

Strengthening Networks & Building Capacity for Youth Sexual and Reproductive Health Programming in Asia: Two Case Studies¹

Authors:

Introduction

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Youth Sexual and Reproductive Health Programming in Thailand: Changing the Change Agents
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In response to the growing interest in youth sexual and reproductive health (YSRH) in the Asia region, NGO Networks

for Health supported a regional initiative to strengthen the capacity of its NGO partners to design and deliver targeted interventions for youth. This capacity-building strategy, lead by Program for Appropriate Technology in Health (PATH)'s Mekong office and facilitated by PLAN and Save the Children, focuses on implementing innovative field programs and distilling the lessons of these and other field experiences using a structured learning approach, including seminars, documentation, and ongoing dialogue with experts within the field.

This initiative has two main objectives:

- ◆ To build sustained PVO/NGO capacity to design and deliver quality services in family planning/reproductive health and HIV to adolescents based on best practices.
- ◆ To develop accurate knowledge and sustained behavior change approaches and materials for use in adolescent programming around the world.

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¹This issue of At a Glance features a summary of the following new publication: PATH. 2003. "New Generation" Models for Asia's Youth: Strengthening Networks and Building Capacity. Washington D.C.: PATH and NGO Networks for Health.

A series of four seminars were held to enable partners to exchange experiences and develop skills in YSRH programming in Asia. The outputs from this series included a range of training packages, "how-to" guides, and case studies. In addition, the seminars offered organizations the opportunity to build capacity in order to further develop or initiate YSRH programming and networks at a country level.

YOUTH SEXUAL AND REPRODUCTIVE HEALTH TRAINING PACKAGE

Pack One: Program Design, Strategic Planning, and Networking

Pack Two: Programming for Behavior Change and Development

Pack Three: Youth-friendly Health Services

This issue of *At A Glance* summarizes the documentation of two of the Asia programs, one in Thailand and one in Cambodia, that illustrate how network strategies contribute to building capacity and improving program quality.

1. Youth Sexual & Reproductive Health Programming in Thailand: Changing the Change Agents²

"The toughest challenge in sexual health education lies in changing the 'change agents'—teachers, health workers, policymakers, and the media"³

Introduction

In Thailand, being a teenager has become increasingly complicated as the country has grown more urbanized and industrialized. Interactions between women and men are more open and less scrutinized than in the past, and there are larger gaps in experience between generations. Young people have access to a much greater range of information and ideas than previously, particularly as many young people leave their families in rural areas during adolescence to work or study in Thailand's cities. With these opportunities and experiences also come risks and consequences. Young people are increasingly likely to become sexually active before marriage and must manage the risks of unplanned pregnancies and HIV/AIDS. At the same time, adults are struggling to understand how to respond to the changing needs and lifestyles of Thailand's youth.

PATH has been working in Thailand since 1980 and now focuses much of its work on HIV and AIDS prevention among youth, recognizing that the majority of new infections occur among people between the ages of 15-24. PATH has worked to build the capacity of adults who are in positions of influence with young people to equip these adults with skills and attitudes that will enable them to better support and guide Thailand's youth as they struggle with issues of sexuality and reproductive health.



Project Description

The following section examines PATH's experiences in developing youth program models that address key questions of how to build young people's skills, create a more supportive environment, and provide quality services for youth. PATH's program consisted of three complementary approaches—sexuality education, media advocacy, and creating youth-friendly drugstores—which are summarized below.

Sexuality Education

SEXUALITY EDUCATION OBJECTIVES:

- ◆ Develop models of sexuality and HIV/AIDS education, using participatory approaches.
- ◆ Identify methods of preparing teachers that will enable them to comfortably and effectively teach an interactive curriculum.

PATH has been involved in two projects to implement comprehensive sexuality education in secondary and tertiary schools in Thailand. In both cases, the overall goals of the education strategy were to develop models of sexuality and HIV education and to identify methods to prepare teachers to comfortably and effectively teach an interactive curriculum. In one instance, PATH worked with a local NGO, Siam-Care, to introduce a sexuality education curriculum into 26 secondary schools in Bangkok. The project trained 71 guidance counselors to teach the curriculum, which eventually reached 4,778 eighth grade students.

