, provide contraceptives free of charge to clients who do not want or cannot afford to pay. Peer promoters get commission of up to 60% from the sale of contraceptives as an incentive. Above all, peer promoters encourage clients to visit the youth centres to seek treatment and professional consultation.

Peer promoters are also involved in organising clubs for youth volunteers in the youth centres. Music and drama clubs are the most common in all of the youth centres and the clubs are overseen by peer promoters to help bring smooth integration of youth centres' and club members' interests. The clubs allow the volunteer youths to develop their technical and leadership skills, and help them to acquire sufficient SRH knowledge and awareness. In order to deliver SRH information, education and services to out-of-school youth, peer promoters commonly use the strategies of home visits, group discussions and mass gatherings. Even though different target audiences require different approaches, the educational entertainment programmes play a significant role in attracting youth for mass IEC activities.

Street youth, as well as young immigrant commercial sex workers, are becoming an important target group of the youth centres, with peer promoters who are themselves street youth who have undergone basic training and all other requisite orientations, and who provide

information and refer clients suffering from STIs to the youth clinic, where they get proper treatment, free at first service, at the youth centre. The peer promoter effectively brings SRH services to their 'doorstep'.

Factors Contributing to the Success of the Youth Programmes

Review meetings enable the participants of the youth project to design strategies for the continuous adaptation of the programme towards meeting the needs of young people, both inside and outside of the youth centres.

Continuous dialogue and consultation with the local communities, local administrations, the municipality and the young people involved promotes ownership of the project by all stakeholders.

The youth programmes have a number of SRH and non-SRH activities that complement each other. The library services have a lot of youth users, and all 4 centres use similar approaches to integrate SRH information and education into the non-SRH (i.e. library and recreation) services in the centres.

Administration of the youth centres is conducted in collaboration with Health, Education, Social Affairs, and Culture Departments, and relevant NGOs. In all of the centres, youth advisory committees are established, with members drawn from the local administration, and relevant government and non-government organisations to provide technical and administrative support for the youth projects.

Support for the youth programmes from FGAE's management is gradually increasing as a result of the shift in strategy from adult-dominated family planning, to a broader SRH programme with young people.

Peer promoters and youth volunteers in the different clubs spend most of their time developing and preparing educational activities. The programmes provide skills training from time to time to support the creativity of the peer promoters and youth volunteers. The success of the youth programmes is due to the effective use of youth creativity for purposeful action, geared towards youth SRH. Information boards are used to display young people's creative works, poems, cartoons and posters. The youth centre benefits from the delivered SRH messages and increased youth participation, while the contributors get respect and value from the youth centre and fellow friends, while developing personal skills and self-worth from the exercise.

In order to upgrade existing youth involvement and initiatives, youth SRH forums or panels have been established in eight major towns of the country to involve the youth in programme design, decision making and governance. This transformation from adult-initiated programmes to youth-initiated programmes is expected to create significant and meaningful involvement of young people.



2.2 EAST & SOUTH EAST ASIA & OCEANIA REGION

Under the *Inform* project, case studies were conducted on specific youth programmes of the FPAs of Indonesia, Fiji and Malaysia.

2.2.1 Federation of Family Planning of Malaysia (FFPAM)

With *Inform* funding, FFPAM documented youth involvement in development and utilisation of the Reproductive Health Adolescent Module (RHAM), a user-friendly tool for peer education. FFPAM produced a publication describing the process of involving young people in the development of IEC materials (*'Documentation and Youth Involvement and Participation in the development of RHAM'*).

What is the Reproductive Health of Adolescents Module (RHAM)?

RHAM is a comprehensive module on Adolescents Reproductive Health (ARH) for use by educators, including youth peer educators, to promote the well being of adolescents in reproductive health and their holistic development. The Module is specially designed to promote health practices and life enhancing values, self-esteem, gender equality, sexual and reproductive rights and health, friendship, family relationships, and to develop skills and attitudes that will empower adolescents to make responsible choices in ARH. The communication approach used in the Module focuses on active participation by the target audience, with young people sharing their experiences and knowledge and filling the gaps in that knowledge including dispelling inaccuracies and myths.

RHAM Objectives

Information: To provide accurate information on human sexuality, including physical and emotional changes during adolescence, human reproduction, pregnancy, family life, sexual behaviour and reproductive health.

Attitudes and Values: To help adolescents to question, explore and assess their behavioural patterns and attitudes towards sexual and reproductive health in order to develop positive values, increase self-esteem, be more gender-sensitive and have greater understanding of their roles and responsibilities as an adolescent, as a family member and to others.

Relationships and Interpersonal Skills: To help adolescents develop interpersonal skills, including enhancing communications with peers and parents, decision-making, peer refusal skills and maintaining healthy and responsible relationships.

Responsibility: To empower adolescents to make responsible decisions regarding sexual relationships, including abstinence, resisting peer pressure, preventing the onset of health damaging behaviours that may affect their reproductive health, and practice of health-promoting behaviours, including educating their peers on such responsibilities.

What is RHAM for?

RHAM is intended for trainers and educators, including youth peer educators in State Family Planning Associations, and other agencies, both government and non-government, which are involved in promoting the health, positive growth and development of adolescents. Workshops were held among service providers from across the country on concepts related to ARH. Adolescents were invited to give input to the contents of RHAM. A Steering Committee and Technical Working Group were established, comprised of representatives from youth-related GOs and NGOs to provide guidance and technical input in the making of RHAM.

A bold step was taken in the development of RHAM. FFPAM utilised services providers (grassroots people), including young personnel who were involved in youth-related activities, to write up the individual concepts while the pre-testing was done with service providers and peer educators as facilitators, and adolescents as beneficiaries. The RHAM therefore, being strategically developed and designed, can be easily adopted and adapted according to local needs and cultures.

2.2.2 Indonesian Planned Parenthood Association (IPPA)

This *Inform* case study documents the Mitra Citra Remaja (MCR) Project in Bandung. The MCR project was one of six youth centres set up by IPPA to address the SRH needs of young people and provide services to them.

As a programme strategy, the MCR was designed as an attempt to prepare youth to address their SRH needs in the future. The activities carried out included components of information, education and communication (IEC) activities on SRH, counselling, and SRH services – all aimed at equipping the youth with appropriate and correct SRH knowledge and skills. In addition, youth were also encouraged and trained to participate in the planning of their own SRH programmes. As a result, they became more confident in their choices for action to enable them to act responsibly. Non-SRH activities such as internet and career preparation training were integrated into the programme to meet the broader needs of youth. Career preparation training gave the youth better insights about themselves – their interests, potentials, and aptitudes as well as knowledge about higher-level education and career opportunities. The training also provided them with opportunities for improving skills in fulfilling job-seeking requirements, presentation techniques, and computer usage capabilities.

Project Objectives

The objectives were defined as:

- creating a community environment that would be supportive for youth SRH education, counselling and services;
- increasing the management capacity of the staff of the youth centre, and other service providers, to promote the centre as the Centre of Excellence for youth SRH;

- increasing the capacity of the high school students in responsible decision making and communication in order to promote healthy behavioural change towards sexuality and youth SRH;
- increasing skills and knowledge of high school students in the area of career development and to enhance their self confidence.

Lessons Learned

- Giving information continuously with a consistent social value (e.g. promoting responsible choice/abstinence) does not make a sexually active youth feel ignored or rejected. On the contrary, the sexually active and those just beginning to be sexually active sought access to information frequently, and requested counselling in order to change their behaviour or at least minimise risks.
- An increased understanding of youth SRH issues based on case studies provided insights through which MCR could develop SRH content for media, and shape SRH education programmes for the future.
- Experience gained in managing the SRH programme for schools, namely how to reach target groups and solicit support for the programme with the school authority. It was found that targeting a specific audience (i.e. high school students living near MCR) resulted in more tangible results than addressing students from diverse backgrounds.
- Trained staff were effective in managing and sustaining intensive activity, however, more emphasis needs to be given to the regular retraining of staff.
- It is easier for peer educators to guide their friends in schools with support from certain units or other student activities.
- Radio is a highly effective strategy in developing awareness of the need for information, and in communicating desired behaviour changes.
- The most effective way to promote the activities and services was through approaching youth directly. Youth must know and become familiar with the services, especially counselling and health services, and the level of privacy secured to accord higher level of trust for the facility.
- Young people's important concerns are easy access and trust; complete understanding of the service and motivation from their peers are often needed before they decide to make use of the services.
- Activities such as internet were good examples of entry points to SRH services.
- Working relationships with other institutions working with youth have been successful, however, it is necessary to formulate more concrete cooperation models.

2.2.3 *Reproductive and Family Health Association of Fiji (RFHAF)*

The *Inform* project in Fiji documented the work RFHAF is doing with young people, and explored ideas from young people about what RFHAF should be doing to meet their SRH needs. In order to gather this information a survey was conducted by young people who are currently working with RFHAF as volunteers with 84 young people who have some connection with RFHAF.

This research identified some of the key sexual and reproductive health (SRH) needs for young people in Fiji and outlines what the role of the Reproductive and Family Health Association of Fiji (RFHAF) has been in responding to these needs.

