

# **ASSESSMENT OF G/PHN YOUNG ADULTS REPRODUCTIVE HEALTH PROGRAMMING OPTIONS**

**POPTECH Assignment Number 99-162  
October 1999**

by  
Barbara Kennedy  
August Burns  
Shanti Conly  
Schuyler Roach

Prepared for:

U.S. Agency for International Development  
Bureau for Global Programs  
Center for Population Health, and Nutrition  
Cooperative Agreement Number  
CCP-3073-A-00-6002-00

In cooperation with:

Population Technical Assistance Project  
1111 North 19<sup>th</sup> Street, Suite 505  
Arlington, VA 22209 USA  
Phone: 703/522-5540  
Fax: 703/522-5674  
E-mail: [poptech@bhm.com](mailto:poptech@bhm.com)

## TABLE OF CONTENTS

LIST OF ABBREVIATIONS .....	iii
EXECUTIVE SUMMARY.....	v
The FOCUS Experience .....	vi
Other USAID and Donor Experiences in Adolescent Reproductive Health.....	vii
Future Needs and Program Priorities .....	viii
Future Program Options and Mechanisms.....	x
Recommendations for Future YARH Programming .....	xi
SUMMARY OF RECOMMENDATIONS .....	xiii
1.0 INTRODUCTION.....	1
1.1 Purpose.....	1
1.2 Assessment Methodology .....	1
2.0 WHY FOCUS ON YOUTH .....	3
2.1 Growing Needs .....	3
2.2 USAID’s Original Response to Young Adults Reproductive Health (YARH) .....	3
2.2.1 Identification of the Problem .....	3
2.2.2 Design of the Results Package .....	4
2.2.3 Strengths and Weaknesses .....	5
2.3 Rationale for USAID Commitment to YARH.....	5
2.3.1 Continuing Needs.....	5
2.3.2 Improving Political Environment.....	6
2.3.3 Increasing Field Mission Interest in YARH.....	6
2.4 Relationship to G/PHN Strategic Framework.....	8
2.4.1 Field Mission Emphasis on Youth.....	8
2.4.2 USAID Potential for Global Leadership .....	8
2.5 Recommendations.....	10
3.0 G/PHN’S EXPERIENCE IN ADOLESCENT REPRODUCTIVE HEALTH .....	12
3.1 Review of the FOCUS on Young Adults Project .....	12
3.1.1 Description of FOCUS.....	12
3.1.2 Major Achievements and Issues .....	13
3.1.2.1 Increasing Awareness and Policy Development .....	13
3.1.2.2 Improving Capabilities.....	15
3.1.2.2.1 Joint Programming.....	15
3.1.2.3 New Approaches to Youth Programming .....	16
3.1.3 Management Issues .....	18
3.2 Other Involvement in YARH Programs.....	19
3.2.1 Cooperating Agency and Other NGO Experiences.....	19
3.2.2 Other Donors.....	22

4.0	FUTURE NEEDS AND PROGRAM PRIORITIES .....	24
4.1	Promising Program Approaches .....	24
4.1.1	Effective Health Education Programs.....	24
4.1.2	Programs That Promote a Supportive Social Environment .....	24
4.1.3	Efforts to Increase Access and Utilization of Youth Programs and Health Services.....	25
4.2	YARH Needs and Priorities.....	25
4.3	Recommendations.....	26
5.0	PROGRAMMING OPTIONS .....	31
5.1	Specialized Youth-Dedicated Program.....	31
5.1.1	Variation 1: Continue with the Current FOCUS Model .....	33
5.1.2	Variation 2: Modified FOCUS Approach.....	34
5.1.3	Variation 3: Comprehensive Youth Program.....	35
5.2	Mainstreaming YARH through Existing G/PHN Programs .....	35
5.2.1	Variation 1: Additional Funds Targeted for Youth.....	37
5.2.2	Variation 2: The Maximizing Access and Quality (MAQ) Model with Special Initiatives Funds .....	37
5.3	Recommended Option: Specialized Youth-Dedicated Program Plus Mainstreaming.....	38
	APPENDIX A: Scope of Work.....	42
	APPENDIX B: Bibliography .....	46
	APPENDIX C: Contact List .....	48
	APPENDIX D: FOCUS Results Package Framework.....	53
	APPENDIX E: Mission Survey Instrument.....	55

## LIST OF ABBREVIATIONS

ARH	Adolescent Reproductive Health
AIG	Adolescent Interest Group
AVSC	AVSC International
CA	Cooperating Agency
CTO	Cognizant Technical Officer
DHS	Demographic and Health Survey
FHI	Family Health International
FOCUS	FOCUS on Young Adults Project
FP	Family Planning
FPSD	Family Planning Services Division of the Office of Population
G/PHN	Bureau for Global Programs, Center for Population, Health and Nutrition
HIV	Human Immuno-Deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education, and Communication
INTRAH	Program for International Training in Health
IPPF	International Planned Parenthood Federation
IPPF/WHR	International Planned Parenthood Federation, Western Hemisphere Region
IR	Intermediate Result
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU/CCP	Johns Hopkins University Center for Communications Programs
JSI	John Snow, Inc.
LAC	Latin American and the Caribbean Region
MCH	Maternal-Child Health
M&E	Monitoring and Evaluation
MAQ	Maximizing Access and Quality
NMH	Nutrition, Maternal Health Division
PATH	Program for Appropriate Technology in Health
PSI	Population Services International
RH	Reproductive Health
STD	Sexually Transmitted Disease/Sexually Transmitted Infection
SO	Strategic Objective
SOTA	State-of-the-art
SP	Strategic Plan
TA	Technical Assistance
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
WHO	World Health Organization
YARH	Young Adult Reproductive Health



## **EXECUTIVE SUMMARY**

In July–August 1999, the Center for Population, Health, and Nutrition in USAID’s Global Bureau (G/PHN) convened a team to conduct an assessment of young adult reproductive health (YARH) program options. The assessment included a review of a) the design of the current ten-year Results Package to improve the health of young adults; b) the FOCUS on Young Adults project supported under the first five-year phase of the program; and c) the youth activities carried out by USAID Missions, other Cooperating Agencies (CAs), and other donors. The team was asked to make recommendations for future USAID YARH programming.

Because of the short timeframe, the assessment did not include site visits to observe FOCUS or other CA YARH programs. Instead, the assessment took the form of a desk review of current YARH experiences rather than an in-depth analysis of technical approaches. The team gathered information from interviews, documents, and a survey sent to various USAID Missions and CAs. The assessment did not evaluate the FOCUS project, it did, however, review the FOCUS experiences to date so as to assist the G/PHN Center in considering options for the design of possible follow-on procurements. The findings, lessons learned, recommendations, and program options presented in this report are intended to stimulate further discussion regarding how USAID should address the critical reproductive health needs of adolescents.

In the early 1990s, USAID increasingly recognized adolescents as an important demographic cohort in need of reproductive health information and services. The 1994 International Conference on Population and Development (ICPD) further underscored the sexual and reproductive health needs of young adults. In 1994, G/PHN developed a ten-year, \$140 million Results Package entitled “Improving the Health and Well-Being of Young Adults”. Unfortunately, the program was dramatically scaled back because of funding cuts and the perceived political sensitivity of YARH issues following the 1994 U.S. congressional elections.

The Results Package addresses existing barriers to advancing adolescent health and is designed to achieve four program outcomes: (a) improve the policy environment for YARH; (b) build the capacity of USAID, CAs, and other donors to carry out YARH programs; (c) develop and implement tools and technologies for YARH; and (d) identify strategies for expanding reproductive health programs and services. The comprehensive program included policy development, research, training, and service delivery. Even though program funding was greatly reduced, the expected program results remained the same, except that service delivery was eliminated.

Clearly, the new YARH program raised the visibility of youth issues. By creating a comprehensive youth-dedicated program, USAID made a strong commitment to adolescents and was positioned to become a leader in YARH issues. While a comprehensive approach to YARH made sense, the scope of work under the Results Package was too broad for the level of resources invested in the first phase of the program. The Results Package also lacked clarity on how other CAs would commit resources or increase YARH activities within their programs that are also part of the YARH strategy under the Results Package.

In November 1995, USAID competitively selected Pathfinder International and its subcontractors, The Futures Group International and Tulane University School of Public Health and Tropical Medicine, to implement the first five-year phase of the program. The activity was approved for funding at a level of \$16.4 million, of which \$14.3 million has been obligated.

### **The FOCUS Experience**

After a slow start-up, FOCUS has produced some impressive work and is helping advance the field of adolescent health. Major accomplishments include the following:

1. FOCUS has produced excellent literature reviews, syntheses, and profiles of effective projects that have made an important contribution to increasing the understanding and knowledge of YARH issues. However, a systematic evaluation of the FOCUS materials would be useful. Further, limits on the number of printed copies of the publications that are generally available and translated into other languages have restricted the reach of the FOCUS products;
2. FOCUS is in the process of developing several tools and technologies for YARH programming (e.g., tools for assessing the youth-friendliness of clinics and for monitoring and evaluating youth programs). While CAs and donors find such resources useful for headquarters staff members (for whom they are intended), the tools need to be adapted for application by smaller field-level groups;
3. FOCUS staff members have provided wide-ranging and valuable technical assistance to several countries. However, owing to the FOCUS staff's small size and competing demands on their time, the project has been unable to respond to many Mission requests for assistance; and
4. One flaw in the current program design has been FOCUS's inability to develop and test innovative new approaches directly. The project has had to rely on partners and other CAs to implement its research program. Although working with partners has been beneficial, most FOCUS studies evaluate ongoing activities of other organizations rather than test new approaches.

In 1997–1998, USAID provided \$1.8 million in “joint programming” population and health funds to 11 CAs as an incentive to collaborate with FOCUS in the development of innovative YARH activities. While the concept of joint programming was sound, it gave rise to problems in funds management, including the following:

1. The level of consultation among USAID, FOCUS, and the recipient organizations regarding the purpose and use of the funds was insufficient;

2. With no joint programming funds provided to FOCUS to match the funds given to other groups, FOCUS found it difficult to influence other, much larger CAs in the design of new YARH activities. In addition, the amount of money available for each program was small and was, therefore, generally used to support ongoing activities rather than design new initiatives; and
3. Despite these problems, in several instances, joint programming funds played a catalytic role in strengthening the YARH work of other CAs. With some modifications, joint programming could be a promising tool for increasing the YARH programs of other organizations.

### **Other USAID and Donor Experiences in Adolescent Reproductive Health**

Young adult health issues have significant implications for achieving the G/PHN Center's Strategic Objectives (SOs), especially SO 1 (stabilizing world population), SO 4 (slowing the HIV/AIDS epidemic), and SO 2 (improving maternal health.) Surprisingly, the Center's Strategic Plan and results framework make little mention of YARH and, at present, include no Intermediate Results that refer specifically to youth issues.

The assessment team interviewed staff members of several CAs, most of which address adolescent activities in their current portfolios; however, the agencies accord different priority to YARH activities. Some important points that surfaced during the interviews include the following:

1. Generally, CAs lack an explicit strategy for addressing YARH needs. They have received little USAID programmatic guidance on adolescent activities and engage in little coordination of these efforts beyond the information sharing that occurs through the FOCUS project;
2. Not surprisingly, YARH programs offered by CAs reflect the agencies' specialized functional agenda. Thus, most programs are relatively narrow in scope;
3. Most CAs dedicate only a few staff members experienced in YARH programs to adolescent programs; and
4. On the positive side, the CA community collectively recognizes the need to expand education and services for adolescents. The agencies have a strong interest and commitment to YARH, but owing to competing demands, most have not been able to expand their work to any significant degree into adolescent services.

In June - July 1999, the G/PHN Center designed a short 12-question survey to canvass USAID Missions on their updated field perspective on YARH programs, their experiences, and their perception of their highest priority for YARH needs in the future. While the response rate was low (only 14 Missions responded), the findings nonetheless provided some valuable information and perspective on future needs:

1. Most Missions noted increasing recognition of the need to address youth issues. Out of the 14 Missions that replied, nine said that youth programming was important or very important to their Mission Strategic Objectives;
2. The survey revealed that countries are at different stages in developing youth programs. A small number of countries have established youth policies or a national plan that addresses youth; however, most Missions focus on youth through larger programs where youth represent a significant portion of the target population. Other Missions reported that NGOs are taking the lead in YARH issues but that those efforts are small and cover limited geographic areas;
3. When asked how important it is for G/PHN to develop and manage a comprehensive YARH program, 75 percent of respondents said it was important or very important. The primary functions where the Missions see a need for G/PHN leadership include the following: making a clear statement of commitment to youth issues, coordinating youth efforts, building coalitions to address youth issues across sectors, and gathering, synthesizing, and disseminating information on successful programs; and
4. When suggesting the best mechanism for the future, most Missions called for a combination of a specialized program focusing exclusively on YARH, and activities integrated within existing programs.