In the other project, a collaborative effort with the Population Council, PATH implemented and evaluated a comprehensive sexuality education curriculum in the Rajaphat Institutes, four-year teacher training colleges, to determine whether such a curriculum could positively influence young people's attitudes and behaviors in school settings.

The curriculum was presented to 35 teachers at three schools on a voluntary basis and was subsequently taught to over 1,200 students. The training goals for teachers in both projects included:

- ◆ Understanding young people and their environment.
- ◆ Introducing the goals and content of sexuality education.
- ◆ Exploring attitudes and values towards HIV, AIDS, and sexuality.
- ◆ Learning and practicing key skills in facilitating HIV and AIDS and sexuality training.

The training focused in particular on instructors' attitudes toward young people and on building facilitation skills.

Media Advocacy

MEDIA ADVOCACY CAPACITY-BUILDING OBJECTIVES:

- ◆ Developing a better understanding of the media's needs, constraints, and interests in order to reach out to them more effectively.
- ◆ Establishing legitimacy and expertise on the topic.
- ◆ Developing strategies to sensitize journalists and other media to the depth and complexity of sexuality and HIV and AIDS in Thailand.

Young people in Thailand consistently cite the media as a key source of information about sex, and messages in the media have a strong, often inaccurate, influence on how young people view these issues. Gaps between what is covered in the media and the variety of sexual lifestyles commonly found in Thai society, a mismatch between norms and reality, make it difficult to communicate openly about sexuality in general and the specifics of HIV and unplanned pregnancy risk in particular. Further, reporting based on stereotypes reinforces stigma, denial, and discrimination.

Opening a more public debate on sexuality has been PATH's primary media advocacy goal to date and is critical to the organization's broader youth strategy. At the same time, facilitating social debate and open discussion makes it easier to provide young people with correct information, opportunities for skill-building, and quality services.

To achieve these ends, PATH teamed up with Bangkok Positive, an NGO consortium that works with the media to foster a more supportive environment for addressing sexuality and HIV and AIDS and to encourage and support the media in promoting a better understanding of sexuality and sexual behavior in Thai society. Activities included developing a newsletter to share with the media, organizing discussion forums on sensitive issues and inviting members of the media to cover these issues, and conducting joint field-site activities with journalists.



Youth-friendly Drugstores

YOUTH-FRIENDLY DRUGSTORE PROJECT OBJECTIVES:

- ◆ Strengthening the technical information drugstore personnel use to provide young people with safe and effective reproductive health services and products.
- ◆ Promoting positive attitudes towards serving youth.
- ◆ Building communication skills.
- ◆ Establishing referral networks.

Young people in Thailand do what many other Thais do when they do not have a lot of time or money for health care: they go to the drugstore. A range of reproductive health services and products are readily available, and drugstores are attractive to adolescents because they are fast, affordable, and anonymous. While drugstores can meet the basic needs of many young people, the quality of these services is variable. Drugstore personnel often ignore young people's privacy concerns. For example, they may make assumptions about what a person needs without first consulting the individual, and often do not refer young people with serious problems to available health services. And safety is another concern; some of the available products could be dangerous if used incorrectly and some others are ineffective (e.g., 'anti-gonorrhoea' medication that customers requested to prevent STIs).

PATH's RxGen project was an effort to introduce the concept of youth-friendly services into Thai drugstores, training drugstore personnel in current adolescent reproductive health issues and in how to provide relevant advice and information in a nonjudgmental manner, with respect for privacy and confidentiality. The program also involved establishing a supportive referral system.

Achievements and Lessons Learned

The outcomes for each of the three strategies are presented, followed by key lessons learned. In the latter case, the lessons are separated out into those for the capacity-building goal of the programs and those for the goal of creating a more supportive environment for youth.

