



Assessment of Youth Reproductive Health Programs in Nicaragua



September 2003

YouthNet Assessment Team

- **Ed Scholl, Deputy Director for Technical Services, FHI/YouthNet**
- **August Burns, Reproductive Health Specialist, Consultant**
- **Ximena Gutiérrez, Adolescent Reproductive Health Advisor**
- **Jacqueline Garache, Administrative and Logistical Support, Consultant**

This publication was made possible through support provided by the United States Agency for International Development/Nicaragua (USAID/Nicaragua) through the USAID Cooperative Agreement with FHI for YouthNet, No. GPH-A-00-01-00013-00. The opinions herein do not necessarily reflect FHI or USAID policies.



ACRONYMS/ABBREVIATIONS

ABC	Abstain, Be faithful or use a Condom
ADRA	Adventist Development and Relief Agency International
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AMC	<i>Acción Médica Cristiana</i> (Christian Medical Action)
AMNLAE	<i>Asociación de Mujeres Nicaragüenses Amanda Luisa Espinoza</i> (Association of Nicaraguan Women Amanda Luisa Espinoza)
AMUNIC	<i>Asociación de Municipios de Nicaragua</i> (Association of Municipalities of Nicaragua)
ANPROVIDA	<i>Asociación Nicaragüense Por la Vida</i> (Nicaraguan Pro-life Organization)
ARH	Adolescent reproductive health
CDC	Centers for Disease Control and Prevention
CEPS	<i>Centro de Estudios y Promoción Social</i> (Social Promotion and Study Center)
CIDA	Canadian International Development Agency
CISAS	<i>Centro de Información y Servicios de Asesoría en Salud</i> (Center for Information and Health Education)
CISSR	<i>Comisión Interagencial de Salud Sexual y Reproductiva</i> (Interagency Commission on Sexual and Reproductive Health)
COMPAE	<i>Coordinadora de Organizaciones de Mujeres en la Promoción de la Anticoncepción de Emergencia</i> (Coordinator of Women's Organizations for the Promotion of Emergency Contraception)
CONAPINA	<i>Consejo Nacional de Atención y Protección Integral a la Niñez y Adolescencia</i> (National Advisory Board on the Full Attention and Protection of Childhood and Adolescence)
EC	Emergency contraception
ENDESA	<i>Encuesta de Demografía y Salud</i> (Demographic and Health Survey)
ENJOVEN	<i>Encuesta de Jóvenes</i> (Youth Survey)
FY	Fiscal year
GTZ	German Technical Cooperation
HIV	Human immunodeficiency virus
INIM	<i>Instituto Nicaragüense de la Mujer</i> (Nicaraguan Women's Institute)
IPPF	International Planned Parenthood Federation
IQC	Indefinite quantity contract
IUD	Intrauterine device
JHU-CCP	Johns Hopkins University – Center for Communication Programs
JOICFP	Japanese Organization for International Cooperation in Family Planning
LQAS	Lot Quality Assurance Sampling
MECD	<i>Ministerio de Educación, Cultura y Deportes</i> (Ministry of Education, Culture and Sports)
MINSAL	<i>Ministerio de Salud</i> (Ministry of Health)
NORAD	Norwegian Agency for Development Cooperation

NGO	Non-governmental organization
PAHO	Pan American Health Organization
PASMO	Pan American Social Marketing Organization
PATH	Program for Appropriate Technology in Health
PCS	Population Communication Services
PROSIM	<i>Promoción de la Salud Integral de la Mujer</i> (Promotion of Integrated Women's Health)
RAAN	<i>Región Autónoma Atlántica Norte</i> (Northern Atlantic Autonomous Region)
RAAS	<i>Región Autónoma Atlántica Sur</i> (Southern Atlantic Autonomous Region)
RH	Reproductive health
SIDA	Swedish International Development Agency
SRH	Sexual and reproductive health
SAT	Tutorial Learning System
SILAIS	<i>Sistema Local de Atención Integral en Salud</i> (Local System of Integrated Health Attention)
STI	Sexually transmitted infection
UCA	<i>Universidad Centroamericana</i> (Central American University)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YFS	Youth-friendly services

TABLE OF CONTENTS

	Page
I. INTRODUCTION AND BACKGROUND	1
II. ASSESSMENT TEAM AND METHODOLOGY	5
III. LAWS AND POLICIES RELATED TO ADOLESCENT RH	6
IV. FIELD VISITS AND DISCUSSIONS	10
A. Organizations and Activities	10
B. Key Informant Discussion Results	11
V. MAJOR FINDINGS	15
A. Why Are Nicaraguan Youth at Risk?	15
B. What Kinds of Programs Can Help?	17
C. What's Working/Not Working?	23
VI. RECOMMENDATIONS	26
1. General/Cross Cutting Recommendations	26
2. Program-specific Recommendations	27
3. Recommendations for USAID Programming	30
ANNEXES	33
ANNEX 1: Organizations Visited/Persons Interviewed	34
ANNEX 2: Description of Organizations Visited	36
Federations and Interagency Commissions	36
NGOs	39
Governmental Organizations	53
Donor Organizations	59

I. INTRODUCTION AND BACKGROUND

Adolescent Reproductive Health Data

In 2001, Nicaragua undertook the latest in a series of demographic and health surveys (Encuesta de Demografía y Salud 2001 – ENDESA 2001) that have been done over the years and had cause for cautious optimism about the state of Nicaraguan health. Most key indicators, including infant mortality, overall fertility among women in reproductive age, and malnutrition, showed important improvements since the prior survey in 1998. Adolescent fertility and contraceptive behavior also showed signs of improvement, although the 2001 data remain alarmingly high. On the other hand, the median age of sexual debut decreased somewhat (a negative trend) and the percentage of 19-year-old women who are, or have ever been, pregnant showed no change between the two survey years.

Indicator	1998	2001
General fertility rate (births per 1,000 women 15-19)	130	119
Percentage of 19 year old women who are or have been pregnant	46%	46%
Contraceptive prevalence, girls in union 15-19 (any method)	40%	55%
Contraceptive prevalence, girls sexually-active not in union, 15-19 (any method)	NA	53%
Prevalence by method mix, girls in union 15-19		
--Any modern method	38%	53%
--Oral Contraceptives	21%	23%
--Injectables	6%	17%
--IUD	8%	6%
--Condoms	3%	3%
Prevalence by method mix, girls sexually-active not in union, 15-19		
--Oral Contraceptives	NA	13%
--Injectables	NA	21%
--IUD	NA	0%
--Condoms	NA	11%
Median age of sexual debut (among women 25-29)	18.2	17.8
Percentage of girls, 15-19, who have had sexual relations before age 15	12.2	10.9

In the Central American context, Nicaragua has the highest, or second highest, rate of adolescent fertility, depending on the source. Data for Nicaragua currently on the United Nations

Population Fund (UNFPA) website give a fertility rate of 138 per 1000 women age 15-20,¹ the highest rate among Central American countries.

However, according to the 2001 Reproductive Health Survey carried out by the Centers for Disease Control and Prevention (CDC) in Honduras, the fertility rate there was 137 per 1000 women 15-19, surpassing the ENDESA 2001 rate of 119 in Nicaragua. Other recent USAID-funded surveys in El Salvador and Guatemala show adolescent fertility lower in those countries than in Nicaragua – even though Guatemala has a higher overall total fertility rate than Nicaragua.

Regarding contraception, prevalence among girls 15-19 in Nicaragua, both in union and those sexually active but not in union, is above 50 percent. Girls in union prefer oral contraceptives, while injectables are the method of choice among sexually active girls not in union. Condom use by girls aged 15-19 is only 11 percent among those sexually active but not in union (and presumably at risk for HIV/STIs).

The median age of sexual debut showed a small decrease between the two survey years. Though the median age of sexual debut for girls is 17.8, early adolescent sexual activity is not uncommon, and nearly 11 percent of girls have sex before age 15. Our conversations in the field with organizations working with rural disadvantaged youth suggested that early adolescent sexual activity is frequent. Comparing the figures for sexual debut and the percentage of 19-year-old women who are or have been pregnant (46 percent) leads one to the conclusion that pregnancy soon follows the initiation of sexual activity for many girls. This is not necessarily surprising, given that contraception is rarely used when sexual activity is initiated (see table below).

In addition to the data available through the 1998 and 2001 demographic and health surveys, Johns Hopkins University/Center for Communication Programs undertook a youth survey (ENJOVEN) earlier this year. The survey report is not yet published, but many preliminary results were shared with the team. The data presented in the table below point to generally high levels of optimism among youth about their future economic well-being, a moderate level of contraceptive use and a relatively low level of condom use.

¹ United Nations Population Fund. Retrieved September 2, 2003 from comparative table generated at <http://www.unfpa.org/profile/default.cfm>

Selected Indicators for Male and Female Respondents, 15-24		2003 (preliminary)
Percent who believe they will achieve a better economic condition than their parents		71%
Percent who believe their economic condition will improve in next five years		69%
Knowledge of AIDS		92%
Knowledge of where to obtain a method of contraception		65%
Differences in behavior between first and most recent sexual activity		
	1 st sex	Most recent
<i>--Used a method of contraception</i>		28% 54%
<i>--Used a condom</i>		23% 28%
Frequency of condom use		
<i>--Always</i>		13%
<i>--Never</i>		48%
Reason for not using a condom in most recent sexual activity		
<i>--Used another method</i>		35%
<i>--Doesn't like condoms</i>		26%
Median number of sex partners in last year		
<i>--Girls</i>		1.1
<i>--Boys</i>		2.3

Nicaragua Youth: At Risk and Vulnerable

The reasons behind the continued high rate of teen pregnancy in Nicaragua is beyond the scope of this report, but lack of information, lack of access to services, and lack of empowerment and opportunities all make young girls vulnerable to unplanned pregnancy and the health risks associated with early childbearing. Girls under the age of 15 are more likely to experience premature labor, spontaneous abortion, and stillbirths than older women.

Early, forced, or coerced sex, too early pregnancies, and sexually transmitted diseases all come at a great cost to individual young people and to society. A young girl who becomes pregnant may lose her chance to receive the education and training she needs to have a dependable livelihood, consigning her and her child to poverty and limited life options. A young father who must work to support a growing family may never reach his potential as a productive member of society. Very young parents have few parenting skills, often resulting in a repeat of the pattern of early sexual activity and early childbearing in the next generation. In addition to the social and economic costs to society, early childbearing results in more rapid population growth (population momentum), putting further pressure on Nicaragua's already stressed resources, infrastructure, and environment.

Lessons learned globally underscore two main interventions:

1. *Provide comprehensive sexual and reproductive health (SRH) information* including information on healthy sexuality, healthy relationships, abstinence, family planning, and prevention of sexually transmitted infections. Studies repeatedly show that comprehensive SRH education does not lead to increased sexual activity but, to the contrary, leads to a delay in sexual debut and more responsible choices when sexual relations are initiated.
2. *Support girls' education.* There is a consistent link between education of girls and delayed childbearing. Better-educated mothers choose smaller families and their offspring in turn are healthier, better educated, and more socially productive.

Nicaragua's commitment to addressing the issue of early pregnancy and childbearing, in terms of both policy and implementation, can make a significant difference in the social and economic well being of the population.

While Nicaragua's struggle to make a dent in reducing early pregnancy and childbearing is challenge enough, it cannot ignore the looming threat of HIV/AIDS, nor the current high rates of sexually transmitted infections (STIs). An estimated 12.4 million people between the ages of 15 and 24 are living with HIV/AIDS worldwide, or around one-third of the total number of persons affected. At current rates of increase, the number of young people living with HIV/AIDS could rise to 21.5 million by 2010, an increase of over 70 percent from the present total, resulting in a significant negative impact on all segments of society including economic productivity, education (due to the high number of teacher deaths), crime and political stability, and food supplies. In the countries hardest hit by the epidemic, life expectancy is expected to drop dramatically, in some cases to below 30 years.

Nicaragua's HIV prevalence is fortunately still rather low among the general population (under 0.5 percent), but its high rates of STIs (co-factors for HIV transmission), commercial sex trade, poverty and interconnectedness with Honduras (with the highest prevalence rate in the region), make it vulnerable. The adolescent population of Nicaragua is particularly vulnerable given its low use of condoms and given the high rate of forced sex and commercial sex that adolescent girls are subject to. Nicaragua faces the difficult decision to allocate scarce resources to a disease that currently affects a small fraction of the population at a time when the population's most basic needs are unmet. Currently, neither the Ministry of Health nor any non-governmental agency has the capacity to confront this disease. But if major prevention measures are not implemented now, a repeat of the experience of countries in Africa and other regions can be expected.

“In every country where HIV transmission has been reduced, it has been among young people that the most spectacular reductions have been made.”

— Peter Piot, M.D., Ph.D. Executive Director UNAIDS

II. ASSESSMENT TEAM AND METHODOLOGY

A four-person team, including a YouthNet staff member, U.S.-based consultant, and two local consultants carried out the current assessment. Prior to traveling to Nicaragua, key documents were reviewed by the team, including the USAID Strategy for Central America, FY 2004-2008, the Nicaragua Country Plan for FY 2004-2008, the 2004 Congressional Budget Justification, the 2001 Demographic and Health Survey, preliminary data from the 2003 ENJOVEN Survey and program documents received from PATH, Johns Hopkins University/Center for Communication Programs and other USAID cooperating agencies working in Nicaragua.