The assessment team members reviewed several Missions' Strategic Objectives and Intermediate Results within their Strategic Plans to determine the level of emphasis placed on youth by each Mission. The findings suggest that those Missions with youth activities are following an approach that combines family planning, HIV/AIDS, and maternal health. Six Missions currently highlight young adults in their Mission Strategic Plans; Mali, Brazil, and Jamaica all have established youth-centered Strategic Objectives. For the Missions that set forth youth objectives in addition to health, most work in other sectors such as education, job skill acquisition, and economic development.

Among the major donors, the UN system and private foundations consider adolescent health a priority concern. Although the donor community generally looks to USAID for leadership in new areas, several donors have overtaken USAID in first, developing major policy and strategy documents on adolescents and second, in targeting resources to YARH programs. Yet USAID has the potential to apply its technical expertise to adolescent reproductive health issues and to rely on its field presence to assume a leadership role in YARH at the global and the country levels.

### **Future Needs and Program Priorities**

Recent advances in knowledge suggest that three broad strategies hold promise for improving adolescent reproductive health. These approaches include:

1. Sexual health education programs that provide information and skills to change individual attitudes and behavior relating to sexual risk-taking;
2. Broader youth development efforts that increase social support and economic opportunities for adolescents and that motivate youth to avoid high-risk behavior; and
3. Efforts to make existing health services more welcoming to young people.

Because empirical evidence on the effectiveness of these approaches in an international context remains limited, any new youth program must include a strong emphasis on systematic research and evaluation.

As USAID considers the appropriate scope of follow-on activities to the FOCUS project, the challenge is to address current strategic gaps and to scale-up efforts to meet the growing reproductive health needs of adolescents. While it is crucially important to support programs for young people at the country level, the field of YARH needs to be advanced more generally through interventions in a larger global context. Country-level needs include the following:

1. Specific interventions to expand sexual health education and services for young people that are tailored to the country and community context;
2. An improved policy environment to support the expansion of education and services for young people. Advocacy can help raise awareness of YARH issues and overcome societal opposition to adolescent programs;
3. Research and evaluation to assess the effectiveness of specific interventions in the local context, especially in meeting the needs of specific subgroups of youth;
4. Development of local capacity and expertise through technical assistance, training, and access to state-of-the-art information to support the expansion of youth programs. Observation of programs in other countries and sharing of experiences can help advance country-level efforts; and
5. Building coalitions and networks to support advocacy and enhance both information sharing and program coordination.

At the global level, priority interventions include the following:

1. A continued, coherent “core” program of research and evaluation to fill gaps in knowledge and to identify effective strategies that are transferable across regions, countries, and cultures;
2. Dissemination of technical information, including research and evaluation findings, to develop a shared understanding of priority needs related to youth programs internationally;
3. Development of an extensive network of international technical expertise on all aspects of

adolescent reproductive health to strengthen youth programming within international donor and technical agencies, to provide technical assistance to country-level programs, and to help develop national expertise in developing countries; and

4. Information sharing on current youth activities among USAID, CAs, and within the donor community to provide opportunities to share lessons learned from practical experience and to improve coordination among international agencies.

## **Future Program Options and Mechanisms**

To determine how best to respond to the increasing demands for a wide range of program priorities, the team analyzed several possible program options. The programming options, which describe how a future program would be organized and packaged, fall into two broad categories.

- The first major option is to continue a “stand-alone” youth project. Possible variations on the stand-alone model include: (a) continuation of a FOCUS-type program, (b) modification of the FOCUS model to address weaknesses identified during implementation, and (c) dramatic expansion of the “youth-only program” to cover a wide range of activities—from education to service programs—as envisioned in the original design.
- The second major option is to expand and strengthen the YARH components of existing CA programs by “mainstreaming” youth activities within other G/PHN programs. Rather than support an exclusive YARH program, the model would spread YARH funding across other centerwide programs that lend themselves to introducing YARH issues or targeting youth. Under this option, youth activities would be integrated into the overall scope of work of each CA.

The first option—a specialized youth program—offers several advantages; it would successfully do the following:

1. Build on the momentum of current efforts;
2. Increase the visibility of YARH issues;
3. Dedicate resources to addressing the specific needs of youth;
4. Provide a contact for other organizations interested in YARH information;
5. Establish a worldwide repository of expertise regarding YARH issues and programs;
6. Enable USAID to strengthen technical leadership by building a critical core of expertise;
7. Create the ability to move quickly to develop strategies for expanding services through mainstream programs;

8. Serve as a catalyst to move other CAs and donors forward by generating demand for YARH activities; and
9. Provide YARH information and guidance to CAs and donors who lack YARH staff expertise and knowledge of the latest approaches and best practices.

The alternative to a specialized youth-dedicated program would be a dramatic expansion of YARH efforts in the current and planned programs of other CAs. This alternative model would not provide a focal point for specialized youth activities, rather, all operations research, evaluation, policy and advocacy work, training, communications, and implementation of education and service programs would be channeled through existing centerwide programs. All appropriate groups would be expected (and required) to assign a higher priority to YARH within their existing programs.

The advantages of mainstreaming are as follows:

1. Unless it becomes a significant part of each CA's program, YARH will not become a recognized priority or receive the attention it requires to achieve global impact;
2. While more knowledge of best practices is needed, enough is already known about the elements of successful programs to expand the scope of YARH activities;
3. Mainstreaming would obviate the need for a management-intensive, centerwide specialized youth program; and
4. The size and reach of USAID's CA programs would make it possible to expand youth activities faster and to achieve greater global impact;

### **Recommendations for Future YARH Programming**

To strengthen USAID leadership, demonstrate a strong commitment to YARH, and improve coordination, the resource allocation and guidance in this area of USAID PHN programming should include the following steps:

1. Develop some specific YARH Intermediate Results (IRs) within the G/PHN Center's Strategic Objectives (SOs) and Results Framework to demonstrate a firm commitment to addressing adolescents within the Center's programs;
2. Develop a G/PHN youth strategy in order to integrate and incorporate YARH within all appropriate programs;
3. Revitalize the Agency's existing Adolescent Interest Group to provide advocacy for YARH programs, coordinate YARH initiatives, provide guidance to ongoing and future youth

programs, and search for creative ways to program activities jointly with literacy, job skills or education, and micro-enterprise activities; and

4. Respond to the magnitude of YARH needs worldwide by requiring G/PHN to develop a “combined approach” to a new program that institutes a specialized youth-dedicated program with a clearly defined mandate and mainstreams YARH efforts through appropriate G/PHN programs in population, HIV/AIDS, and maternal health.

The specialized program should include “global” functions such as YARH-specific research or the evaluation and dissemination of best practices and other technical information. Improving coordination and sharing experiences in YARH would be important elements of this model. The program should support a clearinghouse for the collection and dissemination of lessons learned.

Sufficient funds should be made available to support evaluation and research needs, match joint programming funds provided to other CAs, and ensure enhanced capacity to respond to increasing requests for technical assistance from Missions. The program should be sufficiently flexible to support implementation where other mechanisms are not available or appropriate.

To mainstream YARH, G/PHN should require all appropriate programs to dedicate a specific level of effort to YARH. Those groups should develop work plans, and their agreements should include YARH results. Joint program funds would be available for groups that want to test new approaches while working collaboratively with the specialized program. Policy development, communications, training, and service delivery all represent appropriate areas for proactive mainstreaming of YARH initiatives.

In expanding adolescent programs, USAID should support a wide variety of creative strategies designed to reach different groups of youth and reflect current best practices. USAID should emphasize community-based approaches and seek to work with youth-serving organizations in both health and other sectors.

Improved coordination is critical to the success of the mainstreaming approach. USAID will need to play a greater leadership role in coordinating and guiding the efforts of all CAs that work in YARH. The specialized YARH program would support USAID and its adolescent interest group in organizing periodic meetings, coordinating work plans, sharing experiences and results, and guiding identification of future program needs.

## **SUMMARY OF RECOMMENDATIONS**

1. USAID should develop YARH-specific Intermediate Results (IRs) within the G/PHN Center's Strategic Objectives (SOs) and Results Framework to demonstrate a firm commitment to addressing adolescents under the Center's programs.
2. USAID should develop a G/PHN youth strategy that integrates and incorporates adolescent reproductive health into all appropriate programs.
3. USAID should revitalize the Adolescent Interest Group (the team suggests that the group call itself the Adolescent Working Group) to advocate on behalf of YARH programs, to coordinate YARH initiatives throughout the Center, to provide guidance to ongoing and future youth programs, and to encourage the integration of YARH youth programming with other sector programs such as literacy, job skills/education, and micro-enterprise.
4. USAID should provide clear guidance to CAs on the importance of investing efforts and resources in YARH.
5. USAID should significantly expand support for adolescent sexual and reproductive health initiatives, within a broader framework of youth development. Demand is growing for programs that address all aspects of adolescent development, including education and employment.
6. USAID should significantly expand reproductive health education and services for adolescents.
7. USAID should expand policy development initiatives aimed at creating a more supportive political and social climate for reproductive health programs for adolescents, especially unmarried youth.
8. Future USAID programming on adolescent reproductive health should emphasize research and evaluation at both the global and country-levels.
9. USAID needs to continue supporting a central clearinghouse to disseminate technical information on a range of adolescent reproductive health issues.
10. USAID needs to support a variety of activities that develop capacity in adolescent health at both the international and national levels.
11. Working groups need to be established at several levels to improve coordination among international agencies working in adolescent reproductive health.
12. Given the magnitude of YARH needs worldwide, the team recommends that the G/PHN Center consider a combined approach for future programming. Such an approach would continue with a specialized youth-dedicated program that follows a clearly defined mandate while mainstreaming YARH efforts through existing and new centerwide programs.



## **1.0 INTRODUCTION**

### **1.1 Purpose**

In July–August 1999, the Center for Population, Health, and Nutrition in USAID’s Global Bureau (G/PHN) convened a team to conduct an assessment of young adult reproductive health (YARH) programs. The assessment included a) a review of the current ten-year Results Package to Improve the Health and Well-Being of Young Adults; b) the FOCUS on Young Adults Project supported under the first five-year phase of the program; c) and youth activities carried out by USAID Missions, CAs, and other donors.

The FOCUS on Young Adults Project (FOCUS) is the first five-year (1995–2000) phase of the program. It is being implemented by Pathfinder International and its subcontractors, The Futures Group International and Tulane University School of Public Health and Tropical Medicine. FOCUS is one of G/PHN’s first centerwide programs and includes population, health, and HIV/AIDS activities and funding. Given that the FOCUS project has been the centerpiece of USAID’s YARH efforts, it is important to review the FOCUS experience to date.

The assessment team was advised to dedicate 25 percent of its time to reviewing program experience and 75 percent of its time focusing on programming options for the future. This assessment is not an evaluation of the FOCUS project but rather a review of the FOCUS experience. The goal of the assessment is to assist the G/PHN Center in considering options for the design of possible follow-on procurements. The complete scope of work can be found in Appendix A.

The findings, lessons learned, recommendations, and program options presented in this report are intended a) to facilitate further discussion within USAID and the CA community regarding the role of YARH within the broader context of health and related interventions and b) to assist in making decisions about developing future YARH programs.

### **1.2 Assessment Methodology**

The assessment team gathered information and materials from a variety of sources, including interviews, a materials review, and a survey sent to field Missions and CAs. A set of questions to guide interviews and discussions was also developed. Interviews were held with USAID, including G/PHN senior staff, PHN Strategic Objective (SO) Teams, and Regional Bureau staff. Extensive discussions were conducted with FOCUS staff and partners, along with a range of CAs and a cross-section of donors. Experts in the field, both domestic and international, were also interviewed. A complete list of the persons contacted and interviewed can be found in Appendix C.

The documents reviewed for the assessment included the YARH Results Package, FOCUS publications and project reports, the current G/PHN Strategic Plan, and Results Review and Resource Request (R4). Other sample Results Packages and technical YARH publications were also reviewed. A list of all the materials used as a references for this report is included in

## Appendix B.

A 12-question survey instrument was developed and sent to USAID Mission PHN Officers worldwide. Another questionnaire was developed and sent to approximately 38 CAs. The surveys systematically canvassed the respective groups about their current YARH activities and experiences under the FOCUS project and solicited suggestions on content areas and approaches for the future. Copies of the Mission survey instrument can be found in Appendix E.

The scope of the assessment did not include site visits to observe FOCUS or any other CA YARH programs and thus, limited the team's ability to validate technical approaches from the perspective of clients or consumers. Due in part to the three-week timeframe allotted for the assessment, the team restricted its investigations to talking with groups working in YARH. The team was able to develop a general overview of YARH activities, but was unable to analyze YARH programs to any significant degree. The assessment, therefore, took the form of a desk review of the current YARH experiences of USAID-funded CA and bilateral programs, and those of selected other donors.

Nonetheless, the assessment included interviews with over 27 organizations and 80 individuals, of whom many are currently involved in YARH programs or who see the need for future involvement in such programs. The lessons learned, recommendations, and program options presented in this report are the result of this initial review.