Sexuality Education

This strategy recorded significant outcomes both for the students and the adults involved. Findings for students included:

- ◆ Statistically significant increase in condom use among sexually active students.
- ◆ Better knowledge of condom use, particularly among young women.
- ◆ Less embarrassment about buying condoms.
- ◆ Increased communication among partners about HIV and AIDS.
- ◆ Increased positive attitudes towards people living with HIV and AIDS.

Outcomes for the teachers (based on pre-/post-tests at one of the two project sites as well as observations and interviews) included:

- ◆ Increased knowledge and understanding of HIV and AIDS.
- ◆ More positive attitudes towards young people's sexuality and towards people living with HIV and AIDS.
- ◆ Increased interest in and willingness to use participatory and interactive learning methods.
- ◆ Stronger facilitation skills.
- ◆ Increased communication and better relationships with students.
- ◆ Greater commitment towards teaching about sexuality and HIV and AIDS.⁴

Lessons learned: Capacity building

- ◆ Providing information about HIV and AIDS or unplanned pregnancy is not sufficient to lead young people to adopt healthy behaviors. Learners need the opportunity to assess their attitudes, think about what influences their behavior, and practice new skills.
- ◆ The objectives and process of the curriculum should be easy to understand and use, especially if teachers are not initially comfortable teaching comprehensive sexuality education.





- ◆ While students are generally enthusiastic about participatory learning, they have a range of needs and learning styles.
- ◆ Even with a clear curriculum, educators still require training to become familiar with potentially sensitive content and new teaching methods.
- ◆ It is challenging for many teachers to simultaneously implement a new teaching style and become comfortable teaching a sensitive topic.
- ◆ Not everyone can be a sexuality educator. It takes courage, an open mind, understanding and respect for young people's needs.
- ◆ Mentoring and supportive relationships between program staff and teachers help to reinforce learning.

Lessons learned: Creating a supportive environment

- ◆ Better relationships with students can be an important motivating factor for teachers and may inspire them to continue to teach sexuality education.
- ◆ The school environment, especially school administrators, can have a strong effect on whether it is possible to conduct sexuality education, but links across schools can help teachers support each other.

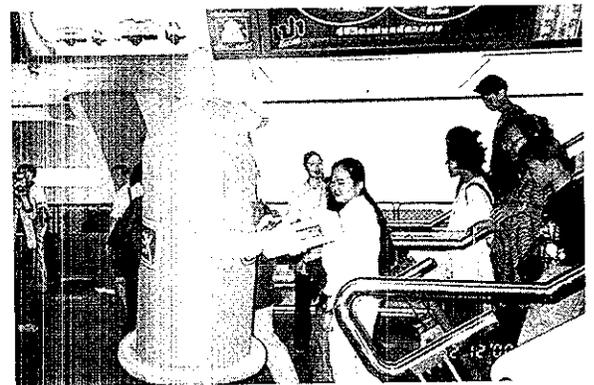
Media Advocacy

It is more difficult to measure changes in the media, but the following achievements are worth noting:

- ◆ An increased profile for PATH and its NGO partners as sources of information and/or press interviews on youth sexual health.
- ◆ An increased ability (through a well-regarded newsletter) to shape the stories journalists covered.

Lessons learned: Capacity building

- ◆ Building capacity requires follow-up and support. When follow-up and support are not available, switch strategies.
- ◆ Reporting on achievements can lend legitimacy to an organization.
- ◆ In developing a strategy, in-depth interactions and the incentive of a story are key ways to reach busy media professionals.
- ◆ Editors are critical gatekeepers in how a story is covered.
- ◆ Stimulating debate about a sensitive topic requires preparation and a clear message. It may be easier to anticipate and manage controversy if the underlying objective is clearly articulated.
- ◆ Personal stories give meaning to social issues.



Lessons learned: Creating a supportive environment

- ◆ Specific messages can be introduced through fora and demonstrations.
- ◆ Different media have different audiences. When building media relations, think about whom you eventually want to reach.