The U.S.-based team members spent two weeks in Nicaragua, from July 14-26, 2003. An entrance meeting with USAID/Nicaragua staff from the Office of Human Investments was held the first day. Following clarification of the scope of work and USAID expectations, the team began to meet with and interview key governmental and nongovernmental institutions and agencies working in the area of adolescent sexual and reproductive health. The team received a preliminary list of such agencies from USAID/Nicaragua and the team expanded upon this list after consulting with several key informants. During the two-week consultancy, the team contacted a wide range of individuals and organizations involved in adolescent reproductive health, including service-delivery, policy-making, advocacy and funding organizations. These individuals/organizations are shown in Annex 1.

To gather information about the organizations visited, semi-structured interviews were held with the key individuals directly responsible for work with adolescents and youth. With some organizations, interviews were also held with the director or other senior staff member.

In addition to these organizational interviews, field visits were also made to project-sites in Managua, Ocotal, Ciudad Sandino, Estelí, and Bluefields, in order to directly observe program activities and have direct contact with adolescent beneficiaries of existing programs. In Bluefields, a variety of community leaders involved in adolescent sexual and reproductive health activities, and an equal number of youth ages 13-18 were invited to participate in an informal discussion on the issues of early pregnancy and HIV/AIDS prevention. In Managua, a working lunch was held with program managers, policy-makers, and government officials, providing the opportunity for them to share their perspectives and vision concerning adolescent sexual and reproductive health programming.

At the conclusion of the two-weeks spent in Nicaragua, the team had an exit briefing with USAID/Nicaragua staff to share the team's findings and recommendations and to elicit feedback from the Mission on the draft report.

III. LAWS AND POLICIES RELATED TO YOUTH RH

Nicaragua has an admirably comprehensive and progressive set of laws and policies promoting the rights and responsibilities of youth and mandating the government of Nicaragua to provide comprehensive sex education and reproductive health care to youth. Under the Alemán and Bolaños administrations, many policies were developed and a key law was passed (Law for the Promotion of Integrated Development of Youth) that laid the foundations for protection of, and interventions on behalf of, youth reproductive health by both the government and civil society. Taking these policies and law at face value, it would appear that Nicaraguan adolescents and youth have a great deal of public support and proactive interventions in terms of reproductive health education and services. In reality, many of these policies are not fully implemented, largely due to lack of funding. However, it can be said that there seem to be few, if any, obstacles or legal impediments to providing sex education and services to adolescents and youth who are in need of them.

A brief description of these key policies and law follow.

National Population Policy

The National Population Policy, published in 1997, is part of the strategy for national development and stresses the government's goal of integrating components of population dynamics with socio-economic development. This policy is also important for advancing reproductive health promotion and service delivery in the country. The legal framework (*Marco Etico-Jurídico de la Política*) of the policy recognizes the right of couples to freely decide the number and spacing of their children, and outlines the responsibility of the state to create social conditions and institutions that facilitate the exercising of this right.

Several objectives of the population policy are particularly relevant for the subject of adolescent reproductive health, including the following:

- Reduce significantly the incidence of pregnancy among single adolescent girls.
- Develop in men and women, from the beginning of their adolescence, the ability to love and to relate to others with mutual respect, exercising sexuality with faithfulness and responsibility.

Included among the strategies of the population policy are the provision of integrated sex education, which promotes the exercise of sexuality with restraint, self-care, self-esteem, fidelity, and responsibility. The policy states that youth and adults, in exercising their rights, must be informed accurately and completely about existing means of preventing unplanned pregnancies and reducing the risk of contracting sexually transmitted diseases.

Action Plan for the National Population Policy -- 2001-2005

Following adoption of the National Population Policy in 1997, the Alemán government formed the National Population Commission to coordinate and implement activities designed to fulfill the population policy. A Technical Committee was subsequently formed and tasked with

developing an Action Plan to implement the population policy. This Action Plan for the National Population Policy – 2001-2005, was presented in July 2001.

The strategies and proposed activities of the plan are divided into three sub-programs: Education in Population and Sexuality, Sexual and Reproductive Health, and Population Distribution.

One of the strategies outlined in the Sexual and Reproductive Health sub-Program specifically addresses adolescent reproductive health: “Nicaraguan youth and adolescents, particularly those from poorer social strata, will demand and receive quality integrated sexual and reproductive health care with a focus on gender equity...”² Specific activities, institutions, goals and indicators are laid out in the Action Plan for this and other strategies presented. One such activity outlined is for the Ministry of Health and Ministry of Education, Culture, and Sports to collaborate on incorporating sexual and reproductive health in formal and non-formal education programs for adolescents and youth.

National Policy of Integrated Attention for Children and Adolescents

In 1997, the Alemán government developed and approved the National Policy of Integrated Attention for Children and Adolescents. The aim of this policy is to ensure provision of comprehensive care to children and adolescents, based on the principles established in the International Convention on Children’s Rights. It is a policy instrument that allows for standardizing criteria, defining priorities and giving coherence to the actions undertaken by the state and civil society to provide effective care to Nicaraguan children and adolescents. One of its specific objectives related to reproductive health is “To guarantee special reproductive health services for adolescents, with an emphasis on the prevention of pregnancy, sexually-transmitted diseases, HIV and maternal morbidity and mortality” (objective No. 11). Included among its strategies are: strengthening of the family; universal access to education; strengthening of primary health care; greater investment in social policies; promotion of girls’ development; widened community participation; special care and protection for girls and adolescents at risk and/or in conflict with the law; social communication and mobilization; training of human resources; performance of studies and research on the situation of the family, children and adolescents; creation and strengthening of an information system on children and adolescents; and decentralization of services and inter-sectoral cooperation.

To implement this policy, a National System for Integrated Attention was formed of various government ministries and institutes, including the Ministry of Education (now the Ministry of Education, Sports, and Culture), the Ministry of Health, the Secretariat of Social Action, the Ministry of the Family, the National Technological Institute, and the Ministry of Labor.

Code for Children and Adolescents

In response to the National Policy of Integrated Attention for Children and Adolescents, the Alemán government adopted the Code for Children and Adolescents in 1998. One of the articles in the code specifically calls upon the state to provide sex education to “girls, boys, and

² Comisión Nacional de Población del Gobierno de Nicaragua. Managua 2001. *Plan de Acción de la Política Nacional de Población 2001-2005*. p. 29.

adolescents that is integrated, objective, orienting, scientific, gradual and formative, and which develops their self-esteem and respect for their body and for responsible sexuality. The state will guarantee access to sexual education programs through schools and the educational community” (Article 44).

National Policy for the Integrated Development of Youth

Beginning in 1999, the Alemán administration, under its Secretariat for Social Action, initiated the process of developing a national policy on youth. The policy, entitled National Policy for the Integrated Development of Youth, was completed and approved by the President Alemán’s Social Cabinet in November 2001. This national policy is divided into the following eight thematic areas:

- Urban and rural youth
- Youth and the environment
- Youth and migration
- Youth and education
- Youth and health
- Youth and the family
- Youth and the economy
- Youth and relations with the state and civil society

The National Policy for the Integrated Development of Youth defines “youth” as men and women between 18 and 30 years of age,³ perhaps to avoid overlap with the National Policy of Integrated Attention for Children and Adolescents. As such, it is more a policy on young adults than youth, as that term is commonly used (the YouthNet project, for example, defines youth as individuals between 10-24 years of age). Nevertheless, the policy document seems to ignore this definition in much of its content and recommendations. For example, the section on education refers to both primary and secondary education – clearly encompassing girls and boys under the age of 18.

One of the strategies outlined in the national policy is the creation of a National Youth Commission. This commission was formed and is composed of representatives of the Youth Council of Nicaragua, governmental institutions, NGOs, businesses and universities that have programs directed at youth.

Law for the Promotion of Integrated Development of Youth (Law 392)

At the same time the Alemán government’s Secretariat for Social Action began the process of developing a national policy on youth, the National Assembly and youth organizations represented in the Youth Council of Nicaragua promoted and eventually achieved passage of the Law for the Promotion of Integrated Development of Youth. This law (No. 392) was signed by President Alemán in June 2001.

³ Secretaría de la Juventud/Fondo de Población de las Naciones Unidas, Managua (undated). *Política, Ley y Reglamentación para el Desarrollo Integral de la Juventud*, p. 10.

Law 392, like the National Policy for the Integrated Development of Youth that guided its passage, applies to men and women between 18-30 years of age. Although limited in its application to young adults, this law outlines several rights that are significant for sexual and reproductive health concerns. One right identified is the right to receive science-based sex education in “educational centers” beginning at fifth grade, and to exercise reproductive and sexual rights with responsibility – in order that one’s sexuality might be healthy and pleasurable and that the individual be prepared for responsible parenthood.⁴ As in the case of the national policy, there seems to be a lack of correspondence between the stated group to which the law applies (men and women ages 18-30) and certain provisions of the law, such as the right to sex education beginning at fifth grade. To fulfill the law, the Ministry of Education, Culture, and Sports obviously must adapt the curriculum of elementary school students (which in fact it has done) and not limit itself to adult education.

Codification of the Law for the Promotion of Integrated Development of Youth

In order to implement Law 392, codification of the law had to first occur. This became one of the first tasks assigned to the newly created Secretariat of Youth, formed by President Bolaños on the day he took office. The codification of Law 392 was completed and published in February 2002. Several of the articles in the codification of Law 392 are important for reproductive health. These include the following:

- Article 17: The National Education Commission will introduce educational plans necessary to provide youth with education that promotes respect for sexual and reproductive rights, as well as sex education in order to avoid unwanted pregnancies among youth.
- Article 31: The Ministry of Health, in coordination with the Secretariat of Youth, other government entities, youth associations and civil society organizations, will develop a Youth Health Care Program.
- Article 32: The Ministry of Health, in coordination with the Secretariat of Youth, will provide information on sexual and reproductive health promoting healthy sexual behaviors through appropriate media, and incorporating a focus on integrated sexual and reproductive health in health services.
- Article 33: The Ministry of Health shall guarantee the provision of specialized services to youth concerning family planning and pregnancy —with emphasis on prevention, treatment, education, and counseling.
- Article 35: The Ministry of Education, Sports, and Culture, in coordination with the Secretariat of Youth, the Ministry of Health, and civil society, will develop a program to educate youth concerning science-based sex education and reproduction in educational centers.

⁴ Ibid, p. 33.

IV. FIELD VISITS AND DISCUSSIONS

A. Organizations and Activities

Nicaragua is fortunate to have so many organizations – governmental, NGOs, and commercial firms – involved in programs designed to prevent teen pregnancy, sexually transmitted infections and HIV/AIDS. Some are implementing agencies, some are coordinating or regulatory bodies and others are donors, both bilateral and multilateral. The challenge is to coordinate the activities of these organizations in such a way that they complement each other and channel their resources to attack the problem in a cost-effective manner that will have maximum impact.

Our team visited the organizations that were recommended to it by USAID Nicaragua and other key informants involved in reproductive health issues in Nicaragua. While they include the major players in the sector, there are undoubtedly many other organizations that we did not identify or did not have time to meet with. Nevertheless, we were successful in meeting and talking with 35 organizations to identify what they were doing in the area of adolescent reproductive health and solicit their ideas for what is needed to better address the problems in this sector. For several service delivery organizations, we were able to make field visits to see for ourselves the programs and activities they are implementing. These field visits also gave us the opportunity to talk with adolescents themselves about the work being done and to gain their perspectives on what works and what could be improved.

We saw a variety of approaches being used to address the problems of pregnancy and STI/HIV/AIDS among adolescents and young adults. Perhaps the most common intervention was adolescent peer education. This approach is being used by the majority of NGOs, as well as by the Ministry of Health. We visited a number of adolescent centers and clubs where young people are invited to congregate for recreation, socialization and to receive information/training on reproductive health and life skills. We also observed an example of information and clinical services being provided to adolescents in a youth-friendly clinic. In addition, we saw some excellent examples of the use of mass media to disseminate messages to young people about sex, contraception, HIV/AIDS, and related subjects. Finally, we met with several governmental organizations, as well as NGOs, that are involved in advocating or implementing laws and policies designed to protect adolescents and promote their reproductive and general well-being.

The summary of these visits and discussions is found in Annex II of this report. In addition to the organizational interviews and field visits the team made, we also conducted two different meetings of key informants to solicit their input on various questions posed and to hear their ideas on how to better address the reproductive health problems faced by adolescents. These meetings took place in Bluefields and in Managua and are summarized below.

B. Key Informant Discussion Results

1. Bluefields Key Informants

In Bluefields, a variety of community leaders involved in adolescent sexual and reproductive health (adolescent SRH) activities, and an equal number of youth ages 13-18, were invited to participate in an informal discussion on the issues of early pregnancy and HIV/AIDS prevention. The young people invited were part of a newly formed teen theater group, which is a collaborative project of the local commission on adolescent reproductive health. Commission members include AMUNIC, the mayor of Bluefields, UNFPA, Peace Corps, and the Coastal Campaign Against AIDS. The adult participants included four high school teachers, the coordinator of a human rights group, the director of the local university-based radio station, a church youth group leader, and a youth counselor.