## **2.0 WHY FOCUS ON YOUTH**

### **2.1 Growing Needs**

Around the globe, the more than 1.5 billion people between the ages of 10 and 24 account for almost 30 percent of the world's population. By the year 2025, this number is projected to reach nearly 2 billion. Worldwide, young women and men suffer a disproportionate share of reproductive health problems such as unintended pregnancies and sexually transmitted infections (STIs), including HIV. It is now known that:

- More than 10 percent of all births occur to women aged 15-19;
- The risk of maternal mortality is two to four times higher for women under age 20;
- About one-half of all new HIV infections occur in persons under the age of 25;
- Two out of every three STIs occur in young adults;
- Approximately two million adolescent women in developing countries undergo unsafe abortions each year; and
- One third of all women seeking hospital care for complications of unsafe abortions are under the age of 20.

The past few decades have seen limited efforts and success in reaching the development needs of adolescents. But, with the growing number of youth and the expanding list of challenges faced by young adults, the international community has recently become concerned about finding ways of effectively addressing the needs of adolescents.

In 1994, the International Conference on Population and Development (ICPD) helped refocus the international community's approach to population concerns, and on the need to expand family planning efforts to address all aspects of reproductive health. Among the new directions identified during the conference was the need to address the sexual health needs of young adults, particularly with respect to reproductive health information and services. The conference cited sexuality education, contraceptive services, safe abortion, and female genital cutting as specific issues affecting young adults. The conference's Programme of Action pledged "to protect and promote the rights of adolescents to reproductive health information and services" and successfully brought adolescents and young adult reproductive health issues to the forefront.

### **2.2 USAID's Original Response to Young Adult Reproductive Health (YARH)**

#### **2.2.1 Identification of the Problem**

In the early 1990s, the G/PHN Center became increasingly interested in young adults and reproductive health as the growing needs of adolescents became more apparent. A variety of youth-focused events motivated USAID to move forward in the field, including the Inter-African Conference on Adolescents held in Kenya in 1992, the ICPD in 1994, and an Adolescent Donor Meeting held by USAID in 1995. All spoke to the need for more active support by donors and

governments for programs that focus on the special needs of young adults.

In the early 1990s, USAID formed an Adolescent Interest Group (AIG) with membership from the Regional Bureaus and the G/PHN Center's technical divisions. The group was charged with encouraging greater emphasis on youth within existing projects, and, to that end, commissioned the development of a concept paper by Douglas Kirby, an expert on adolescent health in the United States. The paper investigated adolescent reproductive health issues and outlined YARH priority program areas.

Kirby's paper dramatically highlighted some of the global issues affecting adolescents and proposed some critical adolescent reproductive health interventions. He described the variety of adolescent programs already operating in the developing world, including school-based programs, community clinics, and peer programs, and noted one major weakness in adolescent programs: the lack of evidence documenting activities that reduce sexual risk-taking. Kirby went on to say that limited institutionalization, lack of political support for programs and minimal reach of current YARH initiatives are major obstacles to addressing YARH issues. Kirby proposed five actions to overcome the various barriers:

1. Review and disseminate the evaluation results and materials associated with effective programs;
2. Build and improve internal linkages, support, and coordination among international organizations;
3. Build and improve national infrastructures to support adolescent reproductive health;
4. Develop and expand local capability to implement programs effectively; and
5. Implement and rigorously evaluate promising approaches to addressing adolescent reproductive health.

In addition to commissioning the concept paper, the AIG conducted an adolescent reproductive health survey of USAID Missions to determine their YARH needs and to solicit advice on whether USAID/W should develop a project dedicated to youth. The survey results showed that 23 Missions had included adolescents in their reproductive health activities and that 19 Missions were engaged in projects specifically targeting youth. Most important, 21 Missions wanted to increase the level of resources committed to youth programs, and 14 Missions said they would request specific assistance from a centrally funded YARH program if one were developed. A sufficient number of Missions indicated an interest in YARH to justify the full development of a new adolescent reproductive health program.

### 2.2.2 Design of the Results Package

The Results Package for the Program for Improving the Health and Well Being of Young Adults was authorized at \$140,250,000 for 10 years, beginning in 1995. Divided into two five-year phases, the YARH program proposed a comprehensive approach that included information, education, and communication (IEC), policy work, training, and service delivery. The first phase included preparatory activities such as advocacy, personnel capacity development, and applied

research to determine optimal interventions. The second phase emphasized program expansion, adaptation, institutionalization, and sustainability of efforts.

The primary objective was “to increase public and private sector capacity to provide effective information and services to young adults to reduce the negative health consequences of too early and closely spaced pregnancies, the associated impact on child survival and the transmission of STD/HIV.” The project was designed to achieve four program outcomes as follows:

1. Improve the policy environment for reproductive health for youth;
2. Increase skills and competencies to design, implement, monitor, and evaluate reproductive health programs for youth;
3. Develop, improve and implement tools and technologies for YARH; and
4. Design and implement strategies for the expansion of youth reproductive health programs and services.

### 2.2.3 Strengths and Weaknesses

The new YARH program raised the visibility of youth issues. By creating a comprehensive youth-dedicated program, USAID made a strong commitment to adolescents and was positioned to become a leader in adolescent health. It also made provision to devote significant financial resources to youth programs. The Results Package was ambitious in its design, seeking to address the entire range of adolescent reproductive health concerns and encompassing a wide variety of interventions from research, policy, and advocacy to information and services.

While a comprehensive approach to adolescent reproductive health made programmatic sense, the scope of work under the YARH Results Package was too broad for the level of resources ultimately invested in the program’s first phase. The Results Package also lacked clarity as to how CAs would commit resources or increase YARH activities within their programs associated with YARH strategies to meet the Results Package objectives.

## 2.3 Rationale for USAID Commitment to YARH

### 2.3.1 Continuing Needs

The important concerns raised in Kirby’s 1994 concept paper continue to affect young adults throughout the world. Adolescents represent an extremely complex group of individuals with diverse experiences and needs. They are married and unmarried, female and male, sexually active and abstinent, young and almost adult; they require a wide variety of approaches to meet their needs. Across the board, all young people have limited information and resources to draw on to meet today’s growing reproductive health challenges. They are in the process of making choices and formulating behaviors that will determine the quality and outcomes of their adult lives, and they often must do so without the guidance and support they need.

Adolescents, especially unmarried adolescents, are less likely to use contraceptives than older married couples. As a result, they have more unintentional and unwanted pregnancies, more unsafe abortions, and a higher rate of STDs, including HIV. Teens who marry are more likely to

have children immediately and are less likely to space subsequent births. Young women and their babies may face significantly higher risks in the course of giving birth. In many cases, once young people begin to have children, they cut short their educational careers; unmarried mothers often face social ostracism.

### 2.3.2 Improving Political Environment

International political interest in young adult reproductive health continues to increase. The five-year review of the progress achieved since the 1994 ICPD in Cairo (Cairo+5) called for sexual and reproductive health instruction for school children at all levels, special family planning information, and counseling and health services for sexually active adolescents. It also requested governments to safeguard the rights of adolescents to privacy, confidentiality and informed consent. The goals for 2005 include a push to ensure that at least 90 percent of adolescents have access to the information, education, and services necessary to develop the life skills required to reduce their vulnerability to AIDS and, in the most needy countries, that 25 percent fewer young people will become infected with HIV.

Those attending the ICPD and follow-up meetings recognized that young adults are affected by a variety of social, economic, and physiological factors and that their needs reflect the diversity of their lives. By emphasizing an increasingly holistic approach to adolescent development, the international community can create a broader base of support for adolescent development and achieve greater success with interventions.

### 2.3.3 Increasing Field Mission Interest in YARH

In preparation for the present assessment, the G/PHN Center designed a 12-question survey in June–July 1999. The purpose of the survey was to canvass USAID Missions for an updated perspective on YARH programs; their experiences, if any, with FOCUS; and their perceptions of highest-priority YARH needs for the future. While the response rate was low (only 14 Missions responded), the findings nonetheless provided some valuable information and perspectives on future needs.

Most Missions noted increasing recognition of the need to address youth issues. Nine out of 14 Missions said that youth programming was important or very important to their Mission Strategic Objectives. They pointed to adolescent reproductive health concerns such as pregnancy and HIV/STD prevention, delayed marriage, and birth spacing. One Mission asked that USAID/W devote more attention to incorporating youth within the MCH and HIV/AIDS portfolios. In addition, many Missions have adopted broader development strategies for youth, integrating those strategies with other sectors such as education and economic growth.

The survey revealed that countries are at different stages in the development of youth programs. A small number of countries have established youth policies or a national plan that addresses youth; however, most Missions target youth through larger programs in which youth are a significant portion of the target population. Other Missions reported that NGOs are taking the lead in adolescent reproductive health issues but that such efforts are small scale and have limited geographical coverage.

The primary areas where Missions see a need for USAID leadership include the following: making a clear statement of commitment to youth issues; coordinating youth efforts; building coalitions to address youth across sectors; and gathering, synthesizing, and disseminating information on successful programs.

When asked how important it is that G/PHN develop a comprehensive reproductive health program, 75 percent of respondents said it was important or very important. The remainder felt that youth issues should be addressed within existing country programs through bilateral agreements or other mechanisms. One Mission commented that “At present the entire issue of adolescent reproductive health is not well understood. While inroads have been made over the years, a group that specializes in this sector is essential to allow Missions to draw upon international expertise, when needed”.

Respondents made repeated references to the need for improved coordination of YARH efforts that would bridge across sectors, disseminate lessons learned, and scale-up successful programs and approaches. A few Missions commented on the need to collect more data on YARH needs and practices by modifying DHS and conducting other surveys.

In terms of future needs for YARH assistance, the Missions pointed to the following:

1. The availability of core funds to perform initial YARH needs assessments and to provide assistance to Missions to help determine high priority YARH needs;
2. Simple and easy-to-use YARH materials and information on approaches used for special groups such as young married couples and Moslem populations; and
3. Assistance in monitoring and evaluation, more operations research for designing and testing interventions, and opportunities to share examples of successful programs.

For those Missions experienced with FOCUS, most felt that the assistance was timely and effective. One Mission commented, “They really helped in conducting qualitative research that goes beyond focus groups and other techniques to get perceptions of youth”. A few Missions mentioned that FOCUS had felt the need to get things done quickly before the end of their project. When Missions preferred to wait and let the program more gradually evolve with local service-delivery partners, this led to friction with FOCUS in terms of timing for technical assistance.

Almost all Missions agreed that the FOCUS model met their needs. Only one respondent said that youth-oriented expertise should come from existing CA programs. But when asked if the rest of G/PHN could adequately address YARH in the absence of the FOCUS model, little over half (seven respondents) said yes. The affirmative responses were based on the argument that youth matters are addressed under larger programs and that the expertise for dealing with youth could come from the CAs already experienced with adolescent issues. Respondents made equally strong arguments for a specialized program on the theory that the response to a complex problem requires a centralized body of knowledge and experience with YARH.

In terms of recommending the best mechanism for the future, one Mission felt that G/PHN should continue to fund a separate YARH program, five Missions felt that youth activities should be included in existing projects, and seven Missions felt that YARH should take the form of a combination of a special program and activities integrated into existing programs. One Mission said “Any follow-on should have built-in flexibility so that the mechanism could be used to support some limited subprojects, in those cases where appropriate.”

## **2.4 Relationship to G/PHN Strategic Framework**

Young adult issues have implications throughout the G/PHN Center’s Strategic Framework, but particularly for the Center’s Strategic Objective (SO) 1—stabilizing world population, SO 2—maternal mortality; and SO 4—HIV/AIDS. Targeting programs to reach young adults is critical because adolescents can have a significant impact on achieving national and global health and population goals. Thus, supporting young adult programs is essential to accomplishing Agency goals. If the reproductive health needs of adolescents remain unmet, USAID will experience great difficulty in achieving its PHN Strategic Objectives.

### **2.4.1 Field Mission Emphasis on Youth**

The assessment team reviewed Mission Strategic Objectives and Intermediate Results (IRs) within their Strategic Plans (SPs) to determine the level of emphasis placed on youth. The findings suggest that Missions with youth activities follow an approach that combines family planning, HIV/AIDS, and maternal health, and sometimes extends to other sectors such as education, job skill acquisition, and economic development.

Six Missions currently highlight young adults in their Mission SPs. Mali, Brazil, and Jamaica all have set forth youth-centered SOs while the Dominican Republic and Ethiopia have at least one youth-specific IR under one of their SOs. Of the three countries with youth SOs, both Brazil and Mali have developed broad-based development strategies that address economic, health, and educational needs of young adults. Jamaica’s SO focuses on improving the reproductive health of youth, placing particular emphasis on pregnancy and HIV/STD prevention; a separate SO addresses the need to improve educational outcomes for young people.