Youth-friendly Drugstores

The outcomes for this strategy were as follows:

- ◆ Client satisfaction scores using a simulated client assessment were consistently higher in project drugstores than in control stores.
- ◆ Participating drugstore personnel were more likely to practice history-taking, use interpersonal communication skills, disseminate information and give advice, respect client privacy, display positive attitudes toward clients, and provide appropriate referrals.

- ◆ A consistent increase was noted in adolescent clients at participating drugstores over the period of time for which data were collected.
- ◆ An increase was noted in referrals to counseling centers using their streamlined referral process.⁵

Lessons learned: Capacity building

- ◆ Technical training should focus on accurate information and issues of quality and safety.
- ◆ Drugstore personnel need training and support in learning to respect young people's privacy concerns and nonjudgmental communication with youth clients.
- ◆ Improving communication skills can enable drugstore personnel to better identify young clients' needs and concerns, and respond appropriately.
- ◆ Drugstores can provide counseling to youth clients, but messages must be concise in order to be conveyed in a short timeframe.



Lesson learned: Creating a supportive environment

- ◆ Establishing referral networks with other health and social services helps make drugstores part of the solution (enabling them to get youth the help they need) rather than part of the problem.

A Final Thought

The experiences discussed previously are three different stories, and they each had their own pitfalls and successes. What pulls them together as part of a comprehensive approach to YSRH programming?

One of the themes throughout PATH's work in Thailand has been a willingness to push the boundaries of how youth, sexuality, and sexual health are usually addressed. This willingness is founded on a deep personal commitment on the part of the staff to promote healthy sexuality and youth empowerment and an organizational mandate to innovate. These projects have taken some risks and challenged conventional wisdom about undertaking YSRH work in more traditional, conservative societies by asking people to talk about difficult issues and trying new approaches in their established professions.

11. Promoting Partnerships with the Private Sector in Cambodia: Sewing a Healthy Future Initiative⁶

Introduction

This is a new era for young Cambodians. After almost three decades of civil war—and the systematic destruction of infrastructure and state under the Khmer Rouge regime—the country is finally on the road to recovery. With renewed political stability and increasing economic vigor come opportunities to break the bonds of

poverty. The explosive growth of the garment factory industry in Cambodia has created a burgeoning job market, particularly for women, thousands of whom, some as young as 16, seek positions as sewers, cutters, or folders at the many factories located in and around the capital city of Phnom Penh. Young and predominantly single, these migrants often break free of established Cambodian social structures by moving to the city, and many develop emotional and physical relationships.

SEWING A HEALTHY FUTURE

Location: Phnom Penh and Kandal Province, Cambodia

Timeframe: July 2001 to March 2003

Cost: US \$400,000, with additional funding from other sources

Project Partners: CARE, PATH, CHED, CSCS, WDA, MHD, 15 participating factories, formal and informal sector health providers

Project Beneficiaries: 35,000 garment factory workers between the ages of 16-25 years

Recent studies of sexual risk behaviors and knowledge among both male and female garment workers reveal a limited understanding of and many myths about reproductive anatomy and sexuality,⁷ which in turn have contributed to Cambodia's having one of the highest HIV prevalence rates in Southeast Asia, with the highest rate of infection occurring among women aged 15-29. A number of barriers make it difficult for young people to access services and make safer sexual and reproductive health decisions. Young men and women are not encouraged to discuss or inquire about sexual matters; they may not know what services are available, may not be able to afford them, or the service may be

located far from the factory and they may not have sufficient free time to get there; pharmacists and drug sellers, the first and only “health provider” seen in many cases, have limited knowledge and minimal capacity to provide effective preventive services to young people; and, perhaps most importantly, the existence of friendly, nonjudgmental, confidential, and supportive environments is sadly lacking in both private and public health facilities.