The theater group gave a short presentation of a socio-drama that they are just beginning to present in the schools. The socio-drama presented the issues of early pregnancy, alcohol use and unprotected sex. A discussion of the issues affecting young people in Bluefields followed.

The information and opinions shared in the discussion revealed that, as in other areas of Nicaragua, the greatest reason for the high rate of early pregnancies is a lack of opportunities and alternatives for young people. As one participant said, “At 12 you take care of your sibling, at 14 you take care of your own. There are no alternatives offered.”

We discussed the strategies being used in Bluefields to reach youth, consisting largely of in-school SRH education and information presentations. The group discussed the need to make the exchange of information attractive and relevant to youth, with programs such as that being attempted by this theater group. There was also a discussion on the role of media and it was agreed that a local approach was needed, as much of the work being done in Managua in the area of mass media never reaches the coastal population, particularly those living in more rural areas. Media messages to this population need to be through radio, and be presented in the local languages. One of the current limitations to increasing use of radio to reach young people is the lack of finances to buy airtime.

2. Managua Key Informants

A roundtable discussion was held in the second week of the assessment bringing together key leaders in adolescent SRH in Nicaragua. The objectives of the meeting were to identify the main constraints to adolescent SRH and to exchange ideas to improve the delivery of adolescent SRH in Nicaragua.

Participants

- Margarita Gurdían Vice-Minister of Health
- Chantal Pallais Adolescent SRH officer, UNFPA

One of the major obstacles is the fact that organizations working in adolescent SRH must expend a good deal of their effort working against forces that don't want this topic discussed.

3. Are contraceptives available to youth who choose to use them? Are there medical or institutional restrictions or barriers that limit access to family planning services?

It was agreed that the Ministry of Health norms are good in regard to adolescent access to contraception, including emergency contraception, but more work needs to be done to put them into practice. Emergency contraception is not well known either by providers or users. In many areas, contraception is only offered to teens that have already had one child. Also, there is stigma associated with seeking services in local clinics.

The church has a great deal of influence in the area and actively works to limit access to adolescent SRH including contraception and condom use for the prevention of HIV/AIDS/STIs. There was a sense among the participants that there appears to be an organized campaign of misinformation including messages that the condom is permeable to the AIDS virus and that EC is an abortifacient. Condom social marketing initiatives are limited to the Managua area.

Finally, lack of information, economic need and ingrained social norms about early childbearing are all obstacles to access.

Authors' note: The Ministry of Health's current family planning norms,⁵ while not laden with medical barriers, could use updating and a client-oriented perspective that recognizes the ability of adolescents to make informed choices about contraception appropriate to their life situation. The Ministry of Health's norms take a more traditional, "provider knows best" approach, and assigns a hierarchy of preferences for different groups of adolescents. For example, the norms assign progestin-only pills as the first choice method for an adolescent girl who is not yet sexually active.⁶ (Why not continued abstinence, with a condom, or EC as backup methods?)

4. The USAID strategy to fight AIDS is based on the "ABC" approach: Abstain if you are not yet sexually active, Be faithful to one partner, or use Condoms. Does the work being done in HIV/AIDS prevention in Nicaragua reflect a balance of these approaches?

There is a good deal of polarization in the country with the church and conservative forces demanding abstinence only, and aid organizations focusing on making condoms available. There is a need for a more balanced national approach that offer adolescents alternatives, options and skills to make their own decisions with the common goal of preventing the escalation of AIDS and its devastating consequences.

⁵ Ministerio de Salud, Managua, 1997. *Norma de Planificación Familiar*.

⁶ Ibid, p. 151-152.

Recommendations

- Bring together the lessons learned nationally to plan a multisectoral National Program of Adolescent Reproductive Health.
- Make available a conference on best practices, bringing information to organizations working in Nicaragua on progress and innovations internationally.
- Work with the Ministry of Education to establish appropriate curricula to bring comprehensive reproductive health education into the schools.
- Coordinate the development of a strategic plan for adolescent SRH between the Ministries of Health, Education, and the Secretariat of Youth.
- Work with the private sector to make services available to youth, not only relying on the Ministry of Health.
- Continue to focus on changing cultural and social norms that serve as barriers to adolescent SRH.
- Improve health communication on contraception.
- Consider the impact of population growth on economic development and the economic benefits of investment in reproductive health interventions.
- Support increased cooperation among the many groups working on this issue to identify and target the most pressing needs in adolescent SRH.
- Encourage more open forums such as this one.
- Share the results of this assessment with the participants surveyed.

V. MAJOR FINDINGS

Though a great deal of progress has been made, Nicaragua's efforts to reach adolescents with sexual and reproductive health information and services are in the early stages of development. With a relatively low rate of HIV infection (though now growing rapidly), efforts to reach youth have not had the urgency to dramatically affect behavior change that has driven much of the efforts in Sub-Saharan Africa. Yet for the young people of Nicaragua today, faced with the problems of too early childbearing and a rapid growth in rates of all STIs, the urgent need for a well-developed strategy is only too real.

A. Why Are Nicaraguan Youth at Risk?

It is beyond the scope of this assessment report to thoroughly present research and survey findings on risk factors for unhealthy reproductive health practices among Nicaraguan youth, or their root causes. However, we would like to briefly comment on three themes that frequently arose in our discussions with youth-serving organizations, and young people themselves, concerning why Nicaraguan youth have such high levels of teen pregnancy and sexually transmitted infections.

Lack of Opportunity among Youth

During our interview we were repeatedly told that the basic problems of lack of opportunity for youth was the underlying issue behind the high rate of early sexual behavior and the resulting high rates of early pregnancy and STIs. Youth in Nicaragua have little available in terms of education, skills training, employment or even recreation. Poverty is associated with (though not necessarily a direct cause of) increased sexual risk behavior, early sexual debut and early childbearing. This is true for developing and developed countries alike. Youth with too much time on their hands and little to occupy them are more likely to experiment with drugs, alcohol and sex. Youth without expectations for a better future may not see the purpose of healthy sexual and reproductive health choices.

Rural girls in particular perceive few opportunities in life other than starting a family and following in the footsteps of their mothers. The median age of first union among young women, 20-24 years old, is 18.7. The age for rural women, however, is 17.6. By the time Nicaraguan women reach 20 years of age, over 60 percent of them are already married or in union (ENDESA 2001).

A number of programs are trying to address some of these issues by offering sports and recreation. Adolescent clubs and associations provide youth with connections and life skills. A few are incorporating income-generating projects. Project examples visited included a community garden project, apiaries and silk screening.

To date, livelihood skills training and income generation is an area that has not been well developed by organizations working in Nicaragua in adolescent reproductive health (ARH). It is a strategy that is receiving a good deal of attention worldwide because it can

begin to address youth's most basic needs. In addition, livelihood programs can help youth develop the experience and connections they need to move into the work sector.

One promising model that combines educational opportunities with sustainable livelihood training is now being used in Honduras and is called the Tutorial Learning System (SAT). This rural-based, secondary education program was pioneered in Colombia by the development organization FUNDAEC, and later adapted in Honduras by the Bayán Association. The program provides an alternative way of addressing the difficulty of providing secondary school education in rural areas and utilizes rural development projects as its classroom. Along with a trained tutor, students study agricultural technology, mathematics, science, and language and communication through hands-on community service projects. In the evaluation of the SAT program, students, parents, community members, and educational authorities all reported that SAT imbued practical knowledge that could be used immediately to benefit the community. The vast majority of the students reported that before the SAT program they did not think about their role in the community or how they could contribute to community development.

Lack of Sexual and Reproductive Health Information/Education in the Schools

The school setting is an obvious place to provide young people with SRH information and education. School based prevention programs have the advantage of a captive audience that can methodically be moved through curricula. The school setting provides the opportunity to work with the same group of young people, to teach and practice skills with them, and to address their questions and concerns over a period of time.

Adolescents who receive school-based comprehensive SRH education (which includes by definition encouragement of abstinence) have consistently been shown to delay sexual debut, have increased knowledge of sexual and reproductive health and healthy practices, and are more likely to choose responsible sexual behavior when they do become sexually active.

The Nicaraguan Ministry of Education, Culture, and Sports (MECD) has traditionally been quite conservative and did not include sexual and reproductive health in the school curriculum, other than human physiology and anatomy. In recent years, a curriculum redesign has occurred which includes sex education as part of the natural sciences curriculum from third to sixth grades. Instruction on sexually transmitted infections and "responsible parenthood" (often the name given to talks about limiting family size, but not necessarily including instruction on contraceptives) are included as themes in this new curriculum. The Ministry of Health and MECD also signed an agreement in 2000 to provide reproductive health education in schools twice per week in a collaborative fashion. This initiative, called "Friendly and Healthy Schools", has received financial support from both UNFPA and UNICEF. However, the initiative has not been fully implemented, according to UNFPA. According to the Ministry of Health (MINSAs), every administrative area, or SILAIS (Local System of Integrated Health Attention), is participating in school-based reproductive health education with the exception of the department of Rivas.

In spite of these promising developments for school-based SRH education, several of our informants, including many adolescents themselves, told us that school-based SRH instruction exists very sporadically, if at all, except for the Southern Atlantic Autonomous Region (in our visit to Bluefields it was notable that all organizations visited had some presence in providing SRH educational programs in the school). In addition, many Nicaraguan children do not attend secondary school. Information on sexuality and reproductive health must therefore be sought out by the young person or offered through other venues such as media, youth serving projects or health services. Young people often turn to peers for information, an unreliable source.

Further complicating attempts to provide quality reproductive health education in the schools are recent attacks by groups who oppose comprehensive sex education. ANPROVIDA – the Nicaraguan affiliate of Human Life International – has been spearheading this effort and has recently succeeded in stopping the training of teachers in the use of a sex education manual (part of the Family Life Education curriculum) that the MECD developed with UNFPA support and was pilot testing. The Minister of Education has publicly stated his support for sex education in the schools and affirmed that instruction in this subject matter will continue, while they review the content of the sex education manual that has been the subject of attacks by ANPROVIDA. In a recent announcement, the Minister promised that a revised version of the manual would be ready by early October. He also stated that the evangelical and Catholic churches, as well as organizations representing many sectors, are taking part in the review of the manual.⁷

Sexual Violence

Our interviews revealed a widespread concern about the high rate of sexual and domestic violence. It seems that many girls' first sexual encounter may be forced and/or incestuous, adding to the problems of early pregnancy and STIs. A great deal of attention has been given to this topic in the past five years in Nicaragua, with the goals of empowering girls and women to make life changes and to change social norms that support violence.

Of the programs interviewed, most included community education about sexual and domestic violence and two had programs directed at males, including the JHU-CCP project "Double Protection" (which is directed at young men) and Christian Medical Action (AMC), who is developing a group of "Men Against Violence."

B. What Kinds of Programs Can Help?

Balanced ABC Approach

Just as adolescents are very diverse and in different stages of life, so must the strategies to prevent their becoming pregnant or contracting a sexually transmitted infection be

⁷ Martínez, M. (2003, September 15). Manual Sexual Listo en Octubre. *La Prensa: El Diario de los Nicaraguenses.com.ni*. Retrieved September 15, 2003 from <http://www.laprensa.com.ni>

diverse. The USAID strategy for HIV/AIDS prevention relies on the A – B – C approach, for Abstinence, Be Faithful, or use a Condom. This approach works equally well for adolescents seeking to prevent a pregnancy, although they might be well advised to supplement a condom with a more effective form of contraception, thereby employing “dual protection.”

Many of the organizations we spoke with utilize the ABC approach in practice. The two largest mass media efforts we witnessed – by Puntos de Encuentro and JHU-CCP – seemed to have achieved a balance in this respect, with some spots/programs encouraging viewers to think twice before engaging in sexual relations and to consider the consequences and other spots/programs encouraging condom use for protection.

However, some of the NGOs we visited seemed to focus primarily on condom promotion, with little or no discussion of “A” or “B”. A representative of one NGO expressed the view that all, or practically all, adolescents are sexually active and will not listen to or follow advice to abstain or postpone sexual relations. Nevertheless, data from the last ENDESA survey show that the median age for sexual debut among girls is around 18. Assuming that girls responded truthfully to the survey, it is clear that many adolescent girls (even older adolescents in the 15-19 year age group) are not yet sexually active. Thus, more promotion of abstinence as a primary prevention behavior is probably needed by most organizations working with adolescents, coupled with training in self-esteem, negotiation skills, resisting peer group pressure and communication with parents, in addition to complete information on contraception and prevention of STIs.