### **2.4.2 USAID Potential for Global Leadership**

USAID's comparative advantage in adolescent reproductive health programming resides in its technical expertise and field presence. For reproductive health interventions, the international donor community looks to USAID for leadership in new areas and initiatives. While USAID was among the first donors to address YARH through the development of the FOCUS Project, the Agency has yet to provide overall leadership with respect to YARH or to direct other CAs to increase YARH activities under their existing programs.

At the same time many CAs and other donors have developed and pursued youth programs independently. For the most part, however, interventions have been uncoordinated and, therefore, do not respond to a common objective or strategy. Both technically and financially,

USAID has enormous potential to assume a leadership role in coordinating and shaping YARH efforts within USAID as well as across, and with, CAs. The Agency has the ability to leverage other donors to replicate and scale-up successful interventions through its network of field Missions.

## **2.5 Recommendations**

Adolescents confront a variety of serious challenges as they pass through a vulnerable period of life. The international community has recognized the importance of the issues surrounding young adults, and in its various development strategies, has accorded high priority to adolescents. Field Missions, CAs, and other donors have expressed a clear need for commitment, coordination, resources, and guidance for better addressing young adult needs in the future. Based on these findings the assessment team recommends the following to USAID:

1. USAID should develop YARH-specific Intermediate Results (IRs) within the G/PHN Center's Strategic Objectives (SOs) and Results Framework to demonstrate a firm commitment to addressing adolescents under the Center's programs.
2. USAID should develop a G/PHN youth strategy that integrates and incorporates adolescent reproductive health into all appropriate programs.
3. USAID should revitalize the Adolescent Interest Group (the team suggests that the group call itself the Adolescent Working Group) to advocate on behalf of YARH programs, coordinate YARH initiatives throughout the Center, provide guidance to ongoing and future youth programs, and encourage the integration of YARH youth programming with other sector programs such as literacy, job skills/education, and micro-enterprise.
4. USAID should provide clear guidance to CAs on the importance of investing efforts and resources in YARH.



### **3.0 G/PHN’S EXPERIENCE IN ADOLESCENT REPRODUCTIVE HEALTH**

#### **3.1 Review of the FOCUS on Young Adults Project**

##### 3.1.1 Description of FOCUS

In November 1995, USAID selected Pathfinder International to implement the FOCUS on Young Adults Project. The Futures Group International and Tulane University School of Public Health and Tropical Medicine participate as subcontractors and major partners.

The original Pathfinder strategy for implementing FOCUS called for advancing the field of adolescent reproductive health through a core program that would concentrate on six emphasis countries—two countries each in Africa, Asia, and Latin America. The selection of countries was to be based on program criteria as well as on the availability of an in-country office of a FOCUS partner that would provide administrative support. The original approach underwent modification when some of the emphasis countries chose not to participate in the program. The revamped approach thus specified in-country work in one or more functional areas such as policy, research and evaluation, training, and communications.

The project’s primary target group was “intermediaries” or USAID and its partners, including CAs and other donors. The rationale behind selection of the target group was that the earliest efforts in a new and evolving field should focus on building capacity within key funding agencies. Limited project funding also necessitated the involvement of groups with already trained staff capable of technical assistance. That staff, in turn, would create a “multiplier effect” by transferring FOCUS assistance to a given country and community.

To guide project implementation, FOCUS developed a Results Framework and conceptual framework accompanied by a set of key questions relating to adolescent reproductive health (ARH). The FOCUS framework identifies three major result areas as follows:

1. Increase the awareness of USAID and its partners with respect to key policy and program issues affecting the health and well-being of young adults;
2. Improve the capabilities of USAID and its partners to initiate and monitor the implementation of young adult policies and programs; and
3. Identify what works by testing promising young adult policy approaches and model programs through research and evaluation.

Under the FOCUS framework, the results contribute to the project’s two SOs: a) to enhance awareness of the vital role of young adult issues in achieving overall development goals and b) to improve the health and well-being of young adults in developing countries. The following section reviews the FOCUS project’s experience and achievements to date.

### 3.1.2 Major Achievements and Issues

The team interviewed over 25 representatives of the CA community and a cross-section of international donors and respected experts in adolescent reproductive health. Based on these interviews, the team found that the international population and health community is strongly supportive of USAID's decision to establish a special project on adolescent reproductive health. Some of the points made by the interviewees follow:

1. In general, CAs and donors view a specialized project as elevating the visibility of adolescent reproductive health. Some noted that integration of adolescent initiatives into broader programs would make it difficult to measure the initiative's impact;
2. Those most familiar with FOCUS perceive that they are moving the field forward by identifying effective interventions. They felt that the global agenda of adolescent health would not be pursued in the absence of a dedicated youth project;
3. Some mentioned that one of the most valuable aspects of FOCUS is its youth "lens". FOCUS approaches adolescent reproductive health in a holistic way that cuts across reproductive health and various functional areas;
4. Given that YARH is a rapidly changing field, other organizations working with youth find that a central focal point is useful as a technical resource and clearinghouse for information. FOCUS has helped bring together CAs and donors working on adolescent reproductive health;
5. FOCUS has developed a network which includes groups outside the USAID community that represent cutting-edge thinking on adolescent health. Groups include UNICEF, WHO, the Rockefeller Foundation, and prominent U.S. domestic adolescent health experts;
6. Some organizations see FOCUS as a small and marginal activity primarily working on materials development. As such, they perceive USAID as falling short of its potential leadership role in meeting the pressing need for adolescent reproductive health services; and
7. Many groups were not clear on the FOCUS project's specific mandate and role. Some groups stated that USAID was unrealistic to expect that FOCUS, a relatively new project with modest resources, would be able to coordinate the rapidly expanding youth activities of larger, better-established organizations.

#### *3.1.2.1 Increasing Awareness and Policy Development*

FOCUS has carried out a wide range of policy activities to raise the awareness of USAID and its partners with respect to the importance of adolescent reproductive health. Activities include a communications program; workshops and meetings; the development of an adolescent RAPID model (similar to the RAPID computer model that demonstrates the socio-economic impacts of high fertility and population growth); a study of girls' education and sexual debut; and technical assistance to country programs. While these activities are not inclusive of all program functions, they indicate the type of policy development activities carried out by FOCUS.

In particular, the communications program has been a major FOCUS activity and includes the development of a significant number of publications on adolescent reproductive health.

Representative publications include the following:

1. Two technical papers on youth-friendly services and involving youth in programs, and four synthesis papers on program and research findings that discuss key elements of health services, community outreach, social marketing/mass media, and in-school programs that aim to reach adolescents;
2. A series called “In Focus” that is a periodic four-page summary of project experience and research findings on a range of topics, including HIV/AIDS, anemia, emergency contraception, sexual abuse, reaching young men, and parental involvement—all from the perspective of adolescent reproductive health;
3. A series entitled “Project Highlights” that is a two-page summary of “lessons learned” from successful or promising adolescent reproductive health projects. The summaries are compiled with the help of the collaborating organizations that implement these youth programs; and
4. Monthly FOCUS project updates, a FOCUS web site, and one-page information bulletins.

The FOCUS publications have made an important contribution in raising awareness of adolescent health concerns. CAs and donors noted in interviews that they value FOCUS publications and find them highly useful. The quality and range of topics, as well as the frequency of the publications, all received high marks. Even though it receives numerous requests for its publications, FOCUS has not yet conducted any systematic evaluation of its materials. Such an evaluation would be useful in that some of the publications are reported by some CAs to be too theoretical. At the same time, FOCUS publications have had limited reach. Audiences are largely intermediary groups; and budget constraints mean that FOCUS is able to print only 2,000 copies of each publication and cannot produce materials in languages other than English, except on a limited basis. The result is that important information is not finding its way to groups that need it, especially at the country level.

Lessons Learned 1. Because publications involve significant economies of scale, their translation and distribution to the widest possible audience is important for maximizing the returns on investment in their initial development.

In another area, FOCUS has organized several workshops and meetings on adolescent reproductive health, often in collaboration with other USAID CAs. Events include a 1997 Youth Across Asia workshop, a three-day state-of-the-art (SOTA) training course for USAID staff, and an upcoming SOTA workshop for Eastern and Southern Africa. The workshops have helped to make it possible for those in leadership positions to discuss adolescent reproductive health in an open forum. The Youth Across Asia workshop in particular was a success, as evidenced by the fact that workshop participants from several countries have built national advocacy networks and initiated YARH programs. By their nature, however, these workshops have limited reach. In addition, any workshop requires follow-up with participants to assist in the development of stronger programs.

Under its partnership with The Futures Group, FOCUS is developing a RAPID computer presentation that uses current data and projections to illustrate how program and policy actions

affect adolescent reproductive health and population projections. Preliminary application of the model is underway in Ghana and under development in Mali. Though not yet complete, the adolescent RAPID model has the potential to be highly leveraged. The presentation needs to be refined, made interactive, and adapted to other contexts.

FOCUS also has provided technical assistance to country programs in YARH policy and strategy development. In Bolivia, FOCUS assisted with the development of YARH advocacy networks and a national policy. In Malawi, Kenya, and Jamaica, FOCUS has assisted USAID Missions in developing new adolescent strategies.

Another FOCUS policy initiative has been a 30-country analysis of the relationship between girls' school attendance and the timing of sexual initiation. Results suggest that attending school has a strong effect on postponing sexual debut, especially among younger teens. FOCUS has built these findings into the RAPID model to demonstrate that even with increased investments in education, significant numbers of adolescents still need access to services for prevention of pregnancy and sexually transmitted infections (STIs).

### *3.1.2.2 Improving Capabilities*

FOCUS seeks to strengthen the capacity of USAID and its partners to design and implement youth initiatives. The project also attempts to improve capabilities in adolescent program design by developing and sharing various tools and technologies.

FOCUS is developing several tools for adolescent programming that cut across policy, research and evaluation, and training. They include: a tool for participatory assessment of YARH needs, a comprehensive guide to monitoring and evaluating (M&E) YARH programs, a tool for assessing youth-friendly clinic services, and a tool to adapt existing training curricula to address adolescent reproductive health issues.

It appears that the tools will be useful to CAs and donors—the intended target audience. Some CAs and donors have even used the tools in draft form. The M&E guide, which provides a menu of indicators and suggested techniques for data collection, is comprehensive and user-friendly. Some groups, however, have already commented that the guide is too theoretical and cumbersome for the field, especially for small service-delivery groups that lack the capacity for sophisticated research and evaluation methods.

While FOCUS appears to employ experienced staff and consultants, it suffers from inadequate staffing. At most, only a few staff members cover each major program area. The lack of adequate staff constrains the program's ability to provide timely technical assistance and capacity building.

#### 3.1.2.2.1 Joint Programming Funds

In 1997–1998, USAID provided \$1.8 million in population and health funds to 11 CAs as an incentive to collaborate with FOCUS in the development of innovative YARH activities and to

facilitate the strengthening of YARH activities by other CAs. The concept of joint programming funds is commendable, but it has given rise to problems in funds management. The purpose of these funds and how they were to be programmed was not fully discussed by USAID with FOCUS nor with many of the CAs receiving funds before the monies were disbursed to the various CAs. While funds were to be used to develop joint programs, FOCUS received no additional funds to match those given to other groups, even though several CAs expected FOCUS to provide funds for agreed-upon activities. Eventually, USAID met with the CAs and their USAID project managers to discuss joint programming funds.

Admittedly, the funds management experience was uneven, however, joint programming funds played a catalytic role in helping FOCUS work in concert with other CAs. With some improvement in the management of joint monies, joint funding could be a promising tool for increasing YARH programming by other groups.

Another problem with joint programming was that the small amount of money available for each program made it difficult to fund new initiatives; funds generally went to enhancing existing activities. Until recently, the HIV/AIDS Division did not contribute any joint programming or other funds, perhaps one reason why FOCUS has not worked to any great extent with the specialized community of HIV/AIDS CAs.

The overall expectations for joint programming were not clear from the outset. As a new activity with a modest budget, FOCUS experienced difficulty in guiding or influencing other, much larger CAs in the design of new YARH initiatives, especially in the absence of matching funds. Nonetheless, some successes with the joint programming model stimulated collaboration.

Lessons Learned 2. Changing the way other organizations approach adolescent programming takes time as well as incentives for collaboration. It is unrealistic to expect significant change in a relatively short time with a small amount of funds.

Lessons Learned 3. Joint programming funds can stimulate the development of innovative youth programs by other CAs. However, program managers need clear guidance on the use of the funds, how decisions are made to allocate funds, a list of priority programs, and how collaborating groups should work together. Most important, each group needs to have additional funds for successfully developing and jointly managing program activities.

### *3.1.2.3 New Approaches to Youth Programming*

The third major area of the FOCUS project is research and evaluation. At the outset of the FOCUS project only a few good evaluations of YARH programs were available. Thus, FOCUS made it a priority to document adolescent reproductive health program experiences and to identify promising new approaches.