Project Description

In 2001 CARE International and PATH consolidated their respective strengths and developed the *Sewing a Healthy Future* initiative to respond to the urgent sexual and reproductive health needs of garment factory workers. Under the auspices of the NGO Networks for Health Family Planning Plus (FP+) Initiative, the project developed a joint public/private sector network to empower factory workers to safeguard their health by conducting health promotion activities within factories and through forging links to health services outside the factories. Project interventions focused on three areas (which are discussed in detail below):

- ◆ **Providing intensive health education and life skills training to garment factory workers** in their places of employment and creating informal peer networks to support factory-based activities (e.g., library, health promotion events) and to facilitate a peer-based health referral system.
- ◆ **Creating a network and building the capacity of formal and informal sector health providers**, particularly pharmacists, drug sellers, health center staff, and factory clinic employees. The program aims to build the capacity of health professionals to provide quality services to young people, and to strengthen referral networks among service providers and between providers and youth.

- ◆ **Promoting advocacy** and network-building activities among NGOs, the private sector, and government agencies to influence the institutional and policy environment and modify social norms that put young people at risk for reproductive health problems.

CARE and PATH provide managerial, technical, and financial oversight to local NGOs and private sector counterparts who then implement separate, but complementary, project activities. CARE and its local partners—Cambodian Health Education Development (CHED), Cooperation for a Sustainable Cambodian Society (CSCS), and the Woman’s Development Association (WDA)—are responsible for the factory-based activities. PATH and the Municipal Health Department (MHD) focus on the establishment of youth-friendly health provider networks in the surrounding area and provide capacity-building measures and ongoing technical support to participating health professionals, including health staff employed by the factories. Networking and advocacy efforts further serve to integrate the project components by focusing on changes in the broader social and institutional environments.

Establishing Partnerships with Factory Management

When *Sewing a Healthy Future* first began, very few NGOs had worked with garment factories, and those that had were primarily concerned with documenting human rights abuses and improving factory workplace and labor conditions. Not surprisingly, factory management was reluctant—and in some cases hostile—to requests for collaboration on improving the health of their employees. Accordingly, CARE and its partners spent the initial months developing and implementing a garment factory advocacy plan. As a first step, project staff studied the business environment in which the factories operated and soon learned that while protecting profits was an overriding concern in all factories,

so too was preserving the factory's reputation, particularly in light of recent publicity about human rights and labor law violations. CARE also learned that although a few factory owners or managers are motivated by their own altruism, most are going to become involved only if there is a compelling business case for doing so.

The project team put together a promotional package to outline the benefits to the factories of being involved in the project—an enhanced reputation; health training for factory clinic staff; improved knowledge and better health practices of the workforce; a healthier, stronger workforce with less absenteeism—and to elicit their support and participation. In the end, 15 factories from a total of 44 agreed to participate in the project and to abide by several key conditions, including allowing the project team unhindered access to the factory and allowing 60 peer health volunteers and two factory clinic medical staff time off (with pay) to attend capacity-building sessions.

Building a Network of Health Providers

Almost 200 formal and informal health facilities can be found in a one-kilometer radius surrounding the 15 target factories. They include pharmacies, drugstores or depots, cabinets,⁸ public health centers, private clinics, and the factory health clinics mandated by the Cambodian Government. PATH discovered that the quality of services in these facilities varied widely, from competent to downright dangerous. While providers spoke of serving young people, they had little understanding of “youth-friendly” concepts and practices.

Identifying appropriate health providers for inclusion in the network was not easy. PATH knew from experience that it needed the support of government and private agencies to legitimize the initiative and encourage widespread participation. Key stakeholders in the undertaking were the Ministry of Health (MoH), the MHD, and the Pharmacy Association of Cambodia (PAC). With employees of the MHD—ten of whom were assigned to work on



Sewing a Healthy Future as members of the project support and technical teams—visits were made to eligible health facilities where providers were told about the project, provided with letters of endorsement from the MHD and PAC, and invited to an orientation workshop whereby the project objectives and activities were to be explained in more detail.

Nearly all the health providers initially contacted by the project teams attended a half-day meeting to learn more about the project and especially about the benefits of their participation to them and to Cambodian society (see box).

WHY PARTICIPATE?