By the same token, school-based SRH education should definitely include scientifically accurate information about condoms and the level of protection they provide. Some adolescent informants told us that they did not receive information about condoms in school. All adolescents, whether they are sexually active or not, need to know about condoms and the level of protection they can provide. Materials published for adolescents on the subject of pregnancy or HIV/AIDS prevention should also be sure to include A-B-C messages, if not in the same material, then at least complemented by several materials that focus on one or more messages. The team received a copy of a pamphlet on HIV/AIDS, recently published by MINSA, PAHO and NORAD, that listed many ways of preventing HIV/AIDS – from talking to your parents to avoiding the use of non-disposable syringes – but incredibly did not list condoms as a means of prevention!

Access to Contraception, Including Emergency Contraception

Condoms, Depo-Provera and emergency contraception represent important options for sexually active youth in the prevention of early pregnancy and HIV/AIDS. In Nicaragua, as in many places in the world, these methods are often underutilized as a result of misinformation about the products. In the case of condoms, there is widespread misinformation about the effectiveness of condoms. There is apparently a campaign of misinformation that informs young people that condoms are permeable to HIV and ineffective in preventing other STIs.

Depo-Provera is a highly reliable method of contraception with few contraindications. It offers non-contraceptive benefits and provides teens with an easy and confidential method of pregnancy prevention, though it does not protect against STIs/HIV. Yet its use in teens was universally discouraged in the organizations we interviewed, most of whom recommended the one-month injectable Mesygina instead (a combined estrogen/progestin injectable). For many, this bias against Depo-Provera (even prohibition in some organizations) was based on concerns about possible bone density loss among young Depo users. There have been theoretical, though undocumented, concerns about this, which have resulted in a category 2 classification for Depo-Provera and other progestin-only contraceptives for girls less than 18 years of age, according to the World Health Organization's (WHO) Medical Eligibility Criteria for Contraceptive Use.⁸ A category 2 classification is defined as a condition where "the advantages of using the method generally outweigh the theoretical or proven risks".⁹ Furthermore, WHO's medical eligibility criteria offer a more simplified classification of methods where clinical judgment resources are limited, such as in community-based services. Using the simplified two-tier classification system, Depo-Provera for adolescents is given a "Yes – Use the method" classification. Nicaraguan providers, on the other hand, are generally treating Depo-Provera for adolescents as though it had been assigned a category 3 or 4 WHO classification (use of the method not usually recommended, or not to be used at all). Other reasons we heard for not providing Depo-Provera to adolescents was because of supposed partial sterility when using it (for several *years* we were told), and because of the amenorrhea it may produce in some women. In reality, the average delay of return to fertility is about four months longer than for women using oral contraceptives, IUDs or condoms.¹⁰ The secondary effect of amenorrhea is not harmful and is easily accepted when explained clearly to the user.

In making judgments to withhold Depo-Provera on the basis of the WHO category 2 classification, or on the basis of incorrect knowledge about its effect on fertility, providers and educators in Nicaragua have created a medical barrier that should be removed. Informed choice principles are applicable to adolescents as well as adults, and sexually active teens should be allowed to choose Depo-Provera following adequate counseling on its use and side effects. Though a monthly combined injectable may be more appealing to clinicians, many sexually active teens may prefer a three-month injectable and should be given that choice.

Emergency contraception (EC) is another under promoted, underutilized product that could play an important role in reducing teen pregnancy and serving as a bridge to get many adolescents to begin using contraception. In spite of being included in the MINSA

⁸ World Health Organization. *Medical Eligibility Criteria for Contraceptive Use* (Second edition). Retrieved August 29, 2003, from http://www.who.int/reproductive-health/publications/RHR_00_2_medical_eligibility_criteria_second_edition/rhr_00_02_pocs.html

⁹ *ibid*, Retrieved August 29, 2003, from http://who.int/reproductive-health/publications/RHR_00_2_medical_eligibility_criteria_second_edition/rhr_00_02_overview.html

¹⁰ Hatcher R A, et al. *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

norms¹¹ and having two dedicated products available,¹² there seems to be very little promotion, education, or training about EC going on. Apparently there is a strong self-censorship on this subject given fears about a potential backlash from the Catholic Church. Concerns were also expressed over the dangers of abuse of EC. We were told that frequent use could be dangerous and that the effectiveness also decreases with frequent use. According to the World Health Organization, there is no danger in frequent use of EC, but it is not recommended for routine use because of the higher possibility of failure compared to regular contraceptives and the increase in side effects such as nausea and vomiting.¹³ Its effectiveness does not decrease with frequent use.

We also read in a MINSA/UNFPA manual published in 2001 that there are possible teratogenic effects when a woman becomes pregnant when using hormonal methods such as EC and that a young woman should be supported if she elects to have an abortion following a failure of EC.¹⁴ This advice is inaccurate and politically explosive in a country where abortion is illegal. The WHO Fact Sheet on EC states, “Experts believe there is no harm to a pregnant woman or her fetus if emergency contraceptive pills are inadvertently used during early pregnancy.”¹⁵

The presence of these opinions in our informants was a concern. Unnecessary or incorrect warnings will leave the impression that Depo-Provera and EC are dangerous to use and will consequently decrease their acceptance and usefulness in the population, thereby putting many young people at risk for pregnancy. Once introduced, it is almost impossible to change misinformation associated with a contraceptive method.

Mass Media

As Coca Cola and Nike know, mass media is an effective way to reach youth and change social norms (who would have thought that it would become ‘normal’ to pay \$100 dollars for a pair of sneakers). Mass media now rank among the top sources of reproductive health information for young people and may be one of the most effective ways of reaching a large segment of both youth and their parents. Young people are avid watchers and listeners and are universally “plugged-in” to new images and sounds from the media. Programs that combine youth appealing images and personalities have the potential to change social norms in a community or society.

But media is not a stand-alone solution. It must be used as an idea maker or icebreaker. Behavior change in SRH is a complex process and media is most effective when it is combined with personal contact (such as peer educators, parents or teachers) and backed up by services.

¹¹ Ministerio de Salud, Managua, 1997. *Norma de Planificación Familiar*.

¹² PPMS—a progestin-only “Plan B” product produced in Nicaragua by Panzyna Laboratories; and a combined estrogen/progestin formulation called Fertilan, produced in Hungary and donated to MINSA by Doctors Without Borders.

¹³ World Health Organization, 2000. Fact Sheet No. 244: *Emergency Contraception*. Retrieved August 29, 2003, from <http://www.who.int/inf-fs/en/fact244.html>

¹⁴ Fondo de Población de las Naciones Unidas, Managua 2001. *Manual de Consejería para Adolescentes* (p. 94).

¹⁵ World Health Organization, 2000.

Nicaragua currently has a wide network of local radio covering the country. Youth-run or youth-involved, question-and-answer type call-in shows are not uncommon. One organization visited during this consultancy, Puntos de Encuentro, runs a popular radio show that combines music with talk on SRH issues. The show is broadcast daily and is youth created and produced. The radio show has a wide reach and there are plans to have nation-wide coverage by the end of August 2003. They are currently finalizing agreements to broadcast from local radio stations, which market research indicated was more popular with local people than a national station. An important aspect of this dynamic project is that they offer workshops throughout the country to increase the skills and capacity of local youth working in communication media. They offer training in all aspects of radio production, including script writing and technical training.

The reach of television is much more limited in terms of geographic area. The best example we saw of the use of television as educational media in the country is through the program Puntos de Encuentro and their popular show Sexto Sentido. This excellent example of the use of media is watched by almost 10 percent of Nicaraguans. Unfortunately, the show has been off the air for some time due to lack of funding, though it is expected to air once again in the fall. Their comprehensive approach has their daily radio show follow the topics covered in their weekly television show. Support materials and videos of these topical programs are then made available to organizations working directly with youth.

Other media initiatives include television, radio and print campaigns, such as the three campaigns coordinated by JHU-CCP under the theme of “Juntos Decidimos” (“Together We Decide”). These campaigns have disseminated various messages, including communication, responsible parenting, delay of sexual relations and use of condoms. Such campaigns are important strategies for raising initial awareness and to “break the silence” on difficult topics -- which reproductive health normally involves.

Collaboration among communication, education and service-delivery programs increases the effectiveness of all sectors. Puntos de Encuentro has collaborated with other print media campaigns, lending their personality recognition to issues such as domestic violence, as well as incorporating campaign issues such as the recent promotion of emergency contraception into their television and radio series. Collaboration with the “Entre Amigas” project of PATH uses Sexto Sentido educational packages to address issues relevant to their target population of pre-teen girls in a stimulating and well-designed offering. This program is an example of “best practice” in ARH developed here in Nicaragua to meet the needs and circumstances of this population.

Peer Education

It is apparent that the majority of agencies and organizations working in the area of adolescent SRH are employing peer education as their major strategy to reach teens.

Peer education is a concept being embraced world wide as a means to reach adolescents with sexual and reproductive health education and services. Research concludes that in most places in the world, young people, the majority of whom will initiate sexual activity during their adolescent years, still lack basic information on SRH including prevention of STIs, early pregnancy and AIDS. It has been shown that young people are reluctant to use public health facilities because of lack of privacy and confidentiality as well as fear of an unsympathetic or judgmental reception they think they will receive. In addition, school based-programs on SRH are often censored by the community or fail to engage students in a manner that young people can relate to.

Peer education is regarded as a key strategy for young people both in and out of school. Using educators of similar age and background to the target population, peer education programs deliver reproductive health information and services directly to the adolescent. Peer educators can also effect change at the group level by modifying norms and stimulating collective action that contributes to changes in policies and programs. Peer educators have proven particularly effective in contacting hard to reach populations, including street children and commercial sex workers.

But peer education is not without its weaknesses. Research consistently shows that it is the peer educators themselves that derive the greatest benefit from these programs. They receive training in usable teaching and communication skills, increase their self-esteem and their status in their community and often move on to greater opportunities. Peer educators tend to reach out to those youth with whom they are already familiar or with whom they are comfortable, sometimes leaving the most at-risk groups out. Peer education is also a very expensive way to disseminate SRH information. There are problems with continuing training needs and frequent turnover of peer educators (though peer educators often continue to share their knowledge with other peers long after they leave a program and thereby continue to benefit their communities). Also, the quality of information received by the target group can be very uneven.

In Nicaragua, peer education programs share the common goals of increasing young peoples knowledge about SRH and increasing their ability to adopt healthy SRH behaviors. In addition, many programs include activities meant to increase self-esteem and to provide opportunities for recreation, and in a few cases for vocational training.

The concern of the team is that the strong emphasis on peer education may be putting too many scarce resources into only one strategy. While peer education can be a means of reaching adolescents with some RH information and services, the effectiveness of this strategy to affect behavior change is difficult to measure.

Youth-friendly Services

WHO defines youth-friendly health services as those that improve access for youth to high quality, effective, comprehensive and acceptable reproductive health services. These include the provision of health services that ensure that the special needs of different populations are taken into account, that address gender-related factors, and that

guarantee privacy, confidentiality and affordability. Yet even when services are available, adolescents may not know where to go for services, they may not know that they will be treated well, or there may be stigma associated with being seen in any clinic that offers reproductive health services and they may not want to attract attention.

All of the programs we interviewed with SRH education programs reported that they provided links or referrals to services. Some programs, such as AMUNIC, co-locate adolescent clubs or corners within or attached to clinics that provide youth-friendly services (YFS). We were informed that although efforts to encourage youth to seek health services was successfully increasing demand, that the national health service was not equipped to meet that increased demand. It was our impression that even “youth-friendly services” were reluctant to provide easy access to contraception, especially to young teens. During our visit, we were able to see a couple of examples of YFS, but the majority of clinics we stopped at were empty of patients. This is an area that would require more time to evaluate adequately.

Though most organizations mentioned some linkage to YFS, including training of staff in MINSA facilities, it is recognized that most teens still face the barrier of the stigma of walking into the health facility for services. Though there have been some attempts at increasing access through locating clinics next to teen centers, we did not have the opportunity to see any clinics that successfully addressed this problem.

Solutions that have been at least partially successful in other settings have focused more on locating youth friendly services outside of the traditional clinic, such as through pharmacies, youth centers, shopping malls, the workplace or wherever young people gather. Other successful models have deployed health facility staff into the community. Of those organizations interviewed, only PATH’s GenRx program was working with pharmacists to provide YFS.

An innovative program in Uganda employs a very youthful clinic staff combined with locating a popular radio teen talk show on reproductive health issues at the clinic. In El Salvador, PROFAMILIA runs a popular cyber café/study facility with access to the clinic located inside the café. Such activities can provide teens with “other reasons” to be entering the clinic facility. Co-locating other activities not only decreases stigma, but also allows youth to become comfortable in the clinic setting and therefore makes it easier for them to access services when they need them.

C. What’s Working/Not Working?

Media

- The country has a strong network and tradition of local radio. Nicaragua is home to one of the best examples of a comprehensive approach to using media for public education, social change and capacity building.
- Media remains underutilized. Few organizations are using media in creative and youth attracting ways

Peer education

- There's a well-developed system of peer education in the country. Organizations have a similar approach, methodology and content. These programs are providing some teens with alternative recreational and personal/life skills opportunities.
- Peer education cannot stand by itself. The connection being made to services appears to be very weak. Few organizations are linking peer education with poverty reducing strategies such as employment skills training or continuing education.
- There seems to be little evaluation of effectiveness, identifying who is being reached (at-risk kids?), longevity of participation and links to services being utilized.