The aim of the *Inform* project is to:

- document the work RFHAF is doing with young people;
- find out more about the young people who have been involved with RFHAF;
- collect ideas from young people about what RFHAF should be doing to help with their SRH needs.

Summary of Key Findings

This is a small survey that provides a snapshot of the young people who are involved with RFHAF. The most important findings emerging from this research are detailed below.

Sexuality and Relationships

Many young people are sexually active by the time they are 20, despite strong cultural and religious messages against premarital sex. It was interesting to note that only four people were married, which seems to support the fact that young people in Fiji, particularly indigenous young people, are delaying marriage and forming different sorts of relationships. The reasons given for sexual activity are varied. Many young people choose to have sex as part of their committed relationship, while others are satisfying curiosity and simply having sex for the experience. A few people in this survey said they did not freely choose to have sex but were either forced, or acted when they were drunk.

Some young people have sexual partners of the same sex, and 17 of the respondents did not identify themselves as heterosexual. These young people live in a culture with strong taboos against homosexuality, and this is seen in the number of people who disagreed with the statement "It's OK to be gay". It is difficult for these young people to have high self-esteem and healthy relationships when they are continually told they are "not OK".

The majority of sexually active young people are not protecting themselves from pregnancy or infections. Many respondents reported ignorance of the need to use condoms, while others expressed negative views towards condoms. Only three people had experience with contraception other than condoms, despite many being in long-term relationships. Of particular concern were the majority of respondents in the knowledge section who believed that the "pill" can harm babies, and that withdrawal is a reliable method of contraception.

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It was found that there is inconsistency between belief systems and behaviour. Although the majority of the group thought that men and women should not have sex before marriage, a significant number of people who said this had, themselves, had sex before marriage. This is an important issue that would benefit from more research.

There are important educational considerations that arise from these findings. Young people need to be prepared for their first sexual experiences, yet if they keep saying they are not going to be sexual until they are married, then they may not receive the education they need on sexual decision-making, condom and contraceptive use and negotiation skills.

Issues for RFHAF

Most of the young people who are members of the youth group value being part of it. They particularly like what they learn about sexual and reproductive health, meeting and working with new people, and educating other young people. Some young people would like the youth group to be more active and to have more of its own funds to do activities. They would also like there to be stronger leadership and better meeting structure.

The workshops run by RFHAF were found to be very useful. All of the people who had attended a workshop said they had learnt things they could use in their own lives and had also passed on information to other family and friends. Many people said they would like RFHAF to run more workshops, particularly in villages and schools. Some young people would also like RFHAF to set up some sort of youth service.

The biggest barrier to sexuality education was identified as the cultural and religious taboos in Fiji. This led to sex not being discussed at home or in schools, and to young people being shy and embarrassed to discuss it or ask questions. The majority of respondents said that young people need much more education and information about SRH issues.

Recommendations for RFHAF

Based on the key findings, the following recommendations have been made:

- > RFHAF secures resources to expand its education programs at the rural and village level.
- > RFHAF continues to advocate for comprehensive sexuality education within the school systems.
- > RFHAF continues to encourage open discussion of sexuality by parents, religious leaders and traditional leaders.
- > RFHAF includes the needs of gay/lesbian/bisexual young people in its sexuality and reproductive health workshops for young people.
- > RFHAF continues to develop and disseminate accurate information on SRH issues for young people (e.g. on contraception, teenage pregnancy, STIs).

- RFHAF ensures that its education programmes address issues of values and their relationship to behaviour.
- RFHAF includes more skills-based exercises in its education programmes to assist young people in their sexual decision-making, negotiation of sexual activity and safe sex.
- RFHAF works in partnership with other agencies to support the establishment of a youth health service (or similar).
- RFHAF continues to support the youth group and work with it to secure more financial resources to conduct more activities with young people.
- The youth group reviews its meeting procedures.
- The youth group explores ways to be more inclusive of secondary school students.
- The youth group develops a yearly plan that includes opportunities for participation by a large number of its members.
- New members of the youth group are invited to attend a general workshop on sexuality and reproductive health as soon as possible after they have joined.

Conclusion

The *Inform* project has provided an important opportunity to examine and reflect on the SRH concerns of young people, and RFHAF's response to these. Although this survey shows that RFHAF is doing valuable work with young people, there is evidence that many of these young people are taking risks with their sexual health. This highlights that sexuality education needs to be a lifetime process, and that the lack of early education in Fiji has a negative impact on young people as they reach adolescence and adulthood. Responsibility for education on sexuality and reproductive health lies with all sectors of the community, and with the parents. RFHAF has an important role to play in supporting this education, but to do this effectively RFHAF will need to secure additional resources.

2.2.4 ESEAOR Regional Youth Forum

The ESEAOR Regional Youth Forum was held 19th-23rd March, 2001 in Penang, Malaysia. The Forum brought together youth volunteers and representatives from the FPAs responsible for youth projects from 23 countries in order to gain an overview of youth activities in the region, discuss approaches towards working with youth SRH, highlight achievements and identify lessons learned and future directions.

The central question asked was *"how can we have youth representation that properly reflects opinions and needs of young people in the Region?"* Further details of what was discussed and the conclusions of the event are provided in the International Meetings section.



The report of the Regional Youth Forum included:

- Action Plan:
 - Youth programme;
 - Youth representation in decision-making at national and regional levels;
 - Networking of young people at national regional level;
- Regional overview of youth projects/activities.

2.3 EUROPEAN NETWORK

A survey of FPAs' work with young people in the European region was carried out alongside in-depth case studies of the work of four FPAs (two from Eastern Europe and two from Western Europe). The *Inform* project undertaken by EN looked at how far the region has progressed towards fulfilling the needs identified in the strategic document '*Make it Happen! Make it Now!*' (1995). The research focused on issues of youth participation and the experiences of youth involvement in the various activities of FPAs.

The '*Make it Happen! Make it Now!*' project and its accompanying strategic document were developed in 1995, when youth representatives from several countries of the region collaborated to create a strategy to involve youth participation in the activities of FPAs. Five years later, EN has reviewed the implementation of the Region's youth strategy, '*Make it Happen! Make it Now!*' and assessed whether the recommendations made were met by concrete initiatives. The *Inform* project has documented the expanding range of FPA activities and initiatives addressing young people's needs since 1995, highlighting their methods, rationales, successes and challenges, and has produced case study materials to facilitate the sharing of ideas about youth participation and young people's SRH issues. The project was implemented as a partnership between IPPF-EN staff and youth volunteers. Young people themselves had a critical role in this process of review, research and documentation and the formulation of recommendations for IPPF-EN's youth strategy in the future.

Research Objectives

1. To improve access to information regarding best practice and lessons learned in improving young people's sexual and reproductive health and increasing youth participation throughout IPPF-EN.
2. To document models and approaches employed in selected FPA and regional youth projects.
3. To disseminate best practices and lessons learned from selected FPA and regional youth project.
4. To increase interest in IPPF internationally and regionally among young people involved in programmes and projects of the European Network.

Objectives of the Case Study

1. To review IPPF-EN Strategy over last five years and its impact at FPA level.
2. To assess lessons learned from the implementation of youth strategies at the FPA and their implications for the development of regional wide youth strategy.
3. To formulate recommendations for the revision of IPPF-EN's youth strategy based upon '*Make it Happen! Make it Now!*' and develop of a new regional wide youth strategy.



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Youth Participation

The inclusion of young people in carrying out this review and making new recommendations about how IPPF-EN should adapt its strategy in the future has made it a more significant and vital undertaking. A group of young volunteers (all under 25) from Bulgaria, Latvia, Moldova and Spain and IPPF EN Regional Office staff (aged between 26 and 31) worked together on this project as the *Inform* project committee. In addition, young FPA support staff and youth volunteers from the FPAs visited were also involved in conducting the research for the case studies.

Activities

Surveys and Interviews

A survey about youth involvement and services for youth at FPA and regional level within IPPF-EN was carried out. Two questionnaires were sent out to all the 37 FPAs in the Region as a means of evaluating the effectiveness of the 'Make it Happen!' project. The first questionnaire was tailored for the Executive Director of the respective association, while the second was targeted at a youth representative involved in the association. The discussions covered the following issues:

- the 'Make it Happen!' Document;
- IPPF activities and support for youth initiatives;
- the role of youth in FPA governance, in the project cycle;
- FPA best practice and innovation;
- the direction of the new regional youth strategies, in light of the recent youth policy document.

27 responses were received from the associations and 19 responses from young people. On the whole, the feedback was very valuable. In general, where both the Executive Director and a young person had returned a questionnaire, views did not seem to differ significantly. This is a result/finding not an activity

Case Studies and Field Visits

The case studies examined the experiences of working with young people at four FPAs with different and diverse youth structures, two in the East of the Region (Ukraine, Albania) and two in the West (Portugal, Ireland). Discussion also focused on the IPPF- EN youth strategy that has been followed over the last five years and recommendations for the future.