- ◆ Increased knowledge of reproductive health.
- ◆ Opportunities to network and collaborate with other health providers.
- ◆ Important contributors to the control and reduction of STIs/HIV/AIDS, and to reducing complications of unsafe abortions.
- ◆ Recognized as a “youth-friendly” service provider (provided with identifiable logo stickers).

Sewing a Healthy Future Orientation Workshop for Health Providers, December 2001

Facilitators spelled out the kinds of capacity-building measures and support PATH and the MHD could provide and the roles and responsibilities of health provider 'partners.' Those who became involved in the initiative would be identified as promoters of youth-friendly services and appropriate sources of YSRH-related information and products. More specifically, partners would be responsible for providing advice and services to young people on three critical health needs arising from unprotected sex—STIs, pregnancy prevention, and the need for ongoing contraceptive care and counseling. They would also be charged with referring cases they could not handle within an appropriate "peer" network and keeping records of referrals, both coming and going, in their establishments. A total of 58 out of the 63 attendees signed on to the program.

*Capacity Building of Local NGOs,
Health Providers, and Peer Volunteers*

Supporting Local NGOs to Talk About Sex

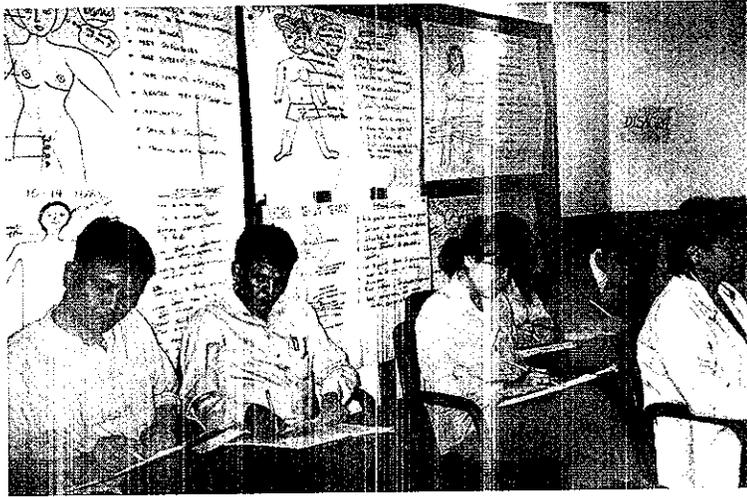
Capacity building efforts focused on three key groups: CARE's local NGO (LNGO) partners in the project, the network of health providers, and the peer health volunteers working in the factory. CARE's LNGO partners had received considerable training as part of an earlier (1998) pilot project and by the advent of *Sewing a Healthy Future*, they were able to assume the responsibility for implementing all project activities in target factories, including the delivery of the behavior change/life-skills education curriculum, supervising

and supporting youth peer volunteers, planning small and large promotional events, organizing youth corners (libraries), and overseeing management issues in their project components. In many cases, the more experienced LNGO staff now serve as coaches and mentors to their less confident colleagues. In short, the LNGOs are equal partners in the project, and CARE's role has become that of an older, more experienced "sibling" who provides encouragement, supportive supervision, and aid.

Creating Youth-friendly Services: Capacity Building of Health Providers

Recognizing that private and public health providers—especially pharmacists—can be an invaluable reproductive health resource for young people, PATH set out to create a comprehensive training curriculum which could best develop health providers' capabilities and respond to their existing gaps in knowledge and behavior. Incorporating lessons learned from other projects, the curriculum focuses on three main areas: understanding the meaning of adolescence and the importance of promoting YSRH; developing technical knowledge of oral contraceptive pills, STI prevention and care, and contraception management; and creating "youth-friendly" services through improved communication skills and supportive behaviors.





Over the past one and a half years of the project, some 300 health providers from the network of formal and informal health facilities have spent 20-22 hours in training on YSRH issues. At the end of the training sessions, participants are given resource materials for further consultation and study, and they are also visited on a monthly basis by MHD staff who answer questions, provide additional IEC materials, monitor the number of referrals made or received, and identify any unresolved training needs.