Services

- There is a link to services being made (at least in theory), which is important.
- Several organizations have adolescent centers or clinics where services are targeted to adolescents; demand appears to be lacking for clinical services, however, aside from prenatal care.
- MINSA services cannot keep up with demand and are not necessarily youth friendly.
- There is one project developing youth friendly pharmacies for service delivery, but it is small and has not been effectively branded (paper posters were put up in the pharmacies as the only way to identify the service) or advertised.
- Institutional norms and individual service delivery practices in providing reproductive health services to adolescents are full of medical barriers and biases and not consistent with international norms. Incorrect or outdated information among providers reinforces cultural biases and misinformation among the population.
- Contraceptive prevalence has increased significantly among girls 15-19 from 1998 to 2001, but this has not yet made an impact on the very high teen pregnancy rate.

Coordination

- There are well-developed networks of organizations, notably the Interagency Commission on Sexual and Reproductive Health and NicaSalud.
- There does not appear to be much coordination of materials development, with a multitude of adolescent SRH materials in existence, many of which appear to overlap audience segments and messages.
- There seems to be little strategic planning in terms of geographic coverage or comprehensive programming (many programs doing peer education in the same areas).

Policy

- There is a generally good policy environment with good policies and laws protecting and promoting adolescent SRH.
- There are many restrictive medical norms and barriers that unnecessarily restrict access by adolescent to reproductive health services and products.
- Implementation of the MECD/MINSA agreement to provide SRH information in the schools is sporadic and does not take place in all departments. This represents a tremendous lost opportunity to reach large numbers of Nicaraguan youth with vital information and education.

General

- There are many organizations working to improve ARH and bringing significant resources to the country.
- There are only a few innovative programs trying out new ideas. More can be done in the areas of youth involvement, youth/adult partnerships, skills training, continuing education, income generation and workplace programs.

VI. RECOMMENDATIONS

1. General/Cross Cutting Recommendations

- a. **Increase opportunities among rural youth.** As pointed out previously, Nicaraguan youth, and in particular rural girls, have few opportunities for continued education or alternatives to beginning childbearing at an early age. A promising model of rural secondary education exists in Honduras that could be replicated in Nicaragua. *The team recommends that efforts be made to improve secondary school attendance and that the SAT program in Honduras be investigated further as a possible model for rural secondary education and skills training in Nicaragua.*
- b. **Reach pre-sexual debut adolescents with life skills training and new models of social norms.** *The team recommends that increased effort be made by all organizations working in adolescent SRH to include appropriate programs for this age group.*
- c. **Increase focus on livelihood (skills training and income generating) programs within established adolescent SRH programs.** This is a very underdeveloped area in Nicaragua that has potential as a poverty reduction strategy. Well-designed livelihood programs can provide opportunities to earn income, job training and business skills, and offer savings, credit and other financial services. *The team recommends that research be done on best practices in this area to find replicable models appropriate to the setting and culture of Nicaragua.*
- d. **Promote a balanced ABC approach to STI/HIV/AIDS and pregnancy prevention.** Teens are very different and a “one-size-fits-all” approach to pregnancy or STI/HIV/AIDS prevention will not work. *The team recommends that all programs, be they peer-based, clinic-based or media-based, provide information and skills training in the ‘ABCs’ of pregnancy/STI/HIV/AIDS prevention. Training and technical assistance should be provided to these organizations, as necessary, to enable them to do this.*
- e. **Increase youth involvement.** Worldwide the benefits of youth involvement are being realized in greater program success. Out of all the organizations interviewed, only Puntos de Encuentro seemed to be a youth driven project, though other programs had involved youth in materials design. Youth know what young people like and what motivates them. They are an underutilized resource for affecting change in this sector. *The team recommends that all organizations involved in youth SRH, including service-delivery, educational, policy and media-based organizations, incorporate youth into their organizations, either as paid-staff or volunteer interns, and utilize youth in their program design, implementation and evaluation.*

- f. **Increase awareness and utilization of best practices being developed in other areas of the world.** A great deal has been learned in the past 5-10 years about what works to reach adolescents. *The team recommends convening a Latin American, or Central American (plus Dominican Republic), forum on global best practices and lessons learned in order to inform, and learn from, the community of organizations and agencies working in adolescent SRH in Nicaragua and in the region.*
- g. **Strengthen interagency coordination.** Nicaragua is fortunate to have several good mechanisms for coordination among adolescent SRH players, the principal one being the Interagency Commission on Sexual and Reproductive Health (CISSR), comprised of 31 local and international NGOs, governmental organizations (including MINSA and the Secretariat of Youth) and donors (including GTZ and UNFPA). NicaSalud, a federation of 22 local and international NGOs, is another effective mechanism for interagency coordination, as well as a functional mechanism for USAID to provide funding to NGOs working in both the child health/nutrition and reproductive health fields. However, there have been limitations to effective interagency coordination in the area of adolescent SRH. One example of this that the team noticed was a large number of educational and promotional materials and training manuals on the subject of adolescent SRH. Rather than every member organization of CISSR developing their own new materials (some technically inaccurate¹⁶), it would be far more efficient and effective to identify the best existing materials for each type of audience and purpose and replicate or adapt these. The team is also concerned about potential overlap between the two major media efforts we saw in the country – those of Puntos de Encuentro and those CISSR/JHU-CCP. The team was impressed by examples they saw of campaigns conducted by both organizations; yet their work has been carried out pretty much in isolation from one another. *The team recommends that the CISSR be recognized and utilized as the principal vehicle for coordination between and among implementing institutions, the government and donor agencies; that CISSR develop a materials working group to review existing materials and proposed new materials, all the while seeking to avoid materials duplication; and that Puntos de Encuentro and CISSR/JHU-CCP collaborate more closely, including possible joint implementation of media campaigns.*

2. Program-Specific Recommendations

- a. **Increase emphasis on mass media campaigns.** Media offers one of the most efficient uses of resources for reaching the adolescent population, particularly those who are no longer in school. Our team recommends that media be one of the major interventions to be supported.

¹⁶ A MINSA/UNFPA manual published in 2001 (*Manual de Consejería Para Adolescentes*) had two medically incorrect statements in it: that Depo-Provera was not recommended for adolescents to use, and that hormonal methods such as emergency contraception had possible teratogenic effects on the fetus if a woman became pregnant while using them.

Nicaragua is fortunate to not only have an internationally recognized organization, Puntos de Encuentro, producing top quality adolescent SRH and social change materials, but an established, well-used local radio network as well as significant television coverage with which to reach the majority of the population. Every effort should be made to support and encourage the growth of this country-based example of “best practice” in adolescent SRH. We would suggest that the next step in growth for this program would be the development of a radio “social soap” that brings the characters and situations to the more remote populations and those without access to television. We would also encourage more collaboration with youth serving organizations to utilize this youth-friendly media to benefit local SRH prevention programs.

In our interviews we have perceived some issues with collaboration between Puntos de Encuentro and other members of the CISSR. This may be due in part to Puntos de Encuentro’s commitment to addressing socially difficult subjects such as sexual orientation from a rights-based approach. We would advise support in resolving any lingering issues so the common goal of a comprehensive national media strategy can be developed.

The team recommends that mass media in general be supported to a greater extent, including television, but especially radio messages and programs. The team also recommends that Puntos de Encuentro be supported to a greater extent, that it be accepted into the NicaSalud federation and that it partner with CISSR and JHU-CCP in any future media campaigns.

- b. **Encourage the MECD to fully implement its curriculum redesign, agreement with MINSA and teacher training.** School-based instruction in SRH should be regularly occurring in all public schools in the country, but is not. Implementation of the recently redesigned school curriculum and the MINSA-MECD agreement to provide sexuality and reproductive health education in schools is reportedly sporadic. Nevertheless, there is currently a great deal of openness in the MECD toward comprehensive sex education and the opportunity should be seized. The MECD is currently under attack by groups that wish to scuttle the comprehensive sex education manual developed, claiming that it undermines traditional values. The manual has been recalled and is being re-written. Teacher training in reproductive health has been suspended. USAID, UNFPA and other donors have an opportunity to influence the debate so that comprehensive sex education based on research and science, rather than ideology. *Both USAID and UNFPA should place this item at the top of their health policy agendas.*
- c. **Promote greater knowledge and availability of Depo-Provera and emergency contraception and correct misconceptions about them in the medical/professional community.** *The team recommends a contraceptive technology workshop for organizations working in adolescent SRH to strengthen*

knowledge of all methods and, in particular, to correct misconceptions about Depo-Provera and EC. We specifically recommend that such a workshop go beyond updating information to explore and correct attitudes and beliefs that prevent providers from understanding the need to incorporate new research and information into their practices.

- d. **Peer education:** In order to strengthen the efforts already being invested in peer education, the team recommends the following:
- i. *Develop a national strategy for peer education that coordinates efforts, minimizes duplication, improves coverage and sets standards for evaluation to determine which approaches and curricula are most effective in this country setting.*
 - ii. *Involve youth in peer education content and program design.* Too often programs designed by adults focus on generating fear in order to change behavior. For example we observed peer education activities where very young peoples' first exposure to a talk on SRH was through detailed presentation of the worst cases of STIs.
 - iii. *Develop guidelines for peer educator selection.* Peer educators require careful selection. Peer educators may be more influential if they have a profile in sexual behavior that is similar to the target audience. Peer educators chosen by the target group and the community will have a greater level of acceptability.
 - iv. *Include training in behavior change theory and techniques for all peer educators*
 - v. *Support the development of income generating activities for peer educators.* The funds generated provide a small income for the educators as well as a source of funds for peer education activities. For example, in Rwanda groups of peer educators pool their funds to develop small income-generating activities such as hair cutting or animal husbandry. In these cases the early income generated was used to increase the productivity of the income generating activity, buying more hair clippers and a stereo to play health promotional materials while customers got their haircut, or buying additional animals until a sufficient herd of goats was established. Such programs support program sustainability, decrease turnover of peer educators by addressing their need for earnings and provide a community model of income generation.
- e. **Provide follow-up for new mothers.** The pregnant mothers clubs focus on pregnancy, prenatal care, and childbirth and there does not seem to be any content dedicated to helping the new mother make this major transition in her life by providing her with life or vocational skills, parenting skills or with support to continue her education. These activities would also be effective in providing the means and motivation to prevent a second or third early pregnancy. The fact that these "pregnant adolescent clubs" already exist presents an important opportunity to work with these young at-risk mothers in poverty reduction activities. *The team recommends that these clubs for pregnant adolescents be strengthened by*

adding life/vocational skills, parenting skills and family planning counseling and method provision.

3. **Recommendations for USAID Programming**

The team recognizes that USAID is in the process of “right-sizing” and changing the way it does business, as it prepares to implement its country plan as part of an overarching strategy for Central America and Mexico. We understand that the Mission must implement its health and education portfolio under the new strategy with a minimum of management units, and utilize global field support, IQC contracts or Leader and Associate awards for implementation, rather than stand-alone bilateral contracts and cooperative agreements. For this reason, we have limited our recommendations to USAID to a few areas that can be easily managed and that fit, in our view, within USAID’s comparative advantage. These include some, but not all, of the preceding recommendations, which taken in their entirety should be seen as recommendations for the sector and relevant to the Nicaraguan government, UNFPA and other donors.

In this context, recommendations specific to USAID/Nicaragua are the following:

- a. **Assess the desirability and feasibility of replicating the SAT program in Nicaragua.** The SAT program in Honduras represents an excellent example of rural secondary education and life skills training. As such, it addresses one of the root causes of adolescent pregnancy – lack of education and lack of alternatives in life to being a young mother. The team recommends that the SAT program in Honduras be investigated further as a possible model for rural secondary education and skills training in Nicaragua.
Illustrative implementation mechanism: Field Support to YouthNet Project (utilizing FY 2003 field support received)
- b. **Continue to support NGO programs through the NicaSalud federation.** This federation represents a functional way for USAID to continue to support some of the best health NGOs in the country that are currently implementing adolescent SRH projects that should be continued, based upon evaluation results. Support should be on the basis of competitive grants among members. Membership should be expanded, however, to include NGOs such as Puntos de Encuentro.
Illustrative implementation mechanism: Field Support to Fanta Project
- c. **Provide TA to NicaSalud members and other members of the Interagency Commission on Sexual and Reproductive Health in adolescent reproductive health.** While NicaSalud is a good mechanism to provide support for NGO activities, both individual federation members and NicaSalud staff are somewhat limited in their technical knowledge and prior experience in adolescent SRH (their technical expertise appears to be stronger in child health and nutrition). Two specific workshops are recommended as a short-term response: a) a “best-practices workshop” on adolescent SRH programs, including recent program

research findings and the elements of effective programs; and b) a workshop on contraceptive technology concerning adolescent reproductive health. These two workshops could possibly be combined into one. The proposed workshop(s) could also be expanded to become regional workshops if the Mission desired, in order to implement the earlier recommendation about sharing global best practices and lessons learned (see Section VI.1.f).