A youth volunteer and an IPPF-EN staff member from the *Inform* project committee, visited one of four FPAs selected as case studies. Working with FPA youth volunteers, and using working papers as guides, they held discussions with different groups (FPA staff, Board members, youth volunteers/participants, youth beneficiaries) and documented particular experiences with youth involvement and/or youth services.

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Each trip was documented with an extensive trip report. The draft documents were then reviewed by all the project participants for the final evaluation. The volunteers also provided a personal report at the end of the project which briefly describes what they felt were the most valuable lessons they learned from the research process of the *Inform* project.

The reports on the interviews formed the basis for the case studies as well as the final recommendations. The case studies highlighted the diversity in youth programmes and activities throughout the Region. Case studies provided concrete and varied experiences and examples of the ways the issues mentioned above were tackled in the different countries, completing the overview of the situation. The case study material was analysed together with survey data from all other FPAs in the region to provide a fuller picture of the impact of regional strategy on young people in Europe.

Publication

The *i₃ Inform* publication '*YOUth and IPPF European Network – A Review of the IPPF- EN Youth Strategy*' is the result of a long process that started with the '*Make it Happen! Make it Now!*' project in 1995. In the publication, the research conclusions have been brought together and compared with the conclusions from the *Make it Happen! Make it Now!* Project five years ago.

The outcome of the questionnaires and case studies have enabled EN to identify a series of tools that have been successful in attracting young people to FPA activities. It has also been helpful in defining ways and means to make the best of young people's involvement. All this material is presented in the publication and forms the basis for future developments of IPPF EN strategy. The Publication will also serve as an advocacy tool within and outside the Region to highlight the changing SRH needs of young people and the approaches and strategies, which should be taken to meet those needs. It further highlights the necessity and effectiveness of youth participation in developing youth strategies and in the planning, programming and implementation of youth SRH projects.

Follow-Up Activities

- First Circulation of the publication at EN Regional Council 2001.
- EN to develop a regional proposal for initiatives involving various youth groups and to look into different possibilities for funding.
- Additional plan: the four youth volunteers that were members of the *Inform* team decided amongst themselves to develop a project proposal for a European workshop this summer.
- The recommendations will be discussed with the presidents of the Regional Council and the Executive Directors at the Regional Management meeting in June 2001.
- Distribution of the publication to relevant individuals and organisations.



Outcomes and Achievements

A clear outcome of this project was the increased motivation felt by certain FPAs involved to strengthen youth involvement at FPA level – this happened with FPAs to which field visits were made, FPAs whose youth volunteers were participating in the project, and even FPAs answering the questionnaire. Information has been gathered and will be shared through the distribution of the publication. However, it is clear that the impact of these activities was as much in the process as in the tangible outcomes of the project. Owing to the participatory methodology in which this project was executed (including 4 young IPPF-EN staff members and four youth volunteers, as well as youth volunteers from the FPAs where the case studies took place), the project provided the opportunity for informal transfer of knowledge and exchange of experience, as well as training in research methodologies. For example, the first project meeting, where EN staff and youth volunteers worked together on developing questionnaires to send to the FPAs, and also the questionnaires to be used during the field trips, was a learning and training experience for all participants. After the meeting participants were well equipped to carry out field visits, and often transmitted knowledge to local volunteers to in the course of the research.

New recommendations on how to increase the involvement of young people, especially at a governance level, were produced and documented in the publication with the objective of revising IPPF-EN's youth strategy. This project has highlighted the value of young people in monitoring and adapting existing policies and contributing to the shape of an organisational strategy that will have far reaching effects on the governance of FPAs and throughout the Regional and Governing Council. The future challenge for IPPF lies in putting into practice full youth participation that is not based on tokenism or secondment.

2.4 WESTERN HEMISPHERE REGION

WHR *Inform* activities included:

Case studies of innovative programmes, published as part of the IPPF/WHR '*Spotlight*' series.

A review of programmes using emerging technologies to provide young people with information and services, published as "*Youth and Technology – IPPF/WHR Experiences to Promote Sexual and Reproductive Health*".

2.4.1 *i₃ Inform Case Studies*

Member associations of IPPF's Western Hemisphere Region (WHR) have developed a variety of innovative strategies for reaching youth, in order to provide them with important SRH information, as well as increasing their access to SRH services.

The projects included as *Inform* case studies were as follows:

Youth Telephone Hotlines in Guatemala and Colombia

These projects have shown that youth hotlines can serve as an important point of first contact for youth seeking SRH information, counselling and related services.

Key Lessons Learned

- Ongoing marketing is key to the success of youth hotlines. Radio campaigns proved especially fruitful for PROFAMILIA in Colombia.
- Developing strategic alliances with other organizations can help disseminate information about the service to youth. Participating in a nationwide youth meeting helped PROFAMILIA in Colombia develop ties with a variety of youth-serving agencies who in turn promoted the hotline to their clients.
- Logistical problems can frustrate callers and affect demand for services. Marketing and promotion campaigns should be strategically timed, and potential logistical delays in the service should be anticipated.
- Adequate staffing is important in order to handle calls in an efficient manner. Because it can be difficult for youth to discuss issues related to their sexuality, handling these calls often requires more time and patience than when dealing with adults.
- Hotline staff must have access to up-to-date information on available services for youth. This is especially important when the hotline service is offered nationwide and youth are to be referred to services in multiple sites.
- Hotline staff should receive comprehensive training covering a broad range of topics, such as adolescent development, sexual and reproductive health, drug and alcohol



abuse, sexual harassment and gender-based violence, and making referrals to other organizations.

- Since hotlines are often a free service, project sustainability can become an issue if donor funding is not forthcoming. Consider cross-subsidization from clinical services as a possible strategy for sustainability.

Working with Out-of-School Youth in Belize and Peru

Reaching out-of-school youth can be particularly challenging for sexual and reproductive health providers. Developing successful strategies often requires targeting other important youth needs, such as income generation, or finding innovative ways to present information, such as through drama and dance presentations.

Key Lessons Learned

- Working with other organizations to address topics not normally in the scope of sexual and reproductive health can expand the Association's reach and contribute to an improvement in adolescents' overall quality of life, as demonstrated with INPPARES' collaboration with the Centre for Integral Development (CID) and BFLA's collaboration with Society for the Promotion of Education And Research (SPEAR).
- Risk perception among out-of-school youth with respect to HIV/STIs and teen pregnancy can be extremely low in comparison to more pressing economic issues. Programs targeting these youth should include a component dealing with income generation. The BFLA project, which did not include this component, found that youth consistently stressed the importance of assistance in this area.
- Because many out-of-school youth work, any training program targeting these young people must be flexible and maintain a realistic pace. Peru's Quality of Life program offered classes at flexible times in order to make attendance easier for the participants.
- Youth are often more comfortable discussing sexual and reproductive health concerns within the context of other pressing concerns such as jobs or in informal settings such as the "rap sessions" utilized in Belize.
- Business training courses can be too theoretical. Including practical issues, such as decision-making, self-esteem, and development of life goals, can be more dynamic and useful to youth, as in Peru's "Quality of Life" project.

Working in Schools: Sex Education in Brazil

Working in schools to integrate comprehensive sex education and HIV/STI prevention into the normal curriculum has proven to be an effective strategy for improving adolescents' knowledge, attitudes, and behavior related to sexuality and safe-sex practices.

Key Lessons Learned

- Partnering with schools widened BEMFAM's scope of action, diminished costs, and helped the sustainability of the project.
- Students and teachers are key allies in the success of the project, so it is important for project staff to involve them from the beginning in order to ensure "buy-in."
- With adequate support and training, teachers can find creative ways to include sexual and reproductive health themes into their regular classes, even without clear guidelines set by the Ministry of Education.
- High teacher turnover can threaten project continuity. Focusing on youth peer educators and principals can help mitigate this problem.

Integrating Sexual and Reproductive Health Services for Youth in Colombia

Integrating sexual and reproductive health services for youth in existing adult clinics has proven to be a successful strategy for expanding access to quality, youth-centered services where resources are limited. Nonetheless, organizations should plan carefully before undertaking such an approach.

Key Lessons Learned

- Advocacy among community organizations and government agencies is important for generating demand and support for youth SRH services.
- Integrating youth services within existing clinics can stretch institutional capacity. Systematic planning is essential so that clinics are able to meet increased demand for services, and additional investments in staff and infrastructure may ultimately be necessary.
- It is important that all members of the clinic staff, from the receptionist to the doctors, are included in training and other activities aimed at sensitizing them to the special needs of youth.
- In order to gather accurate data on youth accessing services, clinics must be vigilant in making certain that adolescent clients are identified as such and are provided the appropriate forms.

- If the integration of youth services is taking place across multiple clinics in multiple geographic areas, it is important to have a strong national coordinating body in order to ensure appropriate monitoring and evaluation.

Working in Communities: Youth Peer Education in the Dominican Republic

Evaluation results show that the youth peer education project is an effective strategy for providing youth with important information and services related to their sexual and reproductive health. In addition, evaluations of the project over the years have provided insight into ways to strengthen the project, such as by incorporating a stronger focus on gender issues in the training of peer educators.

