

## YouthLens

on Reproductive Health and HIV/AIDS

# Multisectoral Programs Link Intervention Efforts

Haiti project addresses multiple needs of young people.

In a remote section of Haiti, a project called the Bassin Bleu Youth Development Initiative, or YDI, is working with youth in four separate but interrelated types of activities: health, agriculture, education, and income generation. In designing the project with community and youth input, CARE/Haiti found that young people and the community were as concerned about jobs and income as they were about HIV and education. The multisector design of the project attempted to respond to these concerns and address young people's needs in a holistic way. The project works in the small town of Bassin Bleu and six rural communities, with funding from the Kellogg Foundation and CARE/Haiti.

While the project addresses the four sectors separately, with technical staff coordinating training and advocacy work in each area, it also coordinates its efforts through a dozen peer educators trained in all four sectors and through community-wide advocacy projects. For example, the overall project has worked with community and youth groups to persuade the government to help set up a youth center in Bassin Bleu. Not originally slated for a center, the community advocated so strongly for one, and raised the required 10 percent of the costs, that the Ministry of Culture provided the rest.

The multiyear project did a baseline study involving 219 households and more than 400 youth, which led to the development of project activities. It is working with 11 schools, seven youth groups, two women's groups, churches, parent-teacher

groups, health clinics, and other local organizations. The project has wide-ranging goals, from improving the quality of education through teacher training to increasing access and use of modern contraception and increased prevention of sexually transmitted infections among young people ages 15 to 24. It also hopes to increase the marketable skills and income earning opportunities for youth in the area, especially young women, by providing them with access to business skills and vocational training.

International agencies, local communities, and youth themselves are calling for interventions in multiple sectors, believing that this approach will result in better reproductive health outcomes. This strategy appears to respond to the expressed needs of youth and to be sound in many ways, but more research is needed to show its impact.

## Why work in multiple sectors?

The World Health Organization (WHO) and other international groups support a holistic approach to working with youth. "Interventions that focus only on specific problem behavior like substance abuse or precocious, unsafe sexual activity are less effective because they do not address the antecedents or determinants of the behavior," reported WHO in a paper on programming for adolescents. Addressing young people's lives in a broader context may ultimately have a stronger impact on reproductive health behavior than a narrow focus on sexuality.<sup>1</sup>





*“Don’t talk to us about AIDS. We’re going to starve to death anyway.”*

14-YEAR-OLD BOY,  
CENTER FOR STREET CHILDREN

The FOCUS on Young Adults program, funded by the U.S. Agency for International Development, concluded in its end-of-program report that the multiple components of youth development programs “act together to promote a healthy lifestyle for youth. Because they address the whole person and not just his or her reproductive health, they may be more acceptable to young people and the community than a program that focuses only on reproductive health.”<sup>2</sup>

National HIV/AIDS programs are increasingly turning to multisectoral programming, particularly in high prevalence countries, because AIDS affects education, the workforce, agricultural production, the military, and other sectors of society.<sup>3</sup> An analysis of the declining HIV prevalence in Uganda cited “high-level political support with multisectoral response” as important in setting the tone for change. The Uganda effort includes working with faith-based organizations, educational institutions, and women’s empowerment efforts at both the national and grassroots levels.<sup>4</sup>

An analysis of projects linking livelihood and reproductive health found them to be “demand-driven, emerging from the grassroots.” The study, conducted by the U.S.-based International Center for Research on Women (ICRW), included an inventory of 239 adolescent projects that potentially involved both reproductive health and livelihood, about a third of which met the study criteria for actual links between the two sectors. It also evaluated three projects each in Colombia, Kenya, and India. Themes that emerged included the need for better placement of youth into real jobs after job training and more in-depth reproductive health components. More attention to management and institutional issues were needed such as better documentation, evaluation, and staff training on the concept of linking sectors. Few projects developed clear strategies for adding work in other sectors. “In order to be successful, organizations that do linked work need to be dynamic in their struc-

ture and function, engaging staff at all levels in visionary thinking, program design, and marketing,” the report recommended.<sup>5</sup>

The call for multisectoral approaches comes from young people as well. A study in Zambia using participatory techniques assessed the needs of 1,634 boys and girls ages 10 to 19. It focused on age at first intercourse, reasons for sex, payment for sex, sources of information, pregnancy prevention, sexually transmitted infections, and abortion, while exploring broader issues of their lives. Youth said they wanted a holistic approach to meeting their needs. “They listed improvements in infrastructure (schools, clinics, garbage collection, and recreational facilities) as well as interventions that would affect their own lives (vocational training and starter capital for projects),” the report explained. “These adolescents clearly saw their environment as having an effect on their sexual and reproductive health and reaffirmed the need for more integrated reproductive health programming that addresses not only health but also economic development and skill-building.” As one youth said, “Invest in us and invest in our communities.”<sup>6</sup>

A recent YouthNet assessment of youth needs in Tanzania reported, “A multisectoral approach is needed to address poverty and joblessness in order for youth to hear and accept life-affirming messages regarding youth reproductive health and HIV prevention.” A 14-year-old boy at a center for street children told the assessment team, “Don’t talk to us about AIDS. We’re going to starve to death anyway.”