Illustrative implementation mechanism: Field Support to YouthNet Project (utilizing FY 2003 field support received for the two workshops; new field support for additional TA)

- d. **Support mass media efforts through NicaSalud and/or the Interagency Commission on Sexual and Reproductive Health, implemented in collaboration with Puntos de Encuentro.** We believe that the best means of achieving national-scale behavior change is through mass media, including television, but especially radio. Mass media should be complemented by links to personal contacts (such as peer educators) and services.
Illustrative implementation mechanism: Field Support to Health Communication Partnership Project of JHU-CCP and/or YouthNet Project
- e. **Help strengthen MINSA Adolescent Program.** Technical strengthening of MINSA's adolescent program, through training and technical assistance on best practices, contraceptive technology and elimination of medical barriers, could help significantly improve the largest adolescent program in the country. If, in fact, the Mission plans to award a technical assistance contract under the TASC II IQC mechanism to support MINSA in the area of AIN/IMCI, this contract could be expanded to include assistance in the area of adolescent reproductive health.
Illustrative implementation mechanism: Bundle with TASC II scope of work for contractor to perform and/or Field Support to YouthNet Project.
- f. **Encourage and provide political support to MECD.** The MECD is currently under fire from many sources for its sex education manual, a draft version of which was being piloted and used to train teachers to provide comprehensive sex education in the schools. After vocal, public opposition from the Nicaraguan affiliate of Human Life International (ANPROVIDA), President Bolaños announced in early September that the manual was being recalled. The Minister of Education clarified that this meant the manual was going to be reviewed and revised, and hopefully given to teachers during the month of October. Given the attacks from some groups who oppose the inclusion of information about contraception in the manual, there is a risk that the MECD could be pressured to remove material from the manual that is important for adolescents to understand in order to make informed decisions about how to protect themselves from the risks of pregnancy, STIs and HIV, if they are sexually active. USAID, and indeed the U.S. Mission in Nicaragua, should take advantage of this moment of crisis and opportunity to encourage and provide political support to the MECD and the government of Nicaragua to provide comprehensive sex education through the schools in an age-appropriate fashion.

- g. **Leverage other donor resources for adolescent reproductive health.** Many bilateral donors (including GTZ), multilateral donors (particularly UNFPA, UNICEF) and foundations (including Hewlett and Gates) are funding adolescent SRH initiatives in Nicaragua and appear to be complementing, rather than duplicating, the investments being made by USAID/Nicaragua in this area. Among these other donors, UNFPA is the most active in the field of ARH and is participating and funding activities and projects at several levels, including reproductive health policies, sex education in the schools and adolescent centers and services through MINSA, AMUNIC and selected NGOs. USAID/Nicaragua should maintain ongoing dialogue with these donors, and particularly UNFPA, in order to assure complementarity of effort and encourage them to invest in cost-effective ARH programs. USAID and UNFPA already collaborate in many areas (e.g. contraceptive donations), but there may be some activities that it makes sense for both donors to jointly implement. Working together to support school-based sex education through the MECD, updating MINSA family planning norms (last published in 1997) and removing medical and institutional obstacles and barriers to contraception and HIV prevention information and services by youth, would seem particularly promising.

ANNEXES

Annex 1: Individuals/Organizations Contacted/Visited

Name	Organization
1. Alonzo Wind	Chief, Office of Human Investments, USAID/Nicaragua
2. Dr. Claudia Evans	Reproductive Health Specialist, USAID/Nicaragua
3. Dr. Iván Tercero	Health and Child Survival Specialist, USAID/Nicaragua
4. Alicia Slate	Education Advisor, USAID/Nicaragua
5. Esperanza Camacho	Project Coordinator, CEPS
6. Hazel Jirón	Dissemination Coordinator, Puntos de Encuentro
7. Ivo Rosales	Interinstitutional Coordinator, Puntos de Encuentro
8. Dr. Francisca Rivas	Reproductive Health Specialist, NicaSalud federation
9. Gustavo Pérez Cassar	Youth Project Coordinator, AMUNIC
10. Erika Margil Jiménez	Psychologist, Adolescent Reproductive Health Center, Bertha Calderón Hospital
11. Lidia Midence	Coordinator of Comission to Erradicate Childhool Labor, Ministry of Labor
12. Fátima Millon	Coordinator, COMPAE
13. Oscar Ortíz Medrano	Representantive, JHU-CCP
14. Dr. Jeannette Meza	Health Specialist, PLAN International
15. Mario Banda	Program Director, Casa Alianza
16. Martín Vargas	Planning, Monitoring and Evaluation Coordinator, Casa Alianza
17. Lic. Mirian Sandoval	Educator, CISAS
18. Lic. Mirian Zea	Educator, CISAS
19. Dr. Danilo Núñez	Project Advisor, PROSIM-GTZ
20. Dr. Ezequiel Proveedor	Project Manager, CARE Estelí
21. Thelma Maldonado	Training and Community Organization Coordinator, CARE Estelí
22. María Teresa Duarte	Field Extensión Worker, CARE Estelí
23. Lindolfo Monjarrez	Secretary of Youth
24. Dr. Jeaneth Chavarría	Health and Nutrition Oficial, UNICEF
25. Nidia Saballos	Rural Primary Education Oficial, MECD
26. Gladys Osorio	Primary Education Oficial, MECD
27. Dra. Fabiola Morales	Adolescent and Maternal Mortality Consultant, PAHO
28. Dr. Allan Hruska	Executive Director, NicaSalud federation

Name	Organization
29. Julio Martínez	Executive Director, PROFAMILIA
30. Fabiola Gómez	Adolescent Program Coordinator, PROFAMILIA
31. Carlos Emilio López	Ombudsman for Children and Adolescents
32. Lucy Vargas	National Youth Council
33. Chantal Pallais	Adolescent Reproductive Health Oficial, UNFPA
34. Margarita Gurdíán	Vice-Minister, Ministry of Health
35. Dr. Adalgisa Dávila	Adolescent Program Coordinator, Ministry of Health
36. Dr. Zoila Segura	Project Oficial, ICAS
37. Dr. Samuel Amador	Project Manager, Christian Medical Action (Bluefields)
38. Jeaneth Kelly	Christian Medical Action (Bluefields)
39. Jeff Mora	Peace Corps Volunteer (Bluefields)
40. Dr. Lester Fernández	SILAIS RAAS (Bluefields)
41. Dr. Richard Taylor	Coastal Campaign Against AIDS (Bluefields)
42. Grace Kelly	Moravian School (Bluefields)
43. Delma Wilson	Clinic Supervisor, AMNLAE (Bluefields)
44. Coleen Litlejohn	Representative, Save the Children Canada
45. Karla Rodríguez	Education and Training Coordinator, IXCHEN
46. Marta Rivas	INIM
47. Berta Morales	FUNDEMUNI
48. María Teresa López	Nurse, San Judas Health Center, MINSA
49. Alicia Molina	Educator, SI Mujer

Annex 2: Description of Organizations Visited

1. Federations and Interagency Commissions

NicaSalud

NicaSalud is a federation made up of 22 NGOs, including local NGOs and international NGOs such as CARE, ADRA, Project Hope, CRS and others. The federation was formed in 1999 in response to the need for coordinated action by the NGO community to the devastation wrought by Hurricane Mitch. NicaSalud has been supported by USAID/Nicaragua through field support provided to the USAID/W NGO Networks and CARE MORR projects. In both cases, the funds have been channeled through CARE Nicaragua on behalf of the federation. This funding arrangement via CARE was due to end by August 31, 2003. USAID support for NicaSalud will continue, however, through a global field support mechanism whereby the Mission will transfer funds to the USAID/W Food and Nutrition Technical Assistance Project (Fanta), managed by the Academy for Educational Development. Besides channeling support to NicaSalud through the Fanta Project, there is some possibility that the Mission may provide PL480 Title II monetization funds to NicaSalud. NicaSalud will also soon be administering the \$10 million that Nicaragua will receive from the Global Fund to Fight AIDS, Tuberculosis and Malaria. They will retain five percent of the funds they administer as an administrative fee.

The NicaSalud federation is involved in five primary areas of intervention: child health, reproductive health, HIV/AIDS, water and sanitation and vector-borne diseases. There are eight principal organizational members that work in reproductive health and HIV/AIDS with adolescents: CARE, Plan International, CEPS, Ixchen, Profamilia, FUNDEMUNI, ADRA and ICAS. Though NicaSalud is almost entirely funded by USAID, not all of its member organizations receive USAID funds. Much of these funds are disbursed for specific projects after a closed, competitive procurement among NicaSalud members.

In the area of reproductive health, NicaSalud has concentrated its efforts on three strategies designed to reduce unplanned pregnancies and the incidence of STI/HIV/AIDS among adolescents. These strategies are community organization and participation (including the formation of parents committees and adolescent clubs), face-to-face education in schools and barrios, and the training and formation of adolescent promoters, parents and health professionals.

NicaSalud has provided several grants to its members to address the problem of teen pregnancy and STI/HIV/AIDS among adolescents. CARE (in four municipalities of Estelí), Ixchen (in one municipality each in León and Chinandega) and CEPS (in the municipality of Ocotol) received prior grants from NicaSalud for working with adolescents in the area of reproductive health. Their beneficiary population was over 13,000 adolescents between 15-19. Recently, they were each awarded follow-on grants to work with adolescents in STI/HIV/AIDS prevention under the “Uniendo Fronteras”

project (see further description of these project under CEPS). In addition, NicaSalud awarded a grant to ICAS and CEPS to provide medical care for STI treatment and HIV/AIDS prevention education in the department of Rivas. This project collaborates closely with other USAID partners, including PASCA Guatemala, PASMO and Johns Hopkins University. The beneficiary population of this project is 4,000 adolescents.

Another initiative in the area of reproductive health has been the Project to Improve Community Response to Obstetric and Neonatal Emergencies and Unsatisfied Needs for Family Planning. This project, executed in 2002, was implemented in three municipalities of Jinotega department and coordinated by PRIME Nicaragua, with support from the NicaSalud office.

NicaSalud requires all of its members that receive USAID support to implement a standard monitoring and evaluation methodology. This includes a baseline and final quantitative evaluation using the Lot Quality Assurance Sampling (LQAS) methodology. In its 2002 annual report, NicaSalud presented results from its STI/HIV/AIDS project showing changes in adolescent behavior regarding condom use. In comparing baseline results to those of the final evaluation, use of the condom in all sexual relations increased from 16 percent to 33 percent among males, and from six percent to 15 percent among females. Likewise, the percentage of females who claimed that they refuse to have sexual relations without a condom increased from 19 percent to 45 percent.

JHU-CCP/Comisión Interagencial de Salud Sexual Reproductiva (Interagency Commission on Sexual and Reproductive Health)

The Johns Hopkins University Center for Communication Programs (JHU-CCP) began working in Nicaragua in 1995 through its Population Communication Services (PCS) program, funded by USAID. At that time, PCS was providing technical assistance to PROFAMILIA in its communication programs and later helped it to launch its own condom brand, "Bodyguard." In 1997, PCS opened an office in Nicaragua and formed the Interagency Commission on Sexual and Reproductive Health (CISSR). JHU-CCP's current funding from USAID/Nicaragua is channeled via field support to the Health Communication Partnership project managed by JHU-CCP in Baltimore. Mission field support to this project will continue through June 2004.

CISSR is a commission consisting of 31 local and international NGOs and governmental organizations. Though JHU-CCP formed the commission, it now operates independently of JHU-CCP, both financially and in its leadership. One of the most important achievements of the commission has been the multi-media campaign "Juntos Decidimos Cuando" ("Together We Decide When").

There have been three phases to this campaign, with the first begun in 1997. The first campaign targeted young couples, 15-24 years old, with one child. The key message concerned birth spacing and use of family planning methods. A secondary audience was 15-24 year old youth who are not yet in union and have not had a prior pregnancy. The key message for this secondary audience was the benefits of delaying marriage/union and

first pregnancy. Campaign media included television and radio spots and advertising on buses, bumper stickers, posters and t-shirts. Various forms of edutainment were also used, including street theater, a video clip, songs and a radio program. In addition, various forms of youth and community mobilization were used such as community fairs.

Unlike most communication campaigns, the 1997 campaign was evaluated extensively and nationally by means of the 1998 ENDESA survey. By incorporating various questions about the campaign in the survey conducted the following year, statistically representative data was made available, stratified by age, urban/rural residence, region and educational levels. Some of the key findings from the survey among 15-19 year old youth were that 73 percent recognized the campaign logo and, of those who had been exposed to the campaign, 35 percent of females and 52 percent of males said they had changed their behavior as a result. Among the behaviors mentioned were deciding to postpone sexual relations, use a condom or family planning method and postpone marriage/union.

After the success of the first campaign, JHU-CCP and the CISSR launched a second campaign in 2000 to build on the messages of the first campaign. A new television spot promoting abstinence was unveiled, as were generic spots promoting condom use using the slogan “Asegurate Siempre: Sin Condón No Tengas Sexo” (“Protect Yourself Always: Don’t Have Sex Without a Condom”). In addition, the second campaign introduced for the first time a branded condom marketed by PROFAMILIA called “Bodyguard.” A fourth theme of the second campaign addressed AIDS with a television spot reminding viewers that anybody can get AIDS, you can’t tell who has AIDS by their appearance and condoms can protect you from AIDS.