FOCUS is carrying out approximately 26 studies that, for the most part, are evaluating activities implemented by other organizations. FOCUS is the only USAID-funded project pursuing a large-scale research and evaluation agenda on adolescent reproductive health. The agenda

includes three broad areas as follows:

1. Learning more about adolescents. FOCUS is studying adolescent attitudes and behaviors, as well as adolescent life contexts, in order to develop a better understanding of the social conditions and risk factors that influence adolescent reproductive health outcomes;
2. Evaluating the effectiveness of interventions. In conjunction with other CAs, FOCUS is carrying out studies to assess the effectiveness of various program approaches, including peer promotion and outreach, school and health-facility-based programs, and mass-media activities. Other studies seek to identify quality standards of practice and to explore how promising approaches can be further improved and refined; and
3. Developing appropriate methods for evaluating youth programs. FOCUS is developing both quantitative and qualitative research techniques and, for example, is supporting some large-scale youth surveys while adapting participatory appraisal techniques to research on youth.

The research agenda represents a critical mass of studies in both rural and urban settings. The research methods employed by FOCUS are rigorous and reflect an appropriate mix of qualitative and quantitative methods. However, one problem has been the inability of FOCUS to design and test innovative new approaches directly. Reliance on other partners to implement programs for evaluation by FOCUS has resulted in an overall research agenda that is somewhat opportunistic.

The FOCUS research agenda does have the potential to move the field forward. However, given that the studies, for the most part, are not yet complete and that research on U.S. adolescent programs often has yielded inconclusive findings, it is difficult to predict the eventual impact of the FOCUS research program. Furthermore, while FOCUS has made a good start in a new and complex area, more research and evaluation of adolescent reproductive health programs is needed.

Lessons Learned 4. A five-year timeframe is too short to plan and implement a research program aimed at achieving major advances in knowledge in a new area. Such a research effort also requires the funds and authority to support experimental designs, as well as sufficient time for the dissemination of research findings.

### 3.1.3 Management Issues

Some of the project management issues that have emerged during implementation include the following:

1. USAID Missions and many CAs have not had a clear understanding of the scope of FOCUS activities. In particular, some field Missions did not understand that FOCUS does not implement projects or support service delivery;
2. Missions frequently have requested assistance for activities unrelated to the core FOCUS agenda of advancing the adolescent reproductive health field globally. Thus, FOCUS has been concerned that acceptance of field support funds would undermine achievement of the global agenda by reducing the availability of core funds. While FOCUS' perception may or may not be accurate, it points to the need to consider carefully the appropriate mix of core and field support funds in a future adolescent health procurement so that the project can remain responsive to the field yet continue working toward the achievement of important

core activities; and

3. The HIV/AIDS Division views adolescents as a priority population but has not been closely involved in the FOCUS project. Division staff acknowledge that their current portfolio does not give sufficient priority to adolescents. In a promising recent development, the HIV/AIDS Division has committed a small amount of funds to the FOCUS project.

Lessons Learned 5: A project with limited funds and staff cannot meet all needs and has to set priorities. In designing new projects, USAID must clarify the priority assigned to global and country-level activities and determine the appropriate split between core and field support funding.

Lessons Learned 6. To be successful, centerwide projects that seek to address multiple Strategic Objectives need to involve all relevant offices/divisions throughout the design and implementation process. If they are to have a sense of ownership and remain involved in the activity, key stakeholders need to feel that the project is responsive to their needs.

## **3.2. Other Involvement in YARH Programs**

### **3.2.1 Cooperating Agency and Other NGO Experiences**

The assessment team contacted several NGOs and CAs, including some groups such as Advocates for Youth that receive no USAID funding. Most USAID-funded and other organizations contacted by the team include adolescent activities in their current portfolios, but the priority accorded to such activities varies greatly.

A few organizations are making adolescents a particularly high priority, as noted below:

1. Johns Hopkins/Population Communication Services has adopted a major focus on youth in its mass-media and other communications activities;
2. Center for Development and Population Activities (CEDPA) is using private funds to support its Better Life Options program for young girls, which takes a holistic approach to youth development. With USAID funds, CEDPA also supports youth activities with a more direct focus on reproductive health;
3. IPPF is working to change its governance structure to increase youth participation at all levels, including participation on its central council. In addition, IPPF affiliates around the world are expanding their support for reproductive health services for young people. IPPF/Western Hemisphere Region (WHR), an acknowledged leader in delivering services to adolescents, has developed a simple and excellent tool to help affiliates evaluate their youth-friendliness;
4. Some CAs identify youth as one of several priority areas. For example, adolescent reproductive health is one of about a dozen areas of emphasis identified in the POLICY and

HORIZONS projects. The FRONTIERS project includes a major youth initiative in its global research agenda, which will follow up a sample of youth in four countries for two years;

5. Other CAs lack an explicit focus on youth in their agreements, but are nonetheless working to increase the responsiveness of their programs to adolescent needs. Population Services International (PSI) has geared entire condom social marketing projects toward youth. AVSC International has found that up to one-third of its clients are young people (usually married youth); therefore, AVSC is working to make its clinics more youth-friendly;
6. Some CAs are still doing little in adolescent reproductive health. For example, INTRAH/PRIME, JHPIEGO, and the new Maternal and Neonatal Health project have only limited ongoing initiatives in adolescent reproductive health. Adolescents are not a major area of emphasis in some recently initiated activities, such as Commercial Market Strategies and PVO/NGO Networks, even though they are trying to reach zero- and low-parity women; and
7. While the major service providers such as Family Planning Service Expansion and Technical Support (SEATS) and Pathfinder International support youth work, they lack either a clear focus on youth or the ability to evaluate youth initiatives and/or approaches adequately.

Even though many CAs are committed to working with adolescents, the current approach raises some important issues as noted below:

1. With some notable exceptions, the CAs, both individually and collectively, lack an explicit strategy for addressing adolescent reproductive health needs. USAID has not provided any overarching program guidance on adolescent activities. Coordination of efforts is minimal beyond the limited information sharing occurring through the FOCUS project;
2. Not surprisingly, CA YARH programs reflect their own specialized functional agendas. Thus, most programs are relatively narrow in scope;
3. Most CAs have few staff members dedicated to adolescent programs, and those few tend to lack in-depth expertise or experience in YARH programs. CEDPA and IPPF are notable exceptions;
4. CAs, including some organizations that support extensive adolescent programs, are deficient in evaluation. Some projects have performed baseline surveys; for the most part, however, evaluation consists of “the standard monitoring and numbers”. Other projects rely on indicators of limited relevance to young people, such as contraceptive prevalence and couple-years of protection, to evaluate their adolescent programs. The lack of rigorous evaluation is a serious concern given the nascent state of the art and the need for better information about the effectiveness of interventions. Major exceptions include Johns Hopkins University Communications Center Program (JHU/CCP) and groups carrying out joint education activities with FOCUS; and
5. On the positive side, the CA community collectively recognizes the need to expand education and services for adolescents. In addition, it demonstrated a strong interest in and commitment to meeting the reproductive health needs of young people. While the community has the capacity and potential to expand its activities, it is currently not doing enough.

Lessons Learned 7. Without more explicit guidance from USAID, CAs appear unlikely to invest in dedicated staff and the other preconditions needed to improve the quality of adolescent programming.

Lessons Learned 8. The current USAID system that encourages technical specialization makes it difficult for CAs to adopt a holistic approach to youth to support adolescent programs that cut across functional areas.

Lessons Learned 9. Existing agreements are an important mechanism for the rapid expansion of USAID support to adolescent programs. For effective programming however, CAs require guidance on program direction as well as strong technical assistance in evaluation. In other words, additional funding alone will not ensure program effectiveness.

### 3.2.2 Other Donors

Other major donor agencies—for example, UNFPA, UNICEF, WHO, and the Packard Foundation—see adolescent health as an area of increasing importance and, therefore, are assigning it a high priority. Most of these organizations have recently completed or are in the final stages of developing major policy and strategy documents on adolescents. WHO and UNICEF, not surprisingly, emphasize broader adolescent health and development. UNFPA and Packard tend to focus more on the reproductive health needs of adolescents.

What these donors have in common is that they are ahead of USAID in according a high priority to adolescents, incorporating adolescents into their strategic documents, and targeting resources to YARH programs. USAID, however, has the potential to capitalize on its implementation capacity as well as on the breadth and depth of its technical expertise in reproductive health, and thereby assume a leadership role in adolescent reproductive health at the global and field levels.

FOCUS has established close links to other major donors. The project has drawn on adolescent experts from WHO and UNICEF. Meanwhile, UNFPA and the Packard Foundation have drawn on FOCUS' specialized expertise.

Lessons Learned 10. USAID has potential for significant technical and financial leverage with other donors in the area of adolescent reproductive health. Collaboration with other donors is more likely to occur if the latter are consulted early in the process of planning a new program or activities in which donor participation is desired.



## **4.0 FUTURE NEEDS AND PROGRAM PRIORITIES**

As USAID determines the scope and focus of the next phase of adolescent programming, the challenge is to identify appropriate approaches and to mount programs responsive to the reproductive health needs of adolescents. While it is imperative to expand efforts that address the urgent needs of growing numbers of young people, knowledge of effective approaches to improve adolescent reproductive health is still relatively limited. Nonetheless, recent efforts have led to an increased understanding of some promising strategies for addressing adolescents' unique needs.

### **4.1 Promising Program Approaches**

Recent advances in knowledge suggest three broad strategies that hold promise for improving adolescent reproductive health outcomes. These advances derive primarily from U.S.-based research, although studies in developing countries conducted by FOCUS and others are also yielding similar results. These strategies are discussed below:

#### **4.1.1 Effective Health Education Programs**

Several evaluations suggest that sexual health and HIV education programs that successfully increase knowledge and skills and thus change adolescent behaviors share some common elements, including the following:

1. A clear focus on reducing specific risk-taking behaviors;
2. Accurate information about risk and methods to avoid risk;
3. Goals, methods, and materials appropriate to the age, culture, and sexual experience of participants;
4. Teaching techniques based on behavior change approaches, including participatory methods that help adolescents personalize information to their own situation;
5. Efforts to address social influence and peer pressure; and
6. Opportunities to practice communication and negotiation skills.

Some educational programs that combine these and other characteristics have been associated with the delay of sexual initiation, a reduction in the frequency of intercourse and number of partners, and increased use of condoms or other contraceptives. In general, these educational programs are more successful when they are introduced before young people become sexually active. Clearly, the programs do not contribute to either earlier or increased sexual activity.

#### **4.1.2 Programs That Promote a Supportive Social Environment**

Increasingly, empirical evidence suggests that peer and family relationships as well as school and other community institutions, strongly influence adolescent reproductive health outcomes. School dropout, early marriage, and drug and alcohol abuse all appear to be associated with increased reproductive health risks among adolescents. Thus, some programs that broadly

promote youth development and seek to enhance the social environment for adolescents contribute to improved reproductive health outcomes, even if they do not directly address sexuality. Such programs can be diverse and may include educational and job training opportunities, establishment of support networks, sports and recreation, community development, and religious activities. Among these programs, some common elements include:

1. Increased interaction between adolescents and adults;
2. Diminished discretionary time; and
3. Reinforcement of young people's belief in a future.

Broad-based (multisectoral) youth development programs appear to work by increasing social support and opportunities for adolescents, thereby boosting motivation to reduce risk-taking. Multisectoral programs can also help dispel controversy around the provision of reproductive health information and services to adolescents and facilitate coalition-building with other community groups, thereby creating a more receptive climate for adolescent sexual health interventions.

#### 4.1.3 Efforts to Increase Access to and Utilization of Youth Programs and Health Services

Research to date suggests that young people often rely on health resources outside the formal health-service delivery system. Barriers that commonly prevent adolescents from using existing health services include lack of transportation and physical access, inconvenient hours, concerns about preserving anonymity and confidentiality, staff members who scold or moralize and related embarrassment, the cost of services, and laws and policies that make serving youth difficult. Strategies for addressing these barriers include the following:

1. Increasing young people's knowledge of available services;
2. Generating demand for these services, for example, through peer outreach workers; and
3. Improving the youth-friendliness of existing services through specially trained staff, improved facilities, more convenient hours, and lower fees.

In summary, recent advances in knowledge provide some basis for expanding education and service programs to meet the urgent and growing needs among adolescents. In any event, since some governments and many NGOs are moving ahead with such YARH programs, it is important to ensure that these efforts incorporate what is currently known about best practices. However, it is also important to recognize that adolescent health is a complex area with no "quick fix" and that the "state of the art" remains imperfect. Therefore, any major youth strategy requires a strong emphasis on systematic and rigorous research and evaluation, due to the limited knowledge base.

## 4.2 YARH Needs and Priorities

Adolescent reproductive health is an emerging field that demands a wide range of interventions that will expand and strengthen sexual health education and adolescent services on a global scale.

The following are suggested activities for 1) country-level interventions (those that need to be tailored to each country setting); and 2) global interventions requiring centralized and coordinated implementation.