Building the Skills of Factory Peer Health Volunteers

Capacity building for the peer health volunteers (PHVs) focuses on an 18-hour life-skills and reproductive health education curriculum developed for the earlier pilot project covering the following topics: an overview of reproductive health issues, such as reproductive anatomy, menstruation, pregnancy, and contraception; STI, including HIV/AIDS education, prevention, and care; gender roles and stereotypes; development of sexual negotiation skills; and identifying safe health services. Sixty PHVs were eventually identified per factory per intake (two intakes per year). Upon receiving the training, they are charged with spreading reproductive health information to at least ten of their peers, serving as a PHV for a three-month period, helping the project teams with YSRH promotional events in the factory, and supervising the withdrawal of

comic books from the youth corner. They are also responsible for recording all peer interactions in a peer contact book and, in some factories, for dispensing referral coupons to youth-friendly health facilities. All PHVs are easily identifiable—wearing T-shirts and carrying resource materials (e.g., peer handbooks) that show them to be a source of YSRH information and support. Two times every month, PHVs and LNGO staff meet during the factory lunch break to go over the peer contact books and discuss questions or issues arising from PHVs' interactions with colleagues.

Creating Demand for Services through Peer and Health Provider Referral Networks

Developing and implementing referral systems lies at the heart of the *Sewing a Healthy Future* program. Two referral systems have been developed to respond to two different scenarios.

- ◆ In the first scenario, a factory worker approaches a health provider—whether a factory clinic doctor or a pharmacist—for assistance with a reproductive health problem. She asks for a service the health provider cannot provide. Instead of refusing to assist the young person, or worse, providing inappropriate or ineffective service, the health provider completes a referral form and directs the youth to another more specialized health facility (which may be but is not always a partner in the network).
- ◆ In the second scenario, a factory worker talks to a PHV about an issue of concern. Knowing that her friend needs professional assistance but is unwilling to go to the factory clinic, the PHV provides her with a referral slip and tells her to go to one of the health establishments in the PATH/MHD-supported

network. The PHV either identifies a particular establishment by name or refers to the network more broadly. In the latter case, she might tell her friend to go to a designated area, say some place around the factory, and then look for those places with the recognizable “youth-friendly” logos displayed on their storefronts.

Peer-initiated referral was originally envisioned as the centerpiece of the referral effort, but many PHVs did not initially have the skills and/or confidence to do referrals and had to be trained. From the beginning, however, peers were always considered an important source of health information and key points of contact, and the two-part referral system was begun as soon as enough peers had been trained.

Protecting Youth through Advocacy

Experience from around the world has found that the most profound changes in YSRH occur when attempts are made to influence the broader social and policy environments. *Sewing a Healthy Future* incorporated various advocacy efforts in the original program design, but because of funding shortfalls was unable to address these issues without the input of additional resources.

One of the most important of these, trying to improve occupational health standards in garment factories, involves greater buy-in of factory management to support the sustainability of programs and the strong endorsement of governmental bodies to advocate for change. In the coming months, CARE and its partners plan to help establish a

working group of key stakeholders—including factory management, workers, Government Ministries, the Garment Manufacturers Association of Cambodia, and NGOs—to advocate for improved health conditions within garment factories. The working group will conduct policy-mapping exercises and in-depth analyses in an attempt to better articulate policy and programmatic issues.

Advocacy efforts seek to not only sensitize and educate factory management on issues of health within the context of the Cambodian labor law, but also to work towards a shared understanding of the law and the development of minimum standards for the implementation of health regulations. Like other activities implemented in *Sewing a Healthy Future*, these efforts require strong multisectoral partnerships to succeed and flourish. The activities described here have allowed the group to develop an important base by which to build and strengthen these relationships. In so doing, garment factory workers will be in a better position to attain real improvements in their sexual and reproductive health.