Key Lessons Learned

- Youth reported that peer educator trainings are strengthened by focusing less on the biological, clinical, and anatomical components of pregnancy and birth control and incorporating more on issues of sexuality and gender.
- Peer educators need to have access to comprehensive reference materials on sexual and reproductive health and require ongoing support and training. The *Hablemos* manual developed by PROFAMILIA has proven to be a comprehensive resource on which peer educators can rely.
- Project sustainability can be improved by working with a wide variety of community organizations and leaders to develop locally appropriate strategies. These organizations can be fundamental in helping to recruit, train and support the peer educators and in providing space for youth activities.
- Free distribution of contraceptives may not be financially feasible long term. However, not all youth will be able to afford to pay for contraceptives, which could ultimately have an effect on project goals. Thus, sustainability issues will need to be balanced with concerns related to access.
- In order to ensure that systematic activities are conducted, it is important to establish clear expectations and guidelines as to the kinds of numbers of activities that peer educators will carry out. In addition, follow-up supervision and booster trainings are important in maintaining interest and appropriate levels of knowledge in peer educators.

2.4.2 Youth and Technology – IPPF/WHR Experiences to Promote Sexual and Reproductive Health

This publication is a review of case studies from IPPF/WHR member associations in Chile, El Salvador, Guatemala, and Peru. The review provides important insights related to the preliminary effects of and lessons learned from the implementation of ‘first-generation’ youth and technology projects in the region. Strategic recommendations for the development of ‘second-generation’ projects in this area are also proposed.

Despite the potential for using computer technology to enhance youth SRH, this remains an unproven area with no established models and little published evidence of its efficacy. IPPF/WHR, therefore, set out to document the effect and sustainability of ‘first-generation’ youth and technology projects carried out by member associations in the region as part of the *Inform* project.

The research and case study analysis focused on the following key issues:

- Can technology projects improve youth SRH?
- Do technology projects attract youth to appropriate services?
- What are the advantages and disadvantages of the technologies?
- Which youth are reached through the various technologies?
- What is the income-generation potential of technology projects?

The results of the case studies are presented in the publication *Youth and Technology – IPPF/WHR Experiences to Promote Sexual and Reproductive Health*. The youth and technology projects reviewed were developed at the initiative of each member association involved and, thus, were tailored to the capabilities of the association, the needs of the specific population, and the setting of each country.

Case Studies

CD-ROM Technologies

Chile: The Chilean Association for the Protection of the Family (APROFA) developed the “*Rock and Male Roles*” CD-ROM to address the problems of machismo and gender-based violence. The project aims to sensitise young men aged 15 to 20 to the importance of gender equality in SRH.

Peru: The Peruvian Institute for Responsible Parenthood (INPPARES) developed an integrated STI and HIV/AIDS prevention programme for use in secondary schools. The “*Planet Zero Risk*” project includes a CD-ROM and a training component to help teachers learn how to apply it in the classroom.



Cyber Centres

El Salvador: The Demographic Association of El Salvador (ADS) set up a cyber centre in its San Salvador library that provides low-cost internet access to youth with recommendations for Web sites on SRH.

Guatemala: The Guatemalan Family Welfare Association's (APROFAM) youth and the Internet programme seeks to introduce young people aged 10 to 19 to modern information technology by providing free access to the internet in its clinic library in Guatemala city. Youth are encouraged to use the service primarily for research on SRH.

Other Microchip-Based Technologies

Guatemala: In response to the high teenage pregnancy rate in Guatemala, APROFAM implemented a mechanical baby adoption programme with "*Baby Think it Over*" dolls to give young people the opportunity to experience some of the implications and inconveniences frequently associated with early child-rearing and single parenting.

Research Method

IPPF/WHR staff developed a variety of data collection tools, as well as guidelines for reporting findings for member associations to use in reviewing their youth and technology projects. With funding from the *Inform* Component of the IPPF *i3* Youth Programme, local consultants were hired to conduct the studies and to write country reports. The studies were viewed as an opportunity to gather information and data related to the preliminary effects and the lessons learned of these youth and technology projects .

Study protocols included the following:

- in-depth interviews with directors of youth programmes;
- in-depth interviews with project implementers;
- youth survey/exit interviews for associations with open computer/internet access;
- youth survey about interactive educational software;
- review of clinic registration forms;
- record review;
- focus group discussions with adolescent services/clinic users.

Strategic Recommendations

There are 6 strategic recommendations made with respect to strengthening programming in youth and technology for SRH based on the results of this review:

- Know your own goals and objectives.
- Know your audience before deciding on the specific technology to use.
- Be aware that technology does not equal sustainability/income generation.
- Do not lose the opportunity to promote SRH services.
- Involve youth in project development.
- Consider possible social barriers.

While much work and investigation remains to be done, the case studies from WHR member associations in Chile, El Salvador, Guatemala, and Peru demonstrate the enormous potential of using technology as part of an integrated approach to reaching youth. There is a continued need to assess the use of technology for improving youth SRH in a more systematic way. This will enable us to understand what best meets the needs of a variety of young people and to strengthen and update programming in this area accordingly. It is also important to note that changes in technology development itself may have the biggest effect on the progress of 'second generation' technologies in youth SRH programmes.



2.5 GLOBAL PUBLICATION

CO coordinated the process of the production of the publication 'Eye2Eye'. The purpose of this publication is to provide an overview of IPPF's work with young people, highlighting some of the experiences from *i3* but also from other projects and programmes implemented by IPPF's affiliates. 'Eye to Eye' covers some of the major approaches and IPPF project examples related to youth programming in advocacy, information and education, services, youth participation and partnerships. The publication uses initial research carried out at the beginning of the *i3* Youth Programme alongside unpublished project documents from a variety of FPAs. It is aimed at policy makers in SRH and youth organisations and at FPAs working with young people.

In order to involve young people in the process of researching and writing this publication, regions were invited to nominate 2 young people to join a youth editorial board. ARO, WHR, ESEAOR and SAR agreed to take part in the project. Ideas and examples for the publication as well as its design, lay out and target group were discussed by the group using a specially designed web-based forum. Subsequently, the group of 7 young people and 2 regional office staff attended a writing workshop in London for the next stage of the process including production of text. The publication will be available shortly.



2.6 EXPERIENCE EXCHANGE: SOUTH-SOUTH TA PARTNERSHIPS

The *Inform* South-South Technical Assistance Partnerships are two-way exchanges designed to facilitate the transfer of best practices and lessons learned between FPAs on youth SRH programmes.

Each South-South partnership involved two FPAs: the 'Best Practice FPA' and the 'Technical Assistance (TA) Recipient FPA', with the participation of their corresponding Regional Offices. The FPAs participating in each partnership were matched on the basis of the expertise and experience of the Best Practice FPA, and on the technical assistance needs of the TA Recipient FPA.

Partnerships took place between Ethiopia and Columbia, and also Zambia and Malaysia. Each partnership involved two exchange visits that enabled all FPAs involved to learn from the experiences of its partner. Follow-up activities were then carried out to utilise the knowledge gained during the exchange visits.

2.6.1 *Zambia (PPAZ) and Malaysia (FFPAM) Technical Assistance Partnership*

The Planned Parenthood Association of Zambia (PPAZ) was partnered with the Federation of Family Planning Associations of Malaysia (FFPAM) Exchange visits to Malaysia and Zambia were organized and facilitated by the IPPF ARO, and ESEAOR Offices for the PPAZ and FFPAM delegations to visit each other's countries for a first hand experience in the implementation of youth SRH programmes. The PPAZ delegation visited FFPAM from 20th to 28th April 2001, and the FFPAM delegation visited PPAZ from 9th to 18th June 2001. This partnership was aimed at strengthening PPAZ's capacity to implement youth reproductive health activities with specific reference to running youth clinics and centres.

The exchange between FFPAM and PPAZ not only showed how effective it is to share good practice but also how important it is to involve young people themselves in the process. The exchanges that took place as part of this initiative involved visits to the youth programmes of both affiliates. The challenges faced, the successful approaches adopted and strategies employed in both contexts were shared.

As a result, PPAZ were able to learn from the experience of FFPAM in the field of sexuality education and youth participation. PPAZ had already developed a curriculum for sexuality education but did not have materials to support the training. Secondly, although PPAZ had a strong network of peer educators, there was limited opportunity for the involvement of other young people in project level planning and implementation. During the exchange visits, FFPAM were able to demonstrate how wider youth involvement at the planning stages of programmes increases the effectiveness of these programmes as well as the sense of ownership amongst young people. They were also able to share a recently developed tool, the



³ The RHAM was profiled as part of *Inform* documentation activities, and the summary of this report can be referred in *Inform* section 1.7.2.

- > While the two FPAs were different in nature and operations, they have a similar mandate. PROFAMILIA helped to identify needs and develop the institutional capacity of FGAE to be more effective in its transformation into a youth serving organisation that provides gender-sensitive and youth-friendly SRH services.
- > PROFAMILIA shared their experiences of how they have been able to transform the approaches of policy-makers, programme managers and service providers in Colombia.
- > PROFAMILIA shared strategies with FGAE on how to bring youth on board and involve 'gatekeepers'. The service providers trained peer educators for reaching out to their peers and making a difference in the quality of their lives.