### **Program models, research needed**

The YDI project in Haiti takes a cross-sectoral approach, coordinating activities in different sectors in a geographical project area, linked by a set of youth reproductive health goals. This may be a useful model as projects explore ways to work with youth.

Activities are undertaken in discrete sectors. In the health area, YDI has shown films on adolescent pregnancy and HIV to more than 400 community members, conducted sexual education training with representatives of 10 clubs and six churches, along with its 12 peer educators. In the agricultural area, it has established tree nurseries in four youth groups (Haiti is the most deforested country in the world) and developed bio-intensive gardens, often through schools. The gardens and sale of seedlings provide food and income to the youth. YDI has helped parent-teacher groups in all 11 local schools in its project area, encouraging a commitment to improving the quality of education. Teachers have received training in classroom management and participatory education. Vocational interventions out of school include working with local businesses to set up apprenticeships and providing training in marketing and basic business skills.

The overall project works at a coordinated, community level through activities that often overlap. For example, the project worked with young teachers to help them plant a large vegetable garden where food is being raised to feed students and a tree nursery where students are learning the principles of environmental conservation, fruit tree grafting, and caring for seedlings. Students can take trees home, and extra trees are sold for income. Teachers also discuss HIV prevention. One of the teachers emphasizes HIV education through a weekly radio program for youth and in his conversations with young people inside and outside the classroom.

Multisectoral projects need closer evaluation, at the levels of individual projects, programs, and national policy. The ICRW review of livelihood and reproductive health projects found no comprehensive, scientific analyses of the structure or value of multisectoral projects. It concluded that the approach is still in its adolescence, and that while many groups use creative and innovative

approaches, they often achieve only marginal effectiveness in meeting both the reproductive health and livelihood needs of youth. The study called for more investments for building institutional capacity to help this approach achieve more maturity.

The limited evaluations that have been done have produced mixed results. A project in India called Better Life Options focused on youth development through literacy programs, vocational training, family life education, health education, and other activities. Young women who participated were more likely to have positive reproductive health

## QUESTIONS TO CONSIDER IN MULTISECTORAL PROGRAMS FOR YOUTH

### Program Development

- Do staff and organizations have the needed technical and managerial experience in different sectors?
- How can different sectors develop a common vocabulary that can be understood by all?
- What experience do the sector agencies have in interagency partnerships?
- How applicable to youth programs are experiences from adult multisectoral programs?

### Research and Evaluation

- Does a shared understanding of the concept of multisectoral programming by staff lead to improved outcomes?
- To what extent does self-selection bias play a role in the success of multisectoral programs?
- What indicators in addition to behavior change outcomes should be included to measure programs?
- Should indicators such as improvements in knowledge be used in the early stages of a project?
- In evaluations, what are the relevant comparisons: single-sector programs? geographical areas with no interventions? others?
- What are good measures of sustainability — e.g., measurement of change in the capacity of youth and communities to organize and advocate for positive youth interventions?
- How can evaluation methods include approaches that involve community members and especially youth?
- What are some of the costs and benefits of multisectoral projects?

outcomes (delayed marriage, increased contraceptive use) as well as other positive indicators (continued education, higher employment, self-confidence, and sufficiency).<sup>7</sup> However, the study had the potential for self-selection bias in comparing youth who chose to participate with those who chose not to participate; thus, positive outcomes could be attributed either to the program or to selection bias. Also, more research is needed to identify which components of such programs might affect reproductive health and HIV outcomes.

As more multisectoral projects emerge, such as the Haiti YDI project, evaluations should provide more information on what approaches are effective. The YDI project will be evaluated upon completion of its activities. Some questions and concepts to consider in evaluating multisectoral projects are summarized in the accompanying box.

— Margaret (Peggy) Tipton, Susan Igras,  
Rose Zambezi, and Marshall Ashley

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#### REFERENCES

1. World Health Organization. *Programming for Adolescent Health and Development. WHO Technical Report Series 886.* (Geneva: World Health Organization, 1999)125.
2. FOCUS on Young Adults. *Advancing Young Adult Reproductive Health: Actions for the Next Decade.* FOCUS End of Program Report. (Washington, DC: Pathfinder International, 2001)47.
3. Hemrich G, Topouzis D. Multisector responses to HIV/AIDS: constraints and opportunities for technical co-operation. *J Int Develop* 2000;12(1):85-99.
4. Hogle JA, Green E, Nantulya, V, et al. *What Happened in Uganda?* (Washington, DC: U.S. Agency for International Development, 2002)3.
5. Esim S, Malhotra A, Mathur S, et al. *Making it Work: Linking Youth Reproductive Health and Livelihoods.* (Washington, DC: International Center for Research on Women, 2001)3,4.
6. Fetters T, Mupela E, Rutenberg N. *Youth Talk about Sexuality: A Participatory Assessment of Adolescent Sexual and Reproductive Health in Lusaka, Zambia.* New York: The Population Council, 1998.
7. Levitt-Dayal M, Motihar R. *Adolescent Girls in India Choose a Better Future: An Impact Assessment.* Washington, DC: Centre for Developmental and Population Activities, 2000.

For more information,  
please contact:

**YouthNet**

2101 Wilson Boulevard  
Suite 700  
Arlington, VA 22201 USA

telephone  
(703) 516-9779

fax  
(703) 516-9781

e-mail  
youthnet@fhi.org

web site  
www.fhi.org/youthnet



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