Country-level needs include:

1. Expanded sexual health education and services for young people with specific interventions tailored to the country and community context;
2. An improved policy environment to support the expansion of education and services for young people. Advocacy can help raise awareness of YARH issues and overcome societal opposition to adolescent programs;
3. Research and evaluation to assess the effectiveness of specific interventions in the local context, particularly in meeting the needs of specific subgroups of young people;
4. Development of local capacity and expertise through technical assistance, training, and access to state-of-the-art information, to support the expansion of youth programs;
5. Observation of programs in other countries and sharing of experiences that can also help to advance country-level efforts; and
6. Building coalitions and networks to support advocacy and to enhance both information-sharing and program-coordination.

At the global level, priority interventions include:

1. A continued, coherent “core” program of research and evaluation to fill gaps in knowledge and to identify effective strategies that are transferable across regions, countries, and cultures;
2. Dissemination of technical information, including research and evaluation findings, to develop a shared understanding of priority needs relating to youth programs across the globe;
3. Development of an extensive network of international technical expertise on all aspects of adolescent reproductive health to strengthen youth programming within international donor and technical agencies, to provide technical assistance to country-level programs, and to help develop national expertise in developing countries; and
4. Information sharing on current youth activities and lessons learned among USAID, CAs, and within the donor community to share lessons learned from program experience and to improve coordination among international agencies.

### **4.3 Recommendations**

5. USAID should significantly expand support for adolescent sexual and reproductive health initiatives within a broader framework of youth development. Demand is growing for programs that address all aspects of adolescent development, including education and employment.

USAID, with its strong comparative advantage in reproductive health, should focus on reducing sexual risk-taking behaviors that expose adolescents to unintended pregnancy and STIs, including HIV/AIDS. USAID's primary objective should be to delay initiation of sexual activity and to promote safer and more responsible sexual behavior among sexually active adolescents. However, USAID also needs to be able to address a range of other YARH concerns, depending on the local context.

6. USAID should significantly expand reproductive health education and services for adolescents. The G/PHN Center should actively encourage CAs to experiment with a wide range of creative approaches that incorporate current best practices. Those approaches that prove effective should be scaled-up and more widely replicated.

The Center should emphasize community-based approaches that are implemented through multisectoral youth-serving organizations, and designed to reach different subgroups of youth. Educational initiatives need to explore further the potential role of school-based programs and the mass media in reaching youth aged 10 to 15 who are not yet sexually active, including young males. In addition, USAID needs to support the expansion of services for sexually active adolescents and encourage integration of AIDS and pregnancy-prevention efforts into programs for adolescents, especially where HIV prevalence is high. USAID-funded activities should require youth involvement in all aspects of program design and implementation.

7. USAID should expand policy- development initiatives aimed at creating a more supportive political and social climate for reproductive health programs for adolescents, especially unmarried youth.

Efforts should rely on national data regarding adolescent sexual practices and health needs to overcome political and community opposition, thus promoting an understanding of the reality of young people's lives and the importance of addressing their reproductive health needs. USAID should also support assessments of the current policy environment at the country level to highlight how changes in national policy can support better reproductive health and development outcomes.

8. Future USAID programming on adolescent reproductive health must emphasize research and evaluation at both the global and country levels.

Evaluation efforts should test both existing and new approaches in multiple settings in order to identify models with broad-based effectiveness, identify the most appropriate interventions for different subgroups of youth, and assess the impact of linked interventions. Existing USAID projects, such as demographic and health surveys and operations research, should expand country-level data collection and research efforts relating to adolescent reproductive health. In addition, research and evaluation efforts need to track and analyze the costs of various youth program models.

Where appropriate and feasible, evaluation efforts should use experimental research designs.

They should work to improve the methodologies for evaluating youth programs; they should also increase support for monitoring and evaluation capabilities at all levels. Finally, an expanded effort is needed to ensure the timely and broad-based dissemination of research findings at both the international and national levels.

9. USAID needs to continue supporting a central clearinghouse to disseminate technical information on a wide range of adolescent reproductive health issues.

A clearinghouse should publicize key elements of effective youth programs as well as appropriate strategies for scaling-up successful projects. Current dissemination efforts need to be expanded to reach the national and subnational levels and to include translation of materials into multiple languages. Illustrative information-sharing activities include: literature reviews and dissemination of new research findings; a calendar of upcoming international adolescent-related events; a newsletter on lessons learned from both the successful and unsuccessful activities of different organizations; and a central resource center and website to provide access to publications and other materials, such as training and educational curricula and model national adolescent policies.

10. USAID/W needs to support a variety of activities that develop capacity in adolescent health at both the international and national levels.

At the international level, such initiatives should include: development of a database/consultant service to provide technical expertise in a broad range of functional areas to assist field programs; continued support for international and regional technical meetings on specific issues in adolescent health; central funding to support adolescent reproductive health advisors in key CA programs; and the development of simple, user-friendly tools and technologies for adolescent programming.

At the country level, USAID Missions should encourage national program managers involved in adolescent initiatives to participate in international and regional workshops on adolescent initiatives. Increased support is also needed for in-country workshops and training programs, as well as for south-to-south exchanges. In addition, a major effort is required to ensure that both pre-service and in-service training programs orient service providers to the delivery of youth-friendly services.

11. Working groups need to be established at several levels to improve coordination among international agencies working in adolescent reproductive health.

Within the USAID/PHN Center, the current Adolescent Interest Group needs to be revitalized to increase the profile of adolescent programs within the Agency, keep staff abreast of new technical developments, and facilitate coordination of adolescent initiatives across centrally funded projects. A broader working group that includes both USAID and CA staff is also needed to improve information-sharing and overall program coordination.

In addition, USAID should work with other multilateral, bilateral and private donors to create a donor working group on adolescent reproductive health. The group can provide a forum for donors to come together and develop consensus on program priorities. It can also promote joint programming to ensure the best possible use of donors' limited financial and technical resources. USAID Missions need to work with governments and other donors to develop mechanisms to improve coordination of adolescent reproductive health initiatives at the national level.



## **5.0 PROGRAMMING OPTIONS**

To determine how best to respond to increasing demands for a wide range of youth program priorities, the assessment team analyzed several program options. This section outlines each of these program options or approaches describing how a future program would be organized and packaged, without detailing technical approaches. The description of each option includes a short definition of the approach, the justification for the option's selection, and the option's advantages and disadvantages. The section concludes with a discussion of the team's recommended option (see 5.3).

The first program option would continue with a specialized program geared exclusively to the special needs of youth. Three variations on this option follow:

1. Continue with a program similar to the current FOCUS activity;
2. Improve the FOCUS model by making needed changes in accordance with lessons learned; and
3. Dramatically expand the youth-only program to cover a wide range of youth activities such as sexuality education, communications, research and evaluation, policy and advocacy, service delivery, and training.

The second program option would introduce, expand, and strengthen the YARH components of CA programs or "mainstream" youth activities within many G/PHN Results Packages and programs. Rather than a single program that exclusively supports adolescent reproductive health, the model would sprinkle YARH activities across other appropriate G/PHN Center programs. Youth activities would be incorporated into each CA's general scope of work. Other programs that focus on education, literacy, microenterprise, or job skill acquisition could also be targeted for mainstreaming youth initiatives.

### **5.1 Specialized Youth-Dedicated Program**

A youth-dedicated program would be geared exclusively to the unique needs of adolescents. All activities and initiatives would be designed to address adolescents and their various subgroups. The program would include mechanisms for coordinating and sharing global experience in YARH, as well as a clearinghouse to collect and disseminate lessons learned. It would also incorporate mechanisms to support sharing of information and program strategies among CAs, USAID, and other donors. At the same time, the implementation of tested approaches and key YARH interventions through existing CAs and networks would remain an important companion strategy.

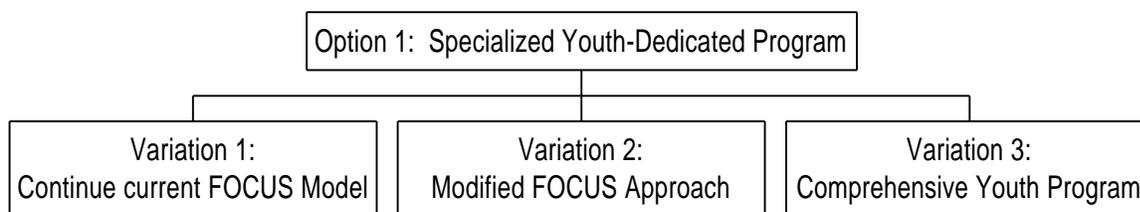
The justification for this youth-only approach includes the following:

1. A stand-alone program would give increased visibility to YARH as a high-priority area;
2. It would provide other groups such as CAs, donors, and foundations with a contact point for information or advice on YARH;
3. A specialized YARH program would build on the momentum of current efforts;



4. A youth-focused approach would address the specific needs of young people where youth-friendly services have not received adequate emphasis within existing USAID-supported programs;
5. A stand-alone program would enable USAID to build a critical core of expertise with a) resources dedicated to effective advocacy for youth-oriented approaches, b) the development of stronger technical leadership, and c) the more rapid development of strategies for the expansion and integration of youth-oriented services into mainstream activities;
6. A specialized youth-dedicated program could establish a worldwide repository of YARH information and expertise and serve as a clearinghouse for collecting and disseminating best practices, tools, and tested approaches;
7. A specialized program could serve as a catalyst to move other CAs and donors forward by generating demand for YARH activities; and
8. Most CAs and contractors lack YARH staff expertise, up-to-date knowledge about what works, or access to the latest approaches and best practices. A specialized youth program could help train staff and provide CAs and contractors with YARH information.

The discussion below outlines three types of specialized youth-dedicated program approaches along with their respective advantages and disadvantages. The first variation would continue with the current FOCUS model; the second would modify the FOCUS model by addressing some of the problems with the approach; and the third would design a comprehensive youth program envisioned in the Results Package.



#### 5.1.1 Variation 1: Continue with the Current FOCUS Model

The first variation continues with the same components that constitute the current FOCUS project. Activities would include improving the YARH policy environment, improving and testing tools and technologies in YARH through research and evaluation, improving skills and competencies of USAID and their partners in all aspects of YARH, and developing strategies for the expansion of YARH services and programs. The project would not support the implementation of programs, although it would pilot test innovative approaches. Also, it would not target country-level organizations but rather intermediary groups such as CAs, donors, and USAID. The first variation would require the identification of resources from other sources to fund the research and evaluation activities fully.

The advantages of Variation 1 follow:

1. The current design is working to a certain extent, despite a difficult startup. While some confusion still exists, the role of the specialized program is clearer to G/PHN, Field Missions,

donors, and other CAs than other approaches; and

2. By not implementing YARH programs or not being perceived as a competitor by most other CAs, a lead organization would be able to provide information and guidance to other USAID-funded groups working in YARH.

The disadvantages of this variation follow:

1. The program cannot fully test new approaches in the absence of funds for implementation from other sources;
2. Without strong leadership from USAID, one group cannot be expected to coordinate the YARH efforts of other CAs working in YARH;
3. There is no clear guidance from USAID to CAs and contractors on YARH priority setting;
4. Without a clear definition of the intent of a youth-only project, CAs would continue to be confused regarding the project's mandate; and
5. YARH programs would have limited reach and geographical coverage.

#### 5.1.2 Variation 2: Modified FOCUS Approach

Variation 2 is the same as Variation 1 except that it provides additional core resources for global research and evaluation activities. Thus it would improve on the current FOCUS project by addressing some of its major problems. Specifically, the program would fund critical research and evaluation activities and increase USAID's and its partners' capability to provide technical assistance. Joint programming funds provided to the project would enable the specialized YARH group to work with CAs to plan and carry out joint activities and strengthen the YARH capacity of the CAs. The project would also be able to accept substantial funding from USAID Missions to provide increased technical assistance for the assessment, design, and evaluation of adolescent reproductive health activities.

The advantages of the modified FOCUS approach follow:

1. It improves an already operating model;
2. Once priorities are set, the modified approach would enable the program to move quickly on the global YARH research and evaluation agenda;
3. It does not depend on resources from CAs to test new strategies and approaches or to achieve results;
4. It would strengthen mechanisms for collaboration between CAs and the specialized project; and
5. It would respond to increasing field needs for specialized YARH technical assistance.

The disadvantages of the variation follow:

1. It may be difficult for the specialized group to perform a coordination role since the program

may be seen as a competitor of other groups, especially those working in evaluation and research; and

2. Implementation of this variation would be difficult without strong intervention by and guidance from USAID to coordinate the efforts of other groups working in adolescent reproductive health.

### 5.1.3 Variation 3: Comprehensive Youth Program

Variation 3 is a comprehensive approach that calls for the development of a major initiative to implement the original and approved strategy for the second phase of the current YARH Results Package. A new procurement would carry a comprehensive mandate to test approaches, develop communications and training materials, take the lead in policy and advocacy work, serve as a clearinghouse, and coordinate USAID-supported YARH efforts. Variation 3 also would involve wide-scale implementation of all types of YARH programs worldwide, thus requiring major resources for testing new strategies and scaling-up current efforts.