Achievements and Lessons Learned

Over the past one and a half years of project implementation, CARE, PATH, and their partners have recorded the following achievements:

- ◆ The development of a strong consortium of private- and public-sector actors committed to YSRH issues.
- ◆ The establishment of health provider and peer-driven health referral networks for increased access to quality YSRH services.
- ◆ The development and implementation of a health provider curriculum, which has reached more than 300 health providers in four geographical areas in Phnom Penh and neighboring Kandal province.
- ◆ The implementation of a multifaceted reproductive health education program in 15 factories, in which more than 40,000 factory workers have attended large and small health promotion events, 1142 workers have been trained as PHVs, and 14,572 peer contacts have been made.

A Selection of Key Lessons Learned

Establishing Partnerships with Factory Management

- ◆ A seemingly obvious but crucial factor in the development of sound partnerships is the development of mutual understanding and respect. For CARE and its partners, this involved gaining an understanding of the garment factory industry, and learning what motivated factory management to undertake social action.

- ◆ Breaking down barriers between the public and private sectors is possible when both partners understand the reasons for initiating and maintaining collaborative action. "Selling" the project to the private sector, however, requires that NGO staff learns to present health concerns in business terms.

Capacity Building and Creation of Networks

- ◆ Developing close relationships with government departments and influential business associations is a crucial first step to legitimizing the program and establishing a health provider network.
- ◆ Bringing the health providers together saves time and also facilitates the development of relationships and referral linkages.
- ◆ Good capacity building in YSRH should provide opportunities for participants to improve their skills and knowledge and to examine their personal attitudes, assumptions, and biases. This requires long-term and intensive commitment.





- ◆ The use of participatory teaching methods provides opportunities for participants to think about YSRH issues in a more comprehensive way, and to take an active role in the learning process. Some may be a little shy, but most appreciate the chance to explore topics in a safe and stimulating environment.
- ◆ Providing resource materials and regular technical follow-up allows for ongoing capacity building to occur and makes partners feel valued.
- ◆ Peer volunteers need to be carefully selected and trained, but this is not always possible in difficult settings. Extensive supervision and backup is therefore vitally important and must be an integral part of a peer volunteer program.
- ◆ The development of referral systems should be an iterative process, arising from, and responding to, the needs and capacities of beneficiaries and implementers.
- ◆ Having more than one referral system allows government factory workers the opportunity to use the services of a variety of health establishments. It may be necessary, however, to expand original networks to include other facilities and services, depending on the needs of the clients.



C. Stout, CARE International, Cambodia, 2002.

Endnotes

¹ This issue of At a Glance features a summary of the document entitled Program for Appropriate Technology in Health. 2003. "New Generation" Models for Asia's Youth: Strengthening Networks and Building Capacity. Washington, D.C.: PATH and NGO Networks for Health.

² Rebecca Firestone. 2003. *Youth Sexual and Reproductive Health Programming in Thailand: Changing the Change Agents*. Washington, D.C.: PATH and NGO Networks for Health.

³ PATH. 2001, July. *Programming for HIV Prevention in Thai Schools*. Annual program report #3, p. 14.

⁴ These findings are reported in more detail in an upcoming report by HORIZONS.

⁵ PATH. 2001. *Youth-Friendly Reproductive Health Services at Drugstores in Thailand: RxGen Project Final Report*. Mekong Region, Thailand: PATH.

⁶ Francis, Caroline. 2002. *Promoting Partnerships with the Private Sector in Cambodia: Sewing a Healthy Future*. Phnom Penh, Cambodia: CARE International PATH and NGO Networks for Health.

⁷ CARE International. 2001. *Evaluating a Participatory Approach: Adolescent Sexual and Reproductive Health Programme in the Garment Sector*. Phnom Penh, Cambodia: CARE International.

⁸ A "cabinet" is a doctor's office which operates on irregular hours, usually in the evenings when other medical support is unavailable.

**All photos courtesy of PATH
except where otherwise noted**

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NGO Networks for Health (Networks) is an innovative five year global health partnership created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. Funded by the United States Agency for International Development (USAID), the project began operations in June 1998. For more information, contact:

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