Lessons Learned

The *Inform* partnership of FGAE (Family Guidance Association of Ethiopia) and PROFAMILIA involved exchange visits during which knowledge was shared and technical assistance provided. FGAE staff members visited PROFAMILIA from March 12th - 17th, 2001. PROFAMILIA staff members visited FGAE from August 12th - 18th, 2001. The objective of the exchange visits was to facilitate the transfer of best practices and lessons learned with a focus on youth programmes. Both FPAs shared their experiences in designing, implementing and management of programmes for youth both in-school and out-of-school. The PROFAMILIA team and the FGAE youth team were able to identify areas of need, make solid recommendations to strengthen the FGAE youth programme, and help them to advance the effort to becoming a youth-friendly and youth-serving organization.

Partnership

2.6.2 Ethiopia (FGAE) and Columbia (PROFAMILIA) Technical Assistance

Since the exchanges took place, PAZ has developed a project proposal to fund the implementation of the adapted module to include the printing of the module and the training of a small pool of master trainers by FFPAM. These trainers will then be able to pass on their knowledge and skills to other peer educators in each of PAZ's five regions.

Following the exchange visit to Malaysia, PAZ put together a small team of young people to work on RHAM, reviewing it in the Zambian context and preparing an adapted draft module. This was then discussed and reviewed when FFPAM made a return visit to PAZ. As a result of these discussions, the module was finalised with more in-depth information on HIV/AIDS and a section to be used to discuss youth sexual and reproductive health issues with parents and elders.

Reproductive Health of Adolescents Module (RHAM)³ with PAZ, which was developed as support materials for training in sexuality education.

- PROFAMILIA's peer educator training strategy and the 'Multiplier' concept would be a useful approach for FGAE. Multipliers contribute to the development of policies and protocols for programme development, have authority and power to represent youth, create youth-friendly environments, develop evaluation and assessment protocols, and set standards for PROFAMILIA on youth programmes.
- FGAE have learnt from PROFAMILIA's models of integrated services, independent youth clinics/services, and youth services in adult clinics.
- PROFAMILIA's system of sustainability stresses that services being offered to youth should be paid for so that youth have the right to demand quality. FGAE will begin to introduce these approaches into their programmes, thus reducing the FPA's dependency on donors.
- FGAE stresses the need to provide information and knowledge for its out-of-school youths. Libraries are a cost effective method of recruiting youth to the centres, which was an appealing approach for outreach to PROFAMILIA.
- PROFAMILIA also plan to strengthen their work with marginalized groups, as is being done in FGAE's commercial sex workers and street kids projects.

2.6.3 *Observations and Recommendations*

Some of the central themes of discussion emerging from both the exchanges were:

- The need for an institutional commitment to youth involvement in the FPAs and ways in which this can be achieved.
- The Peer Promoters/Educators/Multipliers concept cuts across all the FPAs (The TA and Recipient FPAs). The peer Approach is an enabler to reach the youth in communities with information of SRH issues, rights and services. However, various strategies are required to facilitate the Peer Approach (e.g. incentives for youth volunteers involved in peer education programmes, formalisation of what is expected of peer promoters).
- FPAs do not work in isolation. The development of partnerships and collaboration with government agencies, NGOs, religious organisations, private sector, civil society institutions can enable the FPA to expand, strengthen and broaden its activities and can promote the reputation of the FPA, can provide sources and opportunities for funding and provides essential networks for advocacy work especially with regards government policy and community understanding of SRH issues. For example, FGAE (Ethiopia) observed how a collaborative PROFAMILIA-PLAN INTERNATIONAL project using DFID funds to improve SRH of young people developed and implemented effective ways of using peer educators to promote youth SRH services in communities. FFPAM receives government support in terms of funding for implementation activities PPAZ's lack of government funding presents serious difficulties of sustainability. PPAZ should explore possibilities for networking with the Ministry of Educations.

- Another key issue for sustainability is the question of payment for services. For example, PROFAMILIA's system of sustainability requires that services offered to youth be paid for so that youth have the right to demand quality. FGAE will begin to introduce these approaches into their programmes, thus reducing their dependency on donors.
- Both TA FPAs have effective capacity building programmes for service providers. FFPAM (Malaysia) has developed a model called *Reproductive Health of Adolescents Module (RHAM)* for the use by trainers and peer educators. PROFAMILIA (Columbia) also has a Multiplier Manual. These provide important models for the Recipient FPAs.
- Outreach work and activities with marginalized groups remains a crucial concern for all the FPAs involved in the exchanges. FGAE's work with commercial sex workers and street kids projects provides an effective model for PROFAMILIA who are seeking to strengthen their work with marginalized groups.

2.6.4 *Follow-Up Activities*

- Both PPAZ and FGAE have developed action plans and agreed mechanisms to implement activities.
- Both PPAZ and FGAE are adapting the training manuals for Peer Educators for local use.
- PPAZ and FFPAM are working closely together to complete a proposal and establish a working group (consortium of agencies) to conduct a Training of Trainers (TOT) for the RHAM in Zambia.
- PROFAMILIA has plans to adopt the youth resource centre/ library/ recreational services strategy on their work.
- FGAE and PPAZ need to improve their clinical services for youth, sustainability strategy and financial systems for youth programmes.
- The ARO will provide necessary Technical Assistance to the FPAs in 2002.

2.7 INTERNATIONAL MEETINGS

2.7.1 *Regional Youth Forum*

The Regional Youth Forum was held 19th-23rd March, 2001 in Penang, Malaysia. The Forum brought together youth volunteers and representatives from the FPAs responsible for youth projects from 23 countries in order to gain an overview of youth activities in the region, discuss approaches towards working with youth SRH, highlight achievements and identify lessons learned and future directions. In addition to *Inform* funding, the Regional office co-financed this activity. The 5-day Forum discussed:

- youth projects/activities at FPA level;
- thematic Discussions to identify important factors for success;
- youth representation and networking;
- IPPF Youth Manifesto, and specifically, how it can be adapted in a local context.

Objectives

1. To share experiences on youth projects/activities of FPAs in the Region.
2. To identify factors for successful youth projects.
3. To examine and promote IPPF Youth manifesto.
4. To clarify and strategise youth participation in decision making at national and regional levels.

The central question asked was “how can we have youth representation that properly reflects opinions and needs of young people in the Region?”

Outputs

- Action Plan:
 - youth programme;
 - youth representation in decision-making at national and regional levels;
 - networking of young people at national regional level.
- Regional overview of youth projects/activities.

Outcomes/Recommendations

All agreed that the forum for exchanging experiences and knowledge is tremendously beneficial although the FPAs have many differences in terms of socio-cultural context, localised needs and access to resources. The forum was critical in connecting the needs of FPAs in the Region in their work with youth.

The main recommendations from the forum were:

- to organise a similar forum at least once every two years;
- to organise exchange visits;
- to disseminate information on best practices and IEC materials available at each FPA systematically.

The forum noted that to achieve these recommendations greater resource allocation was required, as well as strong support from the Regional office and FPAs.

2.7.2 *i₃ Lessons Learned Meeting*

The *i₃* Lessons Learned Meeting was held in London from 15th to 17th October 2001. Representatives from the IPPF Central Office, the Regional Offices and the FPAs that had been involved in *i₃* projects, including youth staff and volunteers, participated in the meeting.

The aim of the meeting was to share experiences and lessons learned from the *i₃* projects throughout the Federation, to exchange knowledge, ideas and expertise in the area of youth SRH, and to disseminate and discuss the outcomes and results of individual projects and the *i₃* programmes as a whole.

Through the exchange of ideas, experiences and knowledge of individual projects across the regions, a broad vision of the achievements of *i₃* emerged. The challenges confronted by the various projects in the *i₃* programme were discussed and future directions explored. This provided a forum in which people could share and learn from each other's experiences of working in the area of youth SRH, highlighting cross-cutting themes and universal issues concerning youth SRH and rights, while also emphasising variation and country-specific and localised needs and concerns.

The meeting focused on ways to address the SRH needs of young people and provide youth-friendly services and, at the same time, the need to promote and institutionalise youth participation at all levels in programmes for young people.

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1 SUMMARY OF CONCLUSIONS

IPPF has SRH youth programmes in every region of the world and in a significant number of its affiliates, and many of these programmes are working in areas where no other agency is addressing the needs of young people.

The USAID-funded IPPF *i3* Youth Programme was a 3-year initiative to increase the access of young people in developing countries to the best possible sexual and reproductive health services. *i3* has provided IPPF with the opportunity to increase its work with young people around the world through innovative programme service delivery models (*Innovate*), operations research (*Indicate*) and documentation and exchange (*Inform*). As a result, we now know even more about innovative approaches to working with young people that are addressing some of the challenges and barriers to meeting unmet needs. Unfortunately the timeframe of this project does not allow us to be conclusive in terms of the impact these projects have on youth SRH. However, with ongoing monitoring and further evaluation of these programmes in the future, the impact they make, we will be able to identify the most, and least, effective approaches to working with young people.

The final section of this report highlights the major conclusions from the *i3* Youth Programme for future consideration as follows: 1) summary of the results achieved against the expected outcomes; 2) the strategic contribution of *i3* to IPPF's work youth programme; 3) the contribution of *i3* to USAID's Strategic Objectives; 4) key lessons learned; 5) next steps.

1.1 SUMMARY OF THE RESULTS

ACHIEVED AGAINST THE EXPECTED OUTCOMES OF THE IPPF *i3* YOUTH PROGRAMME

- Innovative models, tested and documented, for the provision of more effective sexual and reproductive health services for young people.

All of the *Innovate* projects in Albania, Ghana, Mozambique, Peru and Senegal, were innovative models of SRH service provision for young people in their local contexts, and all have been documented as part of the ongoing programme monitoring and final evaluations. Unfortunately, the timeframe of this programme has not allowed robust testing of these models to date as the implementation has not been taking place for a long enough time to measure uptake of services by young people. However, the final evaluations, or reviews of progress to date, that took place at the end of this phase show that much has already been accomplished in terms of the development and implementation of innovative projects, and that many positive results are already being achieved.

- Strategies for IPPF affiliates and other youth-serving organisations to improve the accessibility and quality of care at sexual and reproductive health service facilities for young people.



Programme examples of the youth projects implemented and/or documented as part of the *i*₃ Youth Programme provide an impressive number of strategies being implemented by IPPF affiliates in hugely contrasting contexts across the world, as described in various parts of this report. As a result of the *i*₃ Youth Programme, many young people have benefited in terms of improved knowledge, increased access to services, and empowerment through their involvement in these projects as staff or volunteers and through skills building and training received.

Furthermore, FPAs have increased visibility as providers of high-quality, youth-friendly services to young people in their countries leading to improved chances of support from local communities, collaboration possibilities with other organisations, including donor agencies.

- Increased youth involvement in a decision-making capacity in both policy development and programme implementation.

The *i*₃ Youth Programme has achieved major success in terms of youth involvement in programme implementation. Young people are considered as assets with huge potential and creativity, it is recognised that they are connected to and better understand the needs of their peers, and that this means they are best-placed in advising on programme design. In addition, increasing youth involvement in programmes is seen to not only increase a feeling of ownership and participation in the programmes that affect young people, but significantly increases the numbers of peers attracted to use the facilities, and/or to become actively involved themselves.

There are examples from the *i*₃ Youth Programme where the institutionalisation of youth participation is well underway with the commitment of the FPA senior staff and Board Members, and where established youth committees enable young people to participate fully in the decision-making process of the FPA in relation to youth SRH programming and policy development. However, the increased involvement of youth at the policy level remains constrained in a number of FPAs. For example, a number of the *Innovate* programmes implemented initiatives where youth assumed extremely responsible positions at the project level, either as staff or volunteers, but outside of the *Innovate* project itself, links were not made with the overall strategic planning of programmes within the FPA, neither in collaboration with FPA staff or the governing bodies.

- Comprehensive knowledge base of models and approaches employed throughout IPPF's global network to improve the sexual and reproductive health of young people.

Extensive documentation is now available from the *i*₃ Youth Programme which will shortly be reproduced on CD-ROM:

- 1) full reports available from *Innovate*, *Indicate* and *Inform*;
- 2) evaluation final reports also available for *Innovate* and *Indicate* projects;
- 3) a number of published materials.



In order for this documentation of experiences to be beneficial to IPPF, it will be circulated widely within the Federation, and to other interested parties.

- Increased transfer of information, experience and expertise on issues relating to the sexual and reproductive health of young people both within IPPF and amongst other youth-serving organisations.

In addition to the dissemination of the documentation resulting from *i₃*, a number of other initiatives occurred to increase transfer of information and experience between IPPF affiliates. Notably, these included the South South Technical Assistance Partnerships between 4 FPAs, and the various workshops, forums and meetings held during the lifetime of *i₃*. In addition, technical assistance was provided to participating FPAs on, for example, proposal development, monitoring and evaluation, youth-friendliness of services, operations research, sustainability, and youth participation.

1.2 STRATEGIC CONTRIBUTION TO IPPF'S WORK WITH YOUTH

The *i₃* Youth Programme has made a significant contribution to the youth programming of IPPF in the field of SRH. It should be noted that 5 out of 6 of IPPF's regions participated in the programme, and 34 FPAs were involved (or 24% of IPPF's total of 141 affiliates).

The following examples illustrate how the experiences of the *i₃* Youth Programme have made a strategic contribution to IPPF, and how IPPF's expertise in working with young people has increased at the three different levels of the Federation.

1.2.1 At global IPPF level:

Work undertaken as part of the *i₃* Youth Programme contributes to the IPPF Manifesto and the Vision 2000 Strategic Plan of IPPF (1992). Furthermore, documentation produced as part of the *i₃* Youth Programme is to be shared widely within IPPF, and to other outside organisations/agencies.

1.2.2 At RO level:

As a result of participating in the *i₃* Youth Programme, Regional Offices have:

- increased their capacity and expertise in youth programming;
- increased experience in implementing operations research programmes;
- increased documentation on programmes in each participating region;
- improved understanding of youth needs and ways to meet them that can be used to guide strategy direction and policy making.



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1.2.3 At FPA level:

As a result of participating in the *i*₃ Youth Programme, FPAs have:

- increased capacity to implement youth programmes, including project implementation, documentation and shared experience from South South;
- increased capacity to implement operations research programmes;
- increased commitment to youth SRH programming (e.g. amongst staff and volunteers);
- increased commitment to youth participation;
- increased visibility of FPA work with young people in-country.

1.3 CONTRIBUTION TO USAID SSOs

The USAID Strategic Objectives stated in the original IPPF Grant Extension 1998-2001 are as follows:

SSO1 Increased use by women and men of voluntary practices that contribute to reduced fertility;

SSO4 Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of HIV/AIDS pandemic.

The USAID strategic objectives SSO1 and SSO4 are most relevant to the *i*₃ Youth Programme.

The *Innovate* project has addressed these objectives through increasing the experience and expertise of FPAs in implementing youth projects, and testing innovative ways of reaching young people. Activities include developing a CD-ROM on unwanted pregnancy and SRH educational board games, setting up internet cafes and youth centres, adapting already existing clinics to be more youth friendly, community sensitisation and outreach programmes, including the distribution of condoms. Youth participation has been a major component of all these programmes, and has proved to be a key factor for their success.

The *Indicate* component of *i*₃ has also addressed SSO1 and SSO4 through contributing to our understanding of what affects SRH service uptake by young people, and which interventions to reduce the barriers to service uptake are most effective.

Finally, *Inform*, has contributed to USAID's objectives through the documentation of a wide range of approaches to provide SRH information and services for young people, and through promoting exchange of experience and expertise between different FPAs working with young people.



1.4 KEY LESSONS LEARNED

The key lessons learned from the *Innovate*, *Indicate* and *Inform* components are listed below¹ under the headings SRH Information, SRH Services, Sustainability, Monitoring and Evaluation, Youth Participation, Partnerships, Advocacy, and General:

1.4.1 SRH Information

- For youth in-school, collaboration with teachers and educational authorities can significantly increase access to young people, and influence community and parental attitudes.
- The more interactive and experiential learning environments are particularly successful with young people, including the internet, CD-ROMS, games and quiz competitions.
- Tailoring SRH messages to the context of the audience or broadening the information provided to non-SRH issues that are of special interest to young people can increase the numbers of young people reached.
- The media is an attractive source of information for young people.
- Peer educators are most effective where expectations of them and their role in programmes is clear.
- High drop-out rates among peer educators wastes resources spent on training but there are strategies which help to minimise turnover of volunteers.
- Peer educators can provide access to communities beyond the reach of facility-based services.
- Comprehensive sexuality education, including skills building, should be formalised within the education system.
- Youth are often more comfortable discussing SRH issues within the context of other pressing concerns such as jobs or in informal, recreational settings.
- Non-SRH activities attract young people and can then be used to provide SRH messages.
- The attitudes of young men can be changed through IEC activities.

¹ This list is not exclusive and includes a selection only of all the lessons learned identified from the *i3* Youth Programme.

- Training peer educators and utilising peer networks have great potential as a cost-effective means of disseminating SRH information to young people and increasing awareness of the services that are available.
- Peer educators trainings are strengthened by incorporating more information on sexuality and gender rather than biological and clinical facts.
- In all cases peer educators need access to comprehensive reference materials on SRH and ongoing training.
- Follow-up supervision and support are important to maintain interest for peer educators.
- Good quality TV and radio spots designed by young people were shown to be a good way of attracting young people's interest and disseminating information. However, multi-media interventions are expensive and difficult to sustain.