The third phase of the campaign was launched in 2002 and used a combined multi-media and community mobilization strategy for dissemination of the messages. The overall objective of the third campaign was to reduce the rate of pregnancies and STI/HIV/AIDS among 15-19 year olds. The new phase of the campaign emphasized some new messages that had not been explicit in the first two campaigns, including the importance of communication among couples and negotiation skills for girls. Generic promotion of condoms and brand promotion of Bodyguard were also themes of the third phase of the campaign.

National-level evaluation data on either the second or third phases of the campaign is not available, as questions about the campaign were not include in the 2001 ENDESA, as they were in the 1998 ENDESA.

COMPAE -- Coordinadora de Organizaciones de Mujeres en la Promoción de la Anticoncepción de Emergencia (Coordinator of Women’s Organizations for the Promotion of Emergency Contraception)

Founded in 1999, COMPAE is a consortium of organizations dedicated to increasing access to emergency contraception and to the prevention of sexually transmitted diseases including HIV/AIDS. Their work includes the development and distribution of materials

on EC, STIs and HIV/AIDS, as well as providing training to appropriate groups such as police and physicians on the use of EC and the importance of EC for victims of rape and sexual abuse.

In addition, COMPAE is working with PATH's RxGen program to train pharmacists in the provision of EC, and with MINSA to train health care providers in the provision of EC using MINSA norms, and to evaluate both providers and users. Most recently they are working in coordination with NicaSalud to hold a youth forum on EC in the fall.

Collaborating organizations include Puntos de Encuentro, the Cipaltomalt Foundation, IXCHEN, Ipas, and others. The principle source of funding for this initiative comes from The Pacific Women's Institute.

Campaña Costeña Contra el SIDA (Coastal Campaign Against AIDS)

The Coastal Campaign Against AIDS is a campaign in Bluefields aimed at preventing HIV/AIDS and giving care and support to HIV + individuals. The campaign began in 1991 and is funded by individual donors in Switzerland, as well as by the Canadian and Austrian governments.

A major part of the campaign is working in the primary schools in an attempt to teach students how to prevent HIV/AIDS. In coordination with the SILAIS and MECD, campaign staff visits schools three times per week to give talks; they also train teachers to reinforce the messages given. They estimate they reach about 300 students through this campaign.

Besides the school education efforts, the campaign also utilizes radio and has a program twice per week in which adolescents talk to the radio audience about HIV/AIDS and how to prevent it. The adolescents have also formed a theater group to dramatize the lessons about HIV/AIDS.

2. NGOs

CARE International

CARE International is a federation of national organizations representing 11 country members that works to eradicate poverty and to respond to emergency situations. CARE began working in Nicaragua in 1966 constructing schools and has been a part of Nicaragua's development efforts since that time. CARE is a member of the NicaSalud federation and is working principally in the northern area of the country with projects in León, Chinandega, Matagalpa, Jinotega, Estelí, Nueva Segovia, and Madriz.

In the area of adolescent reproductive health, CARE is currently developing a comprehensive outreach program that includes:

- Providing training, in collaboration with Johns Hopkins and USAID, to MINSA personnel in ARH;
- Strengthening health center management and quality assurance;
- Involving parents, communities and local churches in the implementation youth RH activities;
- Training peer educators on SRH;
- Responding to young people's basic needs through sports and income-generating programs (communal garden and apiaries).

To date CARE has trained 300 peer promoters (peer educators) reaching 4,000 youth in the target communities. CARE's recognition of the need for a comprehensive program makes it a good model for improving ARH in Nicaragua. Their parent support and training group, which trains parents first in SRH content in order to give parents some ownership and familiarity with the program content increases community investment in the program. Their inclusion of recreational and income generating programs responds to adolescents very real needs as well as provides a format for ongoing SRH activities.

In our interview, CARE staff made the following observations regarding their experience with ARH programs:

- The youth population in their target area does not recognize HIV/AIDS as a personal risk.
- Parents need support and training to help their children with life planning.
- Their programs are developing a demand for reproductive health services, but MINSA services are not able to meet that increased demand.
- Sexual behavior change takes time and multiple approaches. Short term funding interrupts program momentum.
- The MECD policy, which prohibits pregnant girls from staying in school, limits pregnant adolescent's potential to become productive members of the community.

CEPS -- Centro de Estudios y Promoción Social (Social Promotion and Study Center)

CEPS is a Nicaraguan NGO and member of the NicaSalud federation. CEPS conducts research on health subjects and also provides health education and services.

CEPS has received several grants from NicaSalud to work with adolescents in the prevention of teen pregnancy and STI/HIV/AIDS. Prior to 2003, CEPS worked in 12 periurban barrios in the municipality of Ocotol (department of Nueva Segovia) and in Rivas and Cárdenas (both in the department of Rivas), with a combined beneficiary population of over 10,000 adolescents. In Ocotol, CEPS formed a network of 30 volunteer promoters and a network of 20 parents, providing them with education and communication skills training. It also developed a "Friendly Adolescent Center" (*Centro Amigable*) where it delivered talks to youth. CEPS also provided training to Ministry of Health personnel in reproductive health topics. In Rivas, the work of CEPS has been specifically related to STI/HIV/AIDS prevention and the target populations have included commercial sex workers, truck drivers and youth between 20 and 24 years of age.

In March 2003, CEPS was competitively awarded a grant by NicaSalud to implement an adolescent reproductive health project aimed at preventing STI/HIV/AIDS called “Uniendo Fronteras” (“Joining Borders”). CARE and Ixchen—both of who are NicaSalud members, are also implementing this project. The four NGOs work in separate geographic areas, with CEPS working in Ocotal, Rivas, and Cárdenas municipalities.

The target population of the “Uniendo Fronteras” project being implemented by CEPS is 10-14 year old girls and 15-19 girls and boys. With the group of younger girls, the project seeks to promote self-esteem, development of personal values and postponement of sexual relations. Among sexually active youth, CEPS attempts to promote the consistent use of condoms and greater knowledge about STIs.

The methodology used by CEPS under the “Uniendo Fronteras” project is centered on the formation of youth promoters, or peer-to-peer educators. The promoters use various educational techniques, such as a bingo-type game called “la Chalupa”, to educate their peers about STI/HIV/AIDS and promote the use of condoms among sexually active youth. The youth promoters work primarily in barrios with out-of-school youth that are at high-risk for teen pregnancies and STI/HIV. Other educational techniques utilized by the youth promoters include popular theater and the dissemination of educational and promotional materials. In addition, CEPS produced various television spots and full-length television programs on the subject of sexually transmitted infections that was transmitted on a local cable station in Ocotal.

End-of-project targets are stated in terms of the percentage adolescents that can recognize at least three STIs and that state their intention to use condoms in every sexual encounter. Accomplishment of these targets will be measured by means of a baseline (already conducted) and final survey using the Lot Quality Assurance Sampling (LQAS) methodology, as mandated by NicaSalud.

“Uniendo Fronteras” is funded by USAID/Nicaragua through NicaSalud through December 2003. The short time frame of the project was necessitated by virtue of the shift in funding mechanisms that will take place this year (funding through the USAID/W Fanta Project managed by AED, rather than through CARE). This has required CEPS to rapidly implement the project and attempt to show changes in the end-of-project results described above in the space of only seven months (June-December 2003).

In Ocotal--one of three municipalities where the project is being implemented by CEPS-- they have recruited and trained 57 youth promoters, recruited 59 parents to be in their adolescent/parent network and reached a total of 7,720 adolescents with messages about STI/HIV/AIDS during the first three months of project implementation. Two of our team members had the opportunity to observe a peer education session in a barrio of Ocotal. The peer educator invited participants the morning of the session. When we arrived, about twenty young people between the ages of ten and eighteen were waiting under a lean-to shelter at the side of the road. The peer educator unrolled woven mats and the

participants started to gather small stones to use as markers for the game of bingo, which was the activity planned for the day. The game was one of two bingo games developed by CEPS, one on family planning methods and one on STIs. Today's game was STIs and consisted of game cards with pictures of sexually transmitted diseases interspersed with other themes relevant to adolescent culture. Each participant was given a small brochure with the information that corresponded to each picture.

The peer educator then organized the group into five teams. Using a deck of cards with the bingo pictures on one side and corresponding questions and answers on the other, the peer educator would then ask a question related to sexually transmitted infections. Participants would answer the question and everyone could then put markers on that answer. The game was continued until one player from each team had gotten bingo. The winner from each team at the end of the first round would then go on to a second round. The final winner would receive a coupon that could be cashed in at the CEPS office for a prize.

The activity appeared well-organized, well-attended and demonstrated participants knowledge about STIs including condom use for prevention. Our team members were impressed with the activity but felt that the game could have included more prevention messages such as delaying sexual debut and abstinence.

Besides implementing the "Uniendo Fronteras" project, CEPS is also a collaborating partner with PATH on the "Entre Amigas" project, funded by the Bill and Melinda Gates Foundation. This project was launched in early 2002 by PATH, in collaboration with CEPS, Puntos de Encuentro and the University of León. It is being implemented in Ciudad Sandino, a periurban slum in Managua, and seeks to reach 10-14 year old girls prior to sexual debut and provide them with developmental skills to deal with high-risk situations currently faced by older adolescents. The specific role of CEPS under this project is to provide girl-to-girl peer education, parent group counseling, and facilitate teacher and health provider/girl interactions.

PROFAMILIA

PROFAMILIA is a Nicaraguan NGO, member of the NicaSalud federation and an affiliate of the International Planned Parenthood Federation (IPPF). PROFAMILIA operates a network of 17 clinics in the country, all of which offer comprehensive medical care for women and men of all ages. Besides offering contraceptives through their clinics and through their network of over 900 promoters, PROFAMILIA also markets its own brands of contraceptives in pharmacies, including Duofem oral contraceptives and Bodyguard condoms. They also distribute other commercial contraceptive brands, including Microgynon and Neogynon oral contraceptives, Mesygina injectables, and Vive condoms.

PROFAMILIA's adolescent/youth program is centered on youth-friendly centers, or "clubs", where young people gather for information/education and for recreation. The program began in 1989 in Managua and has since expanded to 11 different departments

throughout the country¹⁷. Each of these 11 clubs has approximately 40-60 youth promoters who, together with another promoter, form their own “mini-clubs” as an outreach strategy to reach more youth in their barrios and communities. The youth promoters range from 10 to 24 years of age. From January-May 2003, PROFAMILIA reported a total of 271 mini-clubs functioning with a total of 5,163 youth participants.

The youth clubs utilize the peer-to-peer strategy of youth teaching other youth. First they received training from a PROFAMILIA youth trainer twice per week using the PROFAMILIA manual “Saber para Crecer” (“Know to Grow”). Afterwards, the youth promoters replicate the training they have received in their own mini-clubs. The mini-clubs reportedly attract both in-school and out-of-school youth. The youth promoters also schedule talks with parents once a month to inform them about the clubs and to share information that their sons and daughters are receiving.

Besides providing information and educational talks, some of the youth promoters provide condoms to their sexually active peers and all of them refer young people to PROFAMILIA clinics for other services or contraceptives. Besides educating adolescents about the protection provided by condoms, they also promote abstinence and delay of sexual relations as a prevention strategy. The youth clubs are often tied to a particular clinic, where they meet, are given training and where they refer adolescents to who need clinical services. The clubs are only operating in or near 11 of the 17 PROFAMILIA clinics, however. The club in Managua does not meet in the clinic but in PROFAMILIA’s documentation center – a center open to young people in the community who want to do research and have a place to study.

PROFAMILIA’s description of its youth clubs includes several grandiose “expected results” from the program, including a reduction in adolescent and youth maternal deaths, a reduction in adolescent and youth pregnancies and postponement of adolescent and youth sexual relations. Their monitoring and evaluation is made up of process indicators, however (e.g. number of workshops given, number of talks given, increase in knowledge among promoters). Obviously PROFAMILIA cannot document achievement of its expected results from these types of indicators.

PROFAMILIA clinics also offer specialized attention to young people, including education/counseling in themes such as self-esteem, values, leadership, communication and assertiveness. They also provide medical and psychological care to youth, as well as STI treatment and HIV testing.

Another youth outreach program implemented by PROFAMILIA is education in the schools. PROFAMILIA regularly provides talks to students about sex education and reproductive health when invited to do so by school authorities. This program is fairly active now, after being practically shut down by the Vice Minister of Health under the Alemán government who was a member of Opus Dei and opposed sex education in the schools, or at least the type given by PROFAMILIA.

¹⁷ The youth clubs are present in Managua, Matagalpa, Boaco, Juigalpa, Chinandega, Rivas, Masaya, Jinotega, Ocotal, Granada and Estelí.