The advantages of Variation 3 follow:

1. As a comprehensive global program, it would be able to respond to increasing YARH needs;
2. It would have a flexible mandate to cover important reproductive health areas such as family planning, STD/HIV/AIDS, maternal health, and nutrition according to the unique perceived needs of youth; and
3. As a one-stop-shop approach, it would demonstrate USAID commitment and global leadership in the area of adolescent reproductive health.

The disadvantages of a comprehensive program follow:

1. Many USAID Missions with limited management capacity are attempting to minimize the number of groups working in-country and, therefore, would prefer that G/PHN not create a new service delivery entity;
2. Trying to “do everything” may dilute program quality. For example, the experience with AIDS/CAP demonstrated that it is difficult for the same group to carry out high-quality research and evaluation while supporting wide-scale expansion of service-delivery programs;
3. It could cause other CAs to divert resources from expanding their own YARH programs; and
4. The inevitable delays associated with the start-up of a major initiative would lead to more inefficiencies than building on existing country-level CA networks.

## 5.2 Mainstreaming YARH through Existing G/PHN Programs

The alternative to a specialized youth-dedicated program is to mainstream YARH efforts within existing programs. Mainstreaming would incorporate adolescent reproductive health activities into CA programs that currently lack a YARH component and dramatically expand efforts in

ongoing and planned CA programs. All appropriate CAs would be expected (and required) to assign a higher priority to YARH within their existing programs. Mainstreaming also might mean additional funding for significant expansion of YARH activities. Each CA would be required to report its results based on approved work plans and results frameworks. Instead of a focal point for specialized activities, mainstreaming would rely on existing G/PHN Center programs for the implementation of all operations research, evaluation, policy and advocacy work, training, communications, and YARH education and service delivery programs.

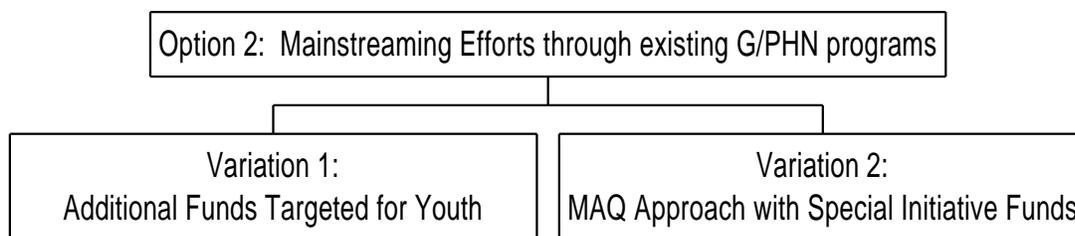
The advantages of mainstreaming follow:

1. As YARH becomes a significant part of each CA's program, it should become a global priority and receive the attention it needs to ensure global impact;
2. While much more needs to be learned about best practices, enough is already known about new elements associated with successful programs to expand the scope of current activities; and,
3. Given the magnitude and reach of each CA, this approach would more rapidly expand efforts globally, thus achieving greater impact than with a specialized youth-dedicated program.

The disadvantages of mainstreaming follow:

1. The limited expertise and experience of most CAs, especially in keeping abreast of the latest YARH approaches and materials, might contribute to mediocre programs;
2. Mainstreaming may delay efforts to achieve evidence-based results;
3. Knowledge of what works in different settings remains limited; thus it could be argued that best practices need to be determined before expanding YARH programs on a global scale;
4. The competing demands on CAs to work in several high-priority areas could likely undermine YARH efforts;
5. Mainstreaming would not easily permit the testing of important integrated approaches that cut across the G/PHN Center's Strategic Objective program areas; and
6. Funding constraints present a problem given tight budgets; G/PHN may encounter difficulty in freeing up sufficient funding for a comprehensive program with the potential to truly make a difference.

The first of the two mainstreaming variations is to provide additional funds to CAs to target and increase YARH efforts within their existing programs. The second variation calls for using the successful Maximizing Access and Quality (MAQ) Approach, which was spearheaded by the Office of Population, to highlight the need to address YARH issues in all ongoing programs. The second variation could use Special Initiative funds, budgeted by G/PHN, to support the development of innovative or creative approaches in adolescent reproductive health.



### 5.2.1 Variation 1: Additional Funds Targeted for Youth

The first variation on mainstreaming would program funds that would have been otherwise set aside for the current FOCUS project and/or included in the approved authorization for the second phase of the YARH Results Package. Such funds would increase resource levels for several centerwide CAs and permit an expansion of YARH activities. Each Results Package would include discrete results and a level of effort for adolescent reproductive health.

The advantage of targeting funds through existing CAs is:

1. CAs would receive additional funds contingent on the development of measurable results, budgets, and work plans that clearly identify and track the use of such funds.

The disadvantages are:

1. There would be no organization to coordinate CA efforts or to provide the information clearinghouse function;
2. Youth issues could potentially get lost in other programs, with the chance that youth needs would not be adequately addressed;
3. Without strong G/PHN leadership to guide and coordinate all CA efforts, the approach would not succeed; and
4. Field Missions that want to strengthen their YARH programs would have no one organization or place to call on for information on YARH best practices or for expertise in assisting with the design or review of YARH field activities.

### 5.2.2 Variation 2: The Maximizing Access and Quality (MAQ) Model with Special Initiatives Funds

The second variation would use the highly successful Maximizing Access and Quality model whereby USAID would actively coordinate the YARH activities of CAs by exercising strong G/PHN direction and leadership. CAs would participate in USAID-organized committees and working groups to define jointly YARH program issues and solutions and to plan YARH activities. Supplemental funds would be available through a USAID-managed Special Initiatives Fund to support high-priority activities. Each CA would be encouraged to expand YARH efforts within its own ongoing programs, without necessarily receiving additional funding.

The advantages of the MAQ approach are:

1. The approach is straightforward and would provide the opportunity for several CAs to work together from their comparative program strengths and global experience;
2. CAs would not compete for funds because the funds available for YARH are very limited;
3. CAs would immediately implement more YARH initiatives and thus foster longer-term sustainability of program efforts;
4. Through a small Special Initiatives Fund, G/PHN could provide seed money to develop and test creative approaches to YARH; and
5. Scaling-up would be easy once results of evidence-based approaches are available.

The disadvantages of the MAQ approach are:

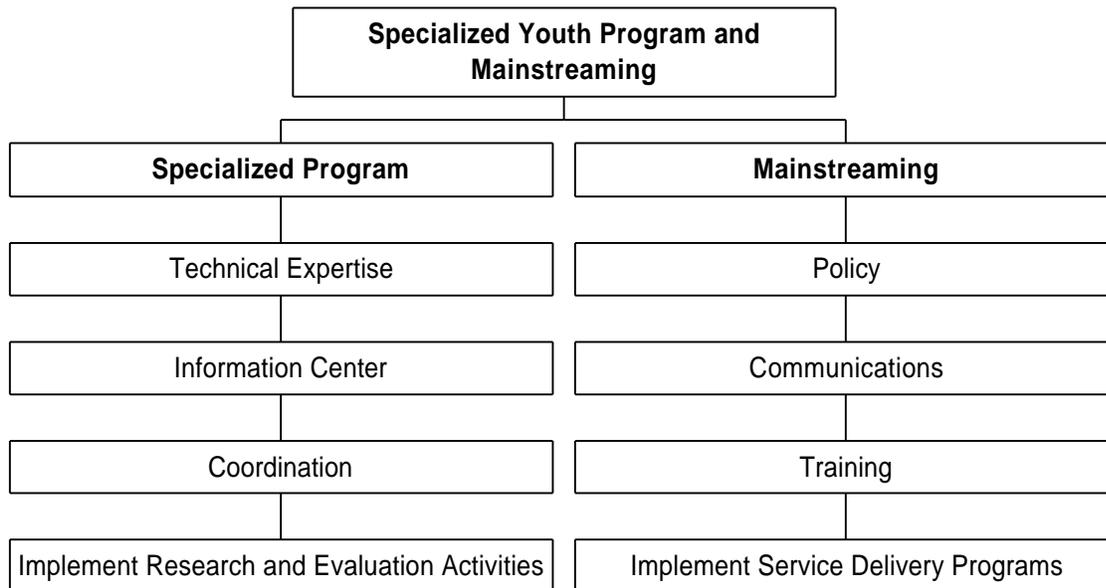
1. With respect to USAID, MAQ is labor-intensive and would require a full-time staff dedicated to this activity;
2. With no targets set for programming efforts, it is not clear if YARH activities would increase as a percent of overall CA efforts; and
3. Field Missions that want to strengthen their YARH programs would have no single organization or place to call on for information on YARH best practices or for expertise in assisting with the design or review of YARH activities.

### **5.3 Recommended Option: Specialized Youth-Dedicated Program Plus Mainstreaming**

12. Given the magnitude of the need to address YARH worldwide, the team recommends that G/PHN develop a combined approach. Such an approach would continue with a youth-dedicated program that follows a clearly defined mandate while mainstreaming YARH efforts through existing and new centerwide programs. Mainstreaming would be a high priority for many Population and HIV/AIDS Results Packages and, where appropriate, for maternal-health programs as well.

Interestingly, in the survey of field Missions, 60 percent of respondents identified the need for a specialized youth program and 40 percent favored mainstreaming. However, most respondents preferred a stand-alone program in conjunction with expanding YARH efforts under existing programs.

### Recommended Option



By supporting a specialized program and mainstreaming, USAID would be assured of program coordination, YARH-focused research and evaluation, and the creation of a central clearinghouse of YARH best practices. A specialized program would enable USAID to exert more technical leadership globally in the area of YARH. Yet, at the same time, mainstreaming and expanding the YARH components of the CAs, would mean a greater chance that YARH programs would achieve broader geographic coverage. Mainstreaming would also provide a mechanism by which programs would be more responsive to the needs of field Missions by assisting in the development and implementation of country-level YARH programs. Much is already known (though not thoroughly enough) about youth programs that could be replicated immediately.

A specialized program would be responsible for important functions such as research and evaluation activities across a broad set of centerwide youth priorities. A pre-determined research and evaluation agenda would be approved in collaboration with other PHN Center CAs responsible for research and evaluation. Other functions would include the creation of an information center that would coordinate, collect, summarize, synthesize, and disseminate findings from YARH studies and approaches carried out by all PHN CAs.

Coordination is critical to the success of a specialized approach. USAID/G/PHN would have to take the lead in coordinating and guiding the efforts of all Center CAs working in adolescent reproductive health. The specialized YARH program would assist USAID in developing a centerwide coordination mechanism by, for example, organizing periodic CA meetings to coordinate work plans, share experiences and results, and guide USAID on future needs. The group could also assist USAID in organizing and revitalizing the internal Adolescent Working Group (currently the Adolescent Interest Group).

The specialized YARH program would provide technical assistance to USAID field Missions, Regional Bureaus, CAs and other donors and foundations. Providing technical assistance to other donor and funding organizations could motivate such groups to expand high-quality, state-of-the-art YARH initiatives under their existing programs. In addition, the program should employ YARH experts on the core staff, as well as identify a roster of consultants knowledgeable in all aspects of adolescent reproductive health, including YARH program development, HIV/AIDS, family planning, and maternal health. This specialized YARH program would be similar to the recently awarded HIV/AIDS Synergy project in terms of its research, evaluation, information dissemination, coordination, and technical assistance functions.

Policy, training, communications, and service delivery are areas in which YARH would be included in the Results Packages of new and ongoing G/PHN programs. The development of YARH results would need to be included in each program, with indicators for measuring achievement. A Special Initiatives Fund would be created to support innovative YARH efforts through G/PHN programs. The Fund could accept Regional Bureau money as well as core funds.



## **APPENDIX A: SCOPE OF WORK**

The Center for Population, Health and Nutrition of the Global Bureau (G/PHN) has a five-year (November 1995–November 2000) cooperative agreement with Pathfinder International for the implementation of the FOCUS on Young Adult Project (FOCUS). The FOCUS project is being implemented by Pathfinder International and its subcontractors, The Futures Group International and the Tulane University School of Public Health and Tropical Medicine.

The FOCUS project is the first five-year cooperative agreement that is supported under the ten-year authorization of the Strategic Framework for the Program for Improving the Health and Well-Being of Young Adults Results Package.

The proposed assessment will pay special attention to the appropriateness of the current program design to help guide G/PHN management decision making in the direction of a future young adult program. The proposed activity should assess the FOCUS project's performance and accomplishments in order to better inform the G/PHN decision making for the design of possible follow-on procurements.

### **I. Basic Project Information**

Project Name and Number	FOCUS on Young Adult Project
Cooperative Agreement Number	CCP-3073-A-00-6002-00
Cooperative Agreement Value	\$16,499,553
Obligation to Date	\$12,080,000

### **II. Background**

Strategic Framework for the Program for Improving the Health and Well-Being of Young Adults is a ten-year youth-oriented program authorized in 1995 with the life of the project funding of \$140,250,000.