1.4.2 SRH Services

- Sensitisation activities can be time-consuming but are worth the investment, especially where negative attitudes towards youth sexuality or providing particular services have been specifically identified.
- Provision and use of IEC materials does not automatically lead to a visible increase in service utilisation and there is a need for research to more closely establish how information can initiate behaviour change.
- The development of logos and slogans can be used effectively to promote and market the service facilities, in IEC activities and through television, radio, print and electronic media.
- Involving young people in the development/design of logos can increase their sense of involvement and ownership of the project.
- A strong sense of youth ownership contributed to attendance levels at youth service facilities.
- SRH services can be provided to young people successfully in facilities that have previously focused on married women.
- Young people respond well to the concept of their own youth-friendly 'space' which offers privacy from adult presence.
- Where the model uses non-SRH activities to attract young people, every non-SRH service offered should have a clear relationship to improving youth SRH, for example, by promoting other SRH services, or by cross-subsidisation.

- Retail outlets, or small businesses, run by youth can provide SRH information and condoms to young people in a manner and a style which is convenient and attractive to them.
- Outreach is critical to increasing awareness, acceptance and utilisation of facilities providing SRH services to young people. It also increases their reach and allows them to vastly increase the number of people served.
- Provision of condoms is essential for the health and well-being of young people and can be achieved through a variety of mechanisms.
- Charging for condoms or providing them free is one factor which directly affects the success of condom distribution. However, different approaches work in different contexts.
- The youth-friendliness of staff, including but not solely service providers is an important factor in attracting young people to services.
- The age of the clinical service providers should be considered for youth serving clinics as a range of ages is more welcoming. However, attitude towards youth and the client's perception of the providers experience are more important factors.
- Improving quality and raising awareness are two essential and inter-related determinants of increasing utilisation and creating youth friendly services.
- Creating a youth friendly environment based upon young people's participation is essential to increasing utilisation of services.
- Strategies to increase young people's access to clinical services included both providing services to youth through separate sessions within the main clinic, and establishing separate service centres for young people. Both were found to be feasible and successful approaches to increasing utilisation, although young people were most comfortable receiving services in a separate space to the adult clinic.
- Using neutral titles such as Youth Friendly Service/Centre rather than sexual and reproductive health services increases the likelihood of young people accessing the service.
- Clinical services appear to be most youth friendly when provided in combination with a range of information, education and counselling services and activities.
- Many FPAs highlighted physical (lack of facilities, location, time), economic (money required to travel to the clinics/centres, use the services) and psychological (embarrassment, social stigma, socio-cultural and religious norms) barriers to youth accessing SRH services in their reports.
- While youth participation and young volunteers are very important, many young people want to receive clinical services from adults/professionals.

- Involving parents through sensitisation to the aims of the intervention is recognised as an essential component of creating youth friendly services. Involving parents can bring the programme closer to the community and reduce the barriers to utilisation due to negative adult views. However, this is likely to be a slow and costly process that requires time and sensitivity.
- Strategies that attract certain 'hard to reach' groups can be successful, although most current youth programmes work under a broader mandate and aim to reach as many young people as possible regardless of age, gender, attitudes, aspirations etc.
- There is great potential for reaching youth with technology as part of an integrated approach.
- Technology (internet, computer programmes) is one of the most effective ways of attracting young people to SRH services and can provide an entry point to discussion of SRH. However, the SRH message must remain central and projects must take into consideration the specific groups that are attracted by technology.
- Technology does not automatically lead to sustainability/income generation. Funds are needed for resource and development, purchasing and maintaining technology and training users. Market feasibility studies are needed if the goal is to generate income.

1.4.3 Sustainability

- The youth volunteers are a vital resource their potential can be expanded for many projects relatively cheaply.
- More cross-subsidisation of non-SRH services to pay for SRH services is needed if sufficient income is to be raised in this way.
- Once projects are better-known amongst the local donor communities and governments, and with documentation of the innovative approaches and achievements, they are in a better position to attract further funding.
- Ongoing marketing of services/products is essential so that they continue to reach a broader population and so that they can be sustainable.
- The question of payment for services is central, and in some cases, payment for services was essential, not only for sustainability, but also for creating a sense of professionalism that young people desired.

1.4.4 Monitoring and Evaluation

- It is imperative for any project that management information systems are in place to enable effective ongoing monitoring of project data to take place.
- The use of project data to measure progress, improve performance, document successfully and highlight challenges was weak in many Innovate projects, and further technical assistance is needed in this area.

- When close collaboration between project and evaluation staff occurs, the benefits are invaluable.
- Clinics must be vigilant about recording accurate data on client profiles, whilst maintaining full client confidentiality. It is important that data collection systems are developed which disaggregate users by: age, gender, marital status and socio-economic background, ethnicity and other characteristics of vulnerability and marginality, in order to be able to effectively monitor the groups of young people currently being reached.

1.4.5 Youth Participation

- Young people should be invited to take a more active role in the design, development, implementation and evaluation of programmes to ensure that programmes address their real needs rather than perceived needs.
- Young people working with projects should also be involved in the monitoring and evaluation of the projects, including the development of monitoring procedures, data collection and analysis, use of data to inform programme and policy decisions,
- Providing young people with the tools to shape and guide programmes and the chance to be involved in decision-making processes as active partners, strengthens youth ownership and hence increases the sustainability of projects.
- Appropriate support from the FPA is necessary for young people to undertake all aspects of programme management.
- With training and support from FPA staff, young people are ideally placed to undertake research on their peers. As a result, the research can provide much-needed information on the unmet needs, opinions and attitudes of young people, that was incorporated into the design of the projects.
- Young people must be provided with the skills and support to participate effectively in the planning, implementation and evaluation of programmes.
- Youth participants need training in governance and advocacy in order to properly mobilise their involvement at a governance level, and to be effective advocates for their own issues..
- One of the constraints identified in many of the projects was the high turnover of young volunteers, which often hinders FPAs' operations especially where projects/activities depend on them to promote youth participation and a sense of ownership.
- Young people can work alongside other key stakeholders.
- Young people from the target group are best placed to identify their needs.
- Youth representatives should be chosen by young people themselves through a bottom-up mechanism in which community youth representatives choose their national youth representative who would then go to the regional level.

- A youth committee should be established in each FPA from which their own representatives would be elected.

1.4.6 Partnerships

- At the local level, youth meetings involving other NGOs, community organizations, institutions should be organized.
- There is a need to improve communication (training, exchanges, internet-based information exchange) between FPAs, regionally and inter-regionally as well as with other organizations and institutions.
- Developing alliances with other organizations can be very helpful in the creation, implementation and administration of some services.
- Networks and Partnerships with schools, government ministries, other NGOs and institutions provides potential channels through which IEC materials, CD ROMS etc produced by the FPA can be marketed and sold. The marketing potential for such products requires investigation.
- Project sustainability can be improved by collaborating with community organizations to develop locally appropriate strategies
- Working with other organizations to address topics not normally in the scope of SRH can expand and improve adolescents' overall quality of life.

1.4.7 Advocacy

- Advocacy among community networks and organisations is important to generate demand and support for youth SRH services in all cases.
- In many cases, staff and representatives expressed a need for more training on advocacy and governance with respect to youth SRH.

1.4.8 General

- Funding is required over longer-time scale to enable FPAs to go beyond the 'project mentality'.

1.5 NEXT STEPS

The *i3* Youth Programme has provided many FPAs with increased opportunity to develop their youth programmes, and gain more experience in implementing new initiatives that address the SRH needs of youth. The following section outlines some of the next steps that *i3* participants are planning to take:

- further evaluation of *Innovate* projects once significant time has passed to test and identify the most effective models;
- sourcing funds for future support of programmes;
- replication of the service delivery models, moving to scale and/or transferring of the lessons learned to other youth projects;
- improving the links between non-SRH and SRH services;
- increasing financial sustainability of centres;
- using operations research to improve programme design;
- investigating ways to ensure continual/consistent youth involvement;
- institutionalisation of youth participation through integration of youth into management, governance and programme structures.

ANNEXE 1

Final Expenditure Report - i3 Youth Programme: Innovate

Description	Total Expenditure August 1998 - 2001	
	\$	%
Grants to Innovate FPAs		
Albania	104,493	11.1%
Ghana	206,990	22.1%
Mozambique	85,969	9.2%
Peru	249,997	26.6%
Peru	22,723	2.4%
Senegal	169,057	18.0%
Sub Total	839,229	89.5%
RO Support Costs		
Albania (EN)	9,899	1.1%
Ghana (ARO)	8,066	0.9%
Mozambique (ARO)	8,834	0.9%
Peru (WHR)	23,805	2.5%
Senegal (ARO)	10,599	1.1%
Sub Total	61,203	6.5%
CO Support Costs		
Start-up Visits	17,769	1.9%
Monitoring Visits	1,270	0.1%
Final Evaluations	18,614	2.0%
Sub Total	37,653	4.0%
GRAND TOTAL	938,085	100.0%

Final Expenditure Report - i3 Youth Programme: Indicate

Description	Total Expenditure August 1998 - 2001	
	\$	%
Regional Offices		
<i>RO Grants</i>		
ARO	86,198	15.4%
ESEAOR	100,314	17.9%
SAR	71,154	12.7%
WHR	100,000	17.8%
<i>RO Overheads</i>		
ARO	10,250	1.8%
ESEAOR	9,868	1.8%
SAR	9,000	1.6%
WHR	10,000	1.8%
Sub Total	396,784	70.7%
Secretariat		
Consultative Workshop	10,144	1.8%
Translation of Tools	8,742	1.6%
Six Month Review	3,322	0.6%
Sub Total	22,208	4.0%
External Evaluation		
Consultants fees (Options)	87,607	15.6%
FPA contribution	1,769	0.3%
Sub Total	89,377	15.9%
CO Direct Costs		
Contribution to CO i3 Overheads	16,000	2.9%
Contribution to CO i3 Personnel	25,000	4.5%
Contribution to CO i3 Admin & General Costs	12,000	2.1%
Sub Total	53,000	9.4%
GRAND TOTAL	561,369	100.0%

Final Expenditure Report - i3 Youth Programme: Inform

Description	Total Expenditure August 1998 - 2001	
	\$	%
Regional Best Practice Studies		
Africa Region	31,111	12.3%
European Network	35,055	13.9%
East and South East Asia and Oceania Region	36,291	14.4%
Western Hemisphere Region	31,187	12.4%
Sub Total	133,644	53.0%
Other Inform Activities		
WHR Comparative Study on Youth and Technology	45,564	18.1%
South-South Partnerships (*)	52,093	20.7%
Eye to Eye Publication (*)	20,894	8.3%
Sub Total	118,551	47.0%
GRAND TOTAL	252,195	100.0%

* IPPF has also supported these activities with its core funding.

Final Expenditure Report
i3 Youth Programme: Other CO Support Activities

Description	Total Expenditure August 1998 - 2001	
	\$	%
Strategic Planning, Marketing and PR		
i3 Promotional Campaign	23,464	4.1%
Conferences, Networking and Donor Care	22,800	4.0%
Sub Total	46,264	8.1%
Direct Costs		
Human Resources	411,085	72.0%
Administration and Overheads	113,597	19.9%
Sub Total	524,682	91.9%
GRAND TOTAL	570,946	100.0%

ANNEXE 2

ANNEXE 2: *i*₃ YOUTH PROGRAMME DOCUMENTATION

<i>Title</i>	<i>Description</i>	<i>Language</i>
<i>i</i>₃ Promotional Materials	Overview of the objectives of the <i>i</i> ₃ Youth Programme (2000)	English, French, Spanish
Final Report of the <i>i</i>₃ Youth Programme	Final programmatic report to USAID (Nov 2001)	English, French, Spanish
<i>i</i>₃ Lessons Learned	Report of the <i>i</i> ₃ Lessons Learned meeting, Oct 15th-17th, London (Nov 2001)	English
<i>Innovate</i>; Final Evaluation Reports	Reports from the in-country evaluations of the <i>Innovate</i> (July – Sept 2001)	
<i>Indicate</i>; Final Evaluation Report	Report of the evaluation of <i>Indicate</i> including synthesis of overall project and individual country reports in (August 2001)	English One country report and the synthesis also in French
<i>Inform</i>; Eye to Eye	An overview of IPPF's work with young people - publication developed by a group of young people from FPAs (November 2001)	English
<i>Inform</i>, Role of Peer Promoters in Accessing Youth to SRH Services	Programme review from the Family Guidance Association of Ethiopia (FGAE) covering a number of youth SRH delivery mechanisms including youth centres, peer promoters and outreach strategies (June 2001)	English
<i>Inform</i>, Female Genital Cutting (FGC) in Nyambene District, Kenya	Case study from the Family Planning Association of Kenya (FPAK) giving the background, methodology and results of a project to eliminate the practice of FGC (May 2001)	English
<i>Inform</i>, Working Together; Making a Difference in Traditional Communities	Case study from the Planned Parenthood Association of Ghana (PPAG) of a project working on the elimination of <i>Trokosi</i> enslavement and promote SRH rights (May 2001)	English
<i>Inform</i>, Young People and SRH: The Work of the Reproductive and Family Health Association of Fiji (RFHAF)	Programme review of RFHAF's work with young people (May 2001)	English



Inform, Citra Mitra Remaja Project	Case study from the Indonesian Planned Parenthood Association (IPPA) covering the background, needs assessment, programme and lessons learned of a youth project (May 2001)	English
Inform, Case Study: Documentation of Youth Involvement and Participation in the Development of the RHAM	Case study from the Federation of Family Planning Associations of Malaysia (FFPAM) which documents the role young people played in the development of the IEC materials the Reproductive Health Adolescent Module (June 2001)	English
Inform, Proceedings of the Regional Youth Forum	Meeting report from a workshop of young people from the East and South East Asia and Oceania Region, March 2001, Malaysia. Shares experiences on a variety of youth issues and presents short case studies on the work with youth of the FPAs in the region (April 2001)	English
Inform, IPPF/WHR Spotlight on Youth series	A series of 5 fact sheets giving experiences and lessons learned from a variety of FPAs in the Western Hemisphere Region. Covers integration of youth SRH services, sex education, peer education, working with out of school youth and telephone hotlines (May 2001)	English, (possibly Spanish)
Inform, Youth and Technology: IPPF/WHR Experiences to Promote SRH	Region-wide study of the use of technology to deliver information and services to young people in the Western Hemisphere Region. Includes case studies from Chile, El Salvador, Guatemala and Peru (July 2001)	English, French, Spanish
Inform, YOUth and IPPF European Network – A Review of the IPPF EN Youth Strategy	Region-wide study of progress made towards achieving the objectives of the 1995 'Make it Happen, Make it Now' youth strategy including highlights, findings, success stories, lessons learned and partnerships	English



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Affiliate/FPA's

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IPPF Regional Offices

Africa Regional Office
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IPPF Central Office in particular the staff in Finance, Resource and Programme Development Division, and Youth Global Advocacy (GLAD) departments. Within GLAD, special thanks go to Doortje Braeken, Kathryn Faulkner and Jessica Nott for their support and expertise.

Translators

Gilles Desmons
Michelle Marx

Consultants

Cicely Marston
Stephanie Mullen
Julie Solo
Stephen Sosler
Options: Claire Stock, Corinne Grainger Katie Chapman, Kirstan Hawkins, Melissa Cole, and Neil Price, Jackie Hussein
Abdi Wardere
Victor Jamarillo
Robert Magnani
Amindur Mamman

Previous *i*₃ Youth Programme Team Member

Roni Liyanage

USAID

Shanti Conly
Isabel Stout



CONTACTS

IPPF Central Office

IPPF
Regents College
Inner Circle
Regents Park
London, NM1 4NS
UK

Tel +44 20 7487 7900
Fax +44 20 7487 7950

Email info@ippf.org
Web www.ippf.org

IPPF Honorary Officers

Mrs Angela Gomez
IPPF President,
Chairperson, Governing Council

Mr Robert Durie
IPPF Treasurer

Director - General

Mrs Ingar Brueggemann

Directors – Central Office

Dr Pramilla Senanayake
Director, Global Advocacy,
Scientific Expertise,
Youth & Gender

Dr Med Bouzidi
Director, Resource & Programme
Development

Mr Oscar Moret
Director, Finance & Materials
Management

IPPF Regional Offices

AFRICA REGION
Africa Regional Office
Madison Indurance House
Upper Hill Road/Ngong Road
Nairobi

KENYA
Postal address:
PO Box 30234
00 100 Nairobi
KENYA
Tel +254 2 720 280
Fax +254 2 726 596
Email info@ippfaro.org

Mrs Tamaro Toure
Regional President/Chairperson

Mr Justice Pobi
Acting Regional Director

EAST & SOUTH EAST ASIA & OCEANIA REGION

East & South East Asia & Oceania Regional Office
246 Jalan Ampang
50450 Kuala Lumpur
MALAYSIA
Tel +603 4256 6122
Fax +603 4256 6386
Email rk@ippf.po.my

Mr Gay Swee Poh
Regional President/Chairperson

Datuk Dr Raj Karim
Regional Director

EUROPE REGION
Europe Regional Office
Rue Royale, 146
1000 Brussels
BELGIUM
Tel +32 2 250 0950
Fax +32 2 250 0969

Professor Barbro
Lenner-Axelsson
Regional President

Ms Lyn Thomas
Regional Director

SOUTH ASIA REGION

South Asia Regional Office
Regents College
Inner Circle
Regents Park
London NW1 4NS
UK
Tel +44 20 7487 7977
Fax +44 20 7487 7970
Email mperera@ippf.org

Dr Nina Puri
Regional Director

Dr Indira Kapoor
Regional Director

WESTERN HEMISPHERE REGION
Western Hemisphere Regional Office
120 Wall Street
9th Floor
New York
NY 10005
USA

Tel +1 212 248 6400
Fax +1 212 248 4221
Email info@ippfwhr.org
Web www.ippfwhr.org
Ms Sharon Allison

Regional President/Chairman

Dr Hernan Sanhueza
Regional Director

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