When asked about what type of contraceptives are offered to adolescents in their clinics, PROFAMILIA responded that they are offered oral contraceptives, condoms (including female condoms through the IPPF-supported dual protection program) or the monthly injectable, Mesygina. Depo-Provera use by adolescents is not encouraged by PROFAMILIA¹⁸. Emergency contraception is known about by most of the PROFAMILIA adolescent promoters, but it is not something that PROFAMILIA has taught them or provided them with. We were told by PROFAMILIA that the MECD and the Catholic Church consider EC to be an abortifacient method. We were also told that many youth promoters “misuse” EC by practicing it, or recommending its use, after each sexual relation as a form of routine contraception. PROFAMILIA plans to train their youth promoters in EC soon, but it will not be a part of their educational talks in the schools because of perceived resistance by the MECD and church.

PROFAMILIA covers about 55 percent of its expenses through the revenue it generates from its medical clinics, laboratories and contraceptive social marketing. The remainder of its income has mostly come from USAID/Nicaragua, though IPPF also contributes a small amount. USAID/Nicaragua financial support has been in the form of a bilateral cooperative agreement, which ends in September 2003. Following this date, PROFAMILIA anticipates being able to successfully compete for grants from NicaSalud, the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNFPA and from other donors. In a document describing their adolescent youth club program, one of the threats listed is that of the drive to financial sustainability. Already the adolescent program has been scaled back from what it once was. The termination of USAID’s cooperative agreement may spell further cuts to the program unless a source of new funds is found. Like virtually all adolescent programs, PROFAMILIA’s adolescent program does not generate income and thus must be almost entirely funded by outside donors or cross subsidized within the institution.

One member of our team was able to visit the PROFAMILIA youth club in Managua and observed a training session taking place on the subject of STIs. He took advantage of the opportunity to conduct a question/answer session with the 15 youth promoters present. Two of the questions and responses were the following:

Why do so many adolescent girls get pregnant? For lack of information, especially in rural areas; because of their poverty; they don’t receive sex education from their parents, who are too embarrassed to talk about the subject; because in the schools they only teach human anatomy and physiology, not how to avoid becoming pregnant; because of myths and taboos.

¹⁸ Mesygina is offered, rather than Depo-Provera, because the latter is mainly “for breastfeeding women”, we were told, and not for adolescents. Given that progestin-only Depo-Provera is more likely to cause amenorrhea than a combined injectable like Mesygina, PROFAMILIA seems to assume that adolescent girls want to menstruate and that amenorrhea could “alarm their mothers and cause them to assume their daughters were pregnant”, in the words of one person interviewed. The training manual for the youth clubs also states that Depo-Provera is not a first-choice method for young people given the menstrual irregularities and other side effects it can cause, and given the delay in return to fertility that may be experienced. Consequently Mesygina is the injectable recommended to adolescents and Depo-Provera is only given if the adolescent client specifically asks for it.

Where do young people you know like to get information about reproductive health?
From friends; from television and radio; at school; from the youth club.

The youth adolescents all claimed they had never received sex education or information about how to prevent pregnancies or STI/HIV/AIDS in their schools. When asked if they had ever seen the television program “Sexto Sentido” (produced by Puntos de Encuentro”), they nearly all responded in the affirmative and made positive remarks about the program. Many also reported seeing the USAID-supported campaign “Juntos Decidimos Cuando”, and said they liked it. When asked how they would respond to a friend who said she had unprotected sex last night, one person said she would recommend that her friend go to the doctor. No one mentioned emergency contraception.

Plan Nicaragua

Plan Nicaragua is an NGO, which started working in Nicaragua in 1994 in the area of education, water and sanitation. Plan Nicaragua is a member of the NicaSalud federation and started its health program in 1999 with the introduction of projects in child survival, maternal and child health. Plan Nicaragua is a new player in the field of adolescent reproductive health in Nicaragua. Building on their experience in child-to-child health education, and funded in part by USAID and by their own funds, Plan Nicaragua is now into its second year providing peer education in adolescent sexual and reproductive health. Their intervention area includes Chinandega, Managua (in 6 marginal urban barrios), Carazo, Masaya and Chontales, reaching a total of 20 municipalities and 240 communities. To date they have trained 89 peer educators between the ages of 13-18 years with reproductive health information and communication skills. Peer educators are given forty hours of training in SRH content and communication and social skills. Plan works in collaboration with Profamilia and uses their peer education materials.

In addition to peer education, project activities include:

- Parent training in adolescent SRH;
- Training of health care providers;
- Coordination of local organizations’ efforts in adolescent SRH through the network of local and departmental commissions and committees;
- In coordination with the MECD, development of adolescent “circles” in the schools.

During the next phase of their project Plan will be training peer educators on the topic of HIV/AIDS. In March their funding from USAID ended. They are presently anticipating funding from DFID.

Centro de Mujeres IXCHEN (IXCHEN Women’s Center)

IXCHEN is a Nicaraguan NGO and member of the NicaSalud federation. Created in 1989, IXCHEN operates 14 centers and clinics in five departments of the country,

including four centers/clinics in Managua. IXCHEN provides health care, education about women's rights and reproductive health, psychological and legal support, and clinical and community-based family planning services. IXCHEN also has a rural outreach program (*Unidades Móviles*) that provides Pap smears, voluntary sterilization and other reproductive health services to rural women. IXCHEN's nearly 300 volunteer promoters support the rural outreach program and other community initiatives of the organization.

IXCHEN's work with adolescents includes training and educating their parents and teachers about reproductive health topics and forming adolescent peer counselors. IXCHEN claims to work primarily with out-of-school adolescents, both as peer promoters and beneficiaries. Promoting greater parent-adolescent communication is a priority area of work for IXCHEN. They also train Ministry of Health personnel to be better counselors and educators when seeing adolescents in their health centers. Educating youth and health workers about sexually-transmitted infections has also been a priority area for IXCHEN and they developed a poster and brochure on ITS, along with CEPS and CARE, funded by USAID through NicaSalud. Emergency contraception is another subject that IXCHEN focuses on with youth and it has developed a color brochure on the subject.

IXCHEN has received funding from a variety of donors, including USAID (through NicaSalud and JHU-CCP), UNFPA, UNICEF, Marie Stopes International, Plan International, JOICFP, NORAD, Oxfam and GTZ. Currently it is implementing the USAID-funded "Uniendo Fronteras" Project, designed to prevent STI/HIV/AIDS among adolescents. IXCHEN is implementing this project in the municipalities of Malpaisillo (department of León) and Chichigalpa (in the department of Chinandega). CEPS and CARE implement the project in other geographic areas. Among the results that IXCHEN hopes to achieve through this project are improved parent-adolescent communication and reduced rates of STIs.

Another project that IXCHEN recently took part in was the RxGen Project, a program of PATH that is funded by the William and Flora Hewlett Foundation. This innovative program is seeking to develop the capacity of pharmacy staff to deliver quality reproductive health services, including EC, to youth. In the next phase of the project (2003-2006), PATH will expand the pharmacist training and youth outreach to Leon and will continue to support participating pharmacies in Managua with ongoing training and updates for pharmacists and pharmacy staff.

IXCHEN estimates its beneficiary population of adolescents to be over 14,000 for the first half of 2003. This is the number of adolescents they estimate have been reached with information or education about reproductive health through their various interventions.

FUNDEMUNI

FUNDEMUNI is a Nicaraguan NGO that is a member of the NicaSalud federation. FUNDEMUNI receives USAID support through NicaSalud for child health activities and previously received PL480 Title II funds for reproductive health activities. Currently its reproductive activities are funded by a Spanish NGO, Ayuda en Acción, and by the government of Denmark.

FUNDEMUNI's work with in the area of reproductive health takes place in the department of Nueva Segovia, in Ocotal and six other municipalities. They work with men and women of reproductive age but have a special program for adolescents. This program provides school-based instruction about reproductive health, as well as non-formal education with out-of-school youth. They also have adolescent forums and have formed groups of adolescent communicators that discuss reproductive health themes on local radio. The same groups also compose songs about reproductive health topics and use these as a form of edutainment. Approximately 200 adolescents take part in these groups.

FUNDEMUNI does not offer contraceptives nor clinical care to the adolescents they work with, only information and counseling.

Puntos de Encuentro

Puntos de Encuentro is a Nicaraguan NGO that is dedicated to social development through multiple media, including radio, television, newspapers, street drama and interpersonal training and education. They are probably best known for their tremendously successful weekly television show "Sexto Sentido", or "sixth sense", that has achieved very high ratings and is particularly popular among youth. The show is a weekly, half- hour "social soap" opera about the lives of six young people that dramatizes issues related to reproductive health, gender and sexual violence, drugs and alcoholism and many other thorny topics. The first season of 36 episodes was broadcast in 2001 on channel 2, the largest commercial station in the country, as well as 11 local cable stations. In its first season, the program was #1 in its time slot, with seven out of every ten people who were watching television on Sunday afternoon at 4 p.m. in Managua tuning into Sexto Sentido. The primary audience was youth 13-24.

"Sexto Sentido" is only one expression of a larger multi-media campaign that Puntos de Encuentro implements that is known as "We're different, we're equal." It is a project designed to promote young people's rights and has multiple funding sources, including USAID, the Ford Foundation, UNIFEM, Oxfam, UNFPA, and others. Other components of the campaign include a youth-talk radio call-in program that is broadcast daily, informational pamphlets on emergency contraception and intra-family violence, a youth leadership camp, a training manual and training of trainers workshops, and publication of a magazine called "la Boletina."

The “We’re different, we’re equal” campaign won an award in March 2002 from the Inter-American Development Bank and MasterCard in recognition of its creative use of communications media among youth leadership projects in Latin America. Besides targeting youth, Puntos de Encuentro believes in using youth to design and produce their messages and media. For example, young people help write the scripts of the “Sexto Sentido” programs and participate in all aspects of production.

To measure the impact of their mass media campaign, Puntos de Encuentro carried out a survey of 1,400 youth people in 14 departmental capitals, undertook multiple focus groups, analyzed commercial television ratings, monitored phone calls made to the call-in radio program and conducted interviews with key informants. Besides measuring coverage (numbers of people who watched or listened to a TV/radio show), the evaluation measured knowledge and attitudes among viewers that provides some evidence to suggest that the program has helped raise awareness of the subjects being addressed in the programs. For example, knowledge about EC was greater among youth exposed to the campaign, as was knowledge about Law 230 concerning intra-family violence and attitudes supporting the idea that domestic violence is a public issue, not a private matter.

Another project Puntos de Encuentro is currently implementing is the “Entre Amigas” project. As described previously under CEPS, this project is funded by the Bill and Melinda Gates Foundation and began in early 2002. The project is being jointly implemented by PATH, CEPS, Puntos de Encuentro and the University of Leon in Ciudad Sandino. Puntos is responsible for implementing the behavior change component of the project, which seeks to reach 10-14 year-old girls and equip them with knowledge and skills that will greater enable them to delay sexual initiation.

The assessment team was very impressed by the quality of the “Sexto Sentido” program they viewed, as well as by the adolescent reproductive health curriculum developed by Puntos, consisting of eight thematic modules. Puntos is using these modules in their training of trainers from other NGOs, including PROFAMILIA.

PATH (Program for Appropriate Technology in Health) / Entre Amigas

PATH began implementing a project to reach young adolescent girls, 10-14 years of age, in 2001 with funding from the Bill and Melinda Gates Foundation. The three-year project, known as “Entre Amigas” (“Between Friends”), is working in the periurban Managua slum of Ciudad Sandino. Collaborating partners of PATH on this project are CEPS, Puntos de Encuentro and the University of León. CEPS is responsible for girl-to-girl peer education, parent group counseling and teacher/health provider/girl interactions. Puntos de Encuentro is implementing the behavior change portion of the project, specifically expanding the story line of its “Sexto Sentido” television program to include the introduction of a young adolescent girl and her family. The University of León is responsible for the monitoring and evaluation component of the project. They are designing the quantitative baseline and post-intervention survey.

The project seeks to reach young adolescent girls before they become sexually active and enable them to develop the skills necessary for building positive self-identity and strengthening communication and interaction between the girls and their parents, teachers and health providers. The project has the active participation of youth in its design and implementation.

A second project PATH is implementing in Nicaragua is RxGen, funded by the William and Flora Hewlett Foundation. This project uses an innovative approach for meeting young adults' reproductive health care needs by strengthening local pharmacies' capacity to provide youth-friendly reproductive health services. RxGen focuses on strengthening the abilities of pharmacy personnel to provide information and referrals for needs related to unprotected intercourse -- EC, STI risk identification and referral, and contraceptive management. Nicaragua is one of three countries currently testing this model. To date they have trained 146 registered pharmacists and 286 pharmacy assistants. According to PATH, the pharmacy assistants are the main source of information for clients. It is common for a pharmacist to divide his or her time up between two or more locales.

Casa Alianza

The mission of Casa Alianza is to provide care, rehabilitation and legal aid services to street children in Guatemala, Honduras, Nicaragua and Mexico. In Nicaragua, at any given time, the program serves 120 of the most marginal and at-risk children ages 13-18 in four residences. The residence program provides social, health, psychological, drug rehabilitation and spiritual services. Their methodology is to give mutual respect and unconditional love. The children advance through a series of programs and residences that takes them from the crisis point at which they enter the program, through life skills and self-esteem building into a transition period where they prepare for re-entry into the community.

In addition to the residential program, they have a street education program called LUNA, which deals directly with SRH education