USAID issued the Request for Application (RFA), No: M/OP/A/P-95-0080, on June 27, 1995. The RFA stated that the Cooperative Agreement was designed to accomplish the program's Strategic Objective "Effective programs and strategies for the Health and well being of youth adopted in selected countries with the following four program outcomes:

1. Improved policy environment for reproductive health for youth;
2. Increased skills and competencies of USAID and their partners to design, implement, monitor, and evaluate reproductive health programs for youth;

3. Improved and tested tools and technologies for reproductive health for youth developed; and
4. Strategies for the expansion of reproductive health for youth programs and services developed and implemented.

The RFA indicated that "during the first five-year cooperative agreement, preparatory activities—advocacy, personnel capacity development, and applied research and development to develop and implement optimal interventions—will be the main focus of the initiative. During the second phase of the ten-year initiative, emphasis will shift to expansion, adaptation, institutionalization and sustainability." The RFA further states that "a vision of the entire program is essential ... and should be designed to evolve from the first to the second phase."

The RFA also listed the following eight specific concerns with regard to reproductive health for youth: Population/Family Planning Concerns; Pregnancy-related Complications, STD/HIV Concerns; Nutritional Issues; Status and Participation of Women in Society; Impact of Violence; Access to Information and Services.

The RFA stated that USAID anticipated allocating \$10.5 million and up to \$16.5 million for the first five-year period and a total of \$28 million for the second five-year agreement.

### **III. Purpose of the Assessment**

The purpose of the current assessment is three-fold:

1. To review experience to date with the FOCUS project in the context of lessons learned which should be considered in recommending programming options;
2. To review existing Results Package and identify and recommend realistic and feasible objectives and indicators linked to G/PHN Strategic Objectives achievable within the next five years; and
3. To provide recommendations regarding scope, size, content and programming options for the next five years.

Since this activity is designed to provide important information for the development of future programming recommendations, the assessment team should dedicate 25 percent of its time reviewing experience to date, and 75 percent of its time to focus on realistic programming options, given existing constraints.

It is envisioned that the G/PHN will develop a Youth Strategy in the near future. Hence, it is expected that this assessment should serve as the beginning of this process as the assessment team will discuss youth programming issues with the G/PHN SSO teams.

#### **IV. Methods, Procedures and Timeline**

One month prior to the arrival of the team in Washington, the FOCUS CTOs, with the assistance of POPTECH and the Team Leader, will develop and transmit a questionnaire to selected missions requesting input on the lessons learned from current FOCUS programming and guidance for future efforts. It is hoped that the results of this survey can be made available to the team prior to the Team Planning Meeting. The team can modify this survey for interviews with FOCUS staff, other CAs, USAID staff and missions.

Under the guidance of the FOCUS CTOs, POPTECH will provide the team with relevant background documents to review. Such documents should include the Authorization Package for the Improving the Health and Well-Being of Young Adults Program, Request for Application (RFA) and the FOCUS project cooperative agreement.

It is anticipated that fieldwork for this assessment can be completed in three weeks. The following timeline is proposed.

##### **Week 1: Team Planning Meeting (TPM) and FOCUS Presentation**

During the TPM, the team members will clarify individual roles and responsibilities and will organize a team approach to the assignment. This includes drafting a table of contents for the report as well as a list of questions to be used during interviews. The team will meet with relevant individuals, particularly the FOCUS CTOs, to review the scope of work, and receive background information on the FOCUS project as well as the G/PHN Strategic Objectives.

The FOCUS CTOs will arrange for the FOCUS project to present "lessons learned" and accomplishments in managing the cooperative agreement. Selected USAID staff will be invited to this presentation. The team may wish to sum up this presentation for use as a point of departure during subsequent series of group discussions with USAID staff.

##### **Week 2: Interviews and Data Collection**

The team will conduct interviews with the FOCUS project staff as well as relevant staff of the FOCUS partners (Pathfinder, The Futures Group, and the Tulane University School of Public Health and Tropical Medicine). In consultation with the Co-Chairs of the Adolescent Interest Group, the CTOs will assist POPTECH in identifying appropriate USAID staff, relevant CAs and representatives of various donor groups to meet with the team during this week. If time allows, the team might wish to conduct follow-up telephone interviews with those missions surveyed during the preliminary phase of this activity.

### **Week 3: Report Preparation and G/PHN Debriefing**

The team will draft key findings and recommendations that will be presented to G/PHN staff at a debriefing. It is anticipated that the team will use this week to begin drafting the report and completing any necessary data collection.

G/PHN would like to have a report for distribution prior to the September 1, 1999 Technical Advisory Group meeting at which future G/PHN programming options in YARH issues will be discussed. In order to accommodate this timeline the assessment should take place in June-July, 1999. A draft report should be made available by August 23, 1999.

### **V. Team Composition**

The assessment team will consist of three members: a Team Leader with at least 10 years of experience with USAID projects and strong familiarity with PHNC programs; a Young Adult Reproductive Health Specialist who has knowledge of critical issues related to Young Adult programming; and two Public Health Specialists who have familiarity with USAID programming, G/PHN Strategic Objectives, and family planning and reproductive health programs. All team members should have excellent writing skills and experience evaluating family planning programs.

### **VI. Funding and Logistical Support**

All funding and logistical support for the assessment will be provided through the Population Technical Assistance Project (POPTECH). Activities to be covered include recruitment of the team, payment of team members (six-day work-weeks are authorized), support for all expenses related to the assignment, logistical support, and editing and publication of the report.

## APPENDIX B: BIBLIOGRAPHY

FOCUS on Young Adults. *Key Questions Guiding Focus on Young Adults Programs*, November 1997.

FOCUS on Young Adults. *In Focus*. Series of 17 Issues highlighting research on youth, Washington, DC, 1997–1999.

FOCUS on Young Adults. *Project Highlights*. Series of 13 Newsletters highlighting youth programs, Washington, DC, 1997–1999.

FOCUS on Young Adults. *Monitoring and Evaluation Guide- Draft*. 1999.

Isreal, Ronald and Reiko Nagano. *Promoting Reproductive Health for Young Adults through Social Marketing and Mass Media: A Review of Trends and Practices*. FOCUS on Young Adults Series July 1997.

Kirby, Douglas. *A Proposed Adolescent Reproductive Health Initiative*. POPTECH Report No. 94-004-012, November 1994.

Kirby, Douglas. *Reducing Adolescent Pregnancy: Approaches that Work*. Contemporary Pediatrics, January 1999.

Pathfinder International. *Improving the Health and Well-Being of Young Adults Project Technical Proposal*. July 1995

Senderowitz, Judith. *Health Facility Programs on Reproductive Health for Young Adults*. Washington, DC: FOCUS on Young Adults Research Series, May 1997.

—. *Involving Youth in Reproductive Health Projects*. Research, Program and Policy Series, September 1998.

—. *Making Health Services Youth Friendly*. Washington, DC: Research, Program and Policy Series, February 1999.

Smith, Janet, and Charlotte Colvin. *Getting to Scale in Young Adult Reproductive Health Programs: A Synthesis of Experience*. FOCUS on Young Adults, June 1999.

USAID. *Authorization of the Strategic Framework for Improving the Health and Well-Being of Young Adults (936-3073)*. March 1995.

Zimmerman, Margot. *Annotated Bibliography of Training Curricula for Young Adult Reproductive Health Programs*. FOCUS on Young Adults, October 1998.



## **APPENDIX C: CONTACT LIST**

### **FOCUS Project**

Sharon Epstein, Program Director  
Lindsay Stewart, Deputy Director  
Katherine Bond, Research and Evaluation Advisor  
Laurel McLaren, Communications Coordinator  
Christine Stevens, Communications Associate  
Tijuana James-Traore, Training Advisor  
Barbara Seligman, Former Policy Advisor  
Nancy Murray, Policy Advisor

### **Pathfinder International**

John Dumm, Senior Vice President

### **FOCUS Partners**

#### **Tulane University School of Public Health and Tropical Medicine**

Jane Bertrand, Chair, Department of International Health  
Robert Magnani, Associate Professor

#### **The Futures Group International**

Sheila Maher, Vice President

#### **USAID, WASHINGTON, D.C.**

Duff Gillespie, Deputy Assistant Administrator, Center for Population, Health and Nutrition  
Joy Riggs-Perla, Director, Office of Health and Nutrition  
Miriam Labbok, Chief, Nutrition and Maternal/Infant Health Division  
Eunyong Chung, Nutrition and Maternal/Infant Health Division  
Holly Fluty Dempsey, Nutrition and Maternal/Infant Health Division  
Paul De Lay, Chief, HIV-AIDS Division  
Linda Sussman, HIV-AIDS Division  
Alfred Bartlett, Child Survival Division  
Jim Shelton, Office of Population  
Sigrid Anderson, Chief, Family Planning Services Division  
Brenda Doe, Family Planning Services Division  
Ellen Starbird, Chief, Policy and Evaluation Division  
Krista Stewart, Policy and Evaluation Division  
Jennifer Adams, Policy and Evaluation Division  
Jeff Spieler, Chief, Research Division  
Sarah Harbison, Research Division  
John Crowley, Chief, Contraceptives and Logistics Management Division  
Phyllis Gestrin, Africa Bureau  
Zynia Rionda, Asia and Near East Bureau  
Marguerite Farrell, Latin America and Caribbean Bureau



## **USAID COOPERATING AGENCIES**

### **AVSC**

Libby Antarsh, Senior Advisor  
Mary Nell Wegner, Program Manager

### **CEDPA**

Cate Lane, Senior Technical Advisor, Youth Program

### **Centers for Disease Control and Prevention (CDC)**

Leo Morris, Chief, Behavioral Epidemiology and Demographic Research Branch

### **Family Health International (FHI)**

Arletty Pinel, Associate Director HIV/AIDS Prevention and Care Department

### **The Futures Group International**

Jeffrey Jordan, Deputy Director, The POLICY Project  
Kokila Agarwal, Senior Associate

### **International Planned Parenthood Federation (IPPF)**

Pramilla Senanayake, Assistant Secretary-General  
Anna Raphael, Assistant Technical Officer, Youth Programs  
Marcia Townsend, Deputy Director, IPPF/Western Hemisphere Region (WHR)  
Alejandra Meglioli, Director, Youth Programs, IPPF/WHR

### **Johns Hopkins University**

Phyllis Piotrow, Director, Center for Communications Program (CCP)

### **JHPIEGO, Maternal Nutrition Program**

Barbara Kinzie, Midwifery Director

### **John Snow International (JSI)**

Diane Hedgecock, Senior Technical Advisor  
Marjorie Koblinsky, Director MotherCare Project  
Janne Hicks, Technical Officer, Service Expansion and Technical Support (SEATS) Project  
Lisa Mueller, Program Officer, SEATS Project

### **PATH**

Anne Wilson, Director, Washington Office

### **The Population Council**

John Townshend, Project Director, The FRONTIERS Project  
Andrew Fisher, Project Director, The HORIZONS Project  
Ann McCauley, Public Health Analyst, HORIZONS Project

**PRIME/INTRAH**

Sharon Rudy, Director of Performance Systems and Instructional Technology

**Population Services International (PSI)**

Pamela Faura, Program Manager

Josselyn Neukom, Program Analyst

**Save the Children**

Lisa Howard-Grabman

**OTHER ADOLESCENT REPRODUCTIVE HEALTH EXPERTS/GROUPS**

Judith Senderowitz, FOCUS Consultant

Susan Adamchak, FOCUS Consultant

Douglas Kirby, Senior Research Scientist, ETR Associates

Richard Steen, Family Health International (FHI) Consultant

**Advocates for Youth**

Deborah Hauser, Vice President

Renee de Marco, Director, International Programs

Christina Herdman, Manager, Clearing House

**HIV/AIDS Alliance**

Jeffrey O'Malley

**OTHER DONOR AGENCIES****Packard Foundation**

Sono Aibe, Program Officer

**The Rockefeller Foundation**

Jane Hughes, Associate Director, Population Sciences

**UNFPA**

Delia Barcelona, Senior Technical Officer

**UNICEF**

Bruce Dick, Senior Adviser, Youth Health

Nicola Bull, Program Officer, Youth Health, UNICEF

**World Health Organization (WHO)**

Jane Ferguson, Director, Child and Adolescent Health and Development



## **APPENDIX D: FOCUS RESULTS PACKAGE FRAMEWORK**







- A Continue to fund a separate activity focused specifically on adolescents.
- B Fund young adult activities through existing projects.
- C A combination of A and B.
- D Other, please explain.

12. Should the emphasis of young adult reproductive health programming be on (please circle all that apply):

- 1 Multi-functionality?  
(Ex. integrated youth-centered policy work, research, monitoring and evaluation).
- 2 Comprehensive reproductive health interventions?  
(Ex. integrated youth-centered family planning, MCH, HIV/AIDS programs).
- 3 A specific program area? Please be specific.
- 4 A specific operational area? Please be specific.
- 5 Other? Please explain.

General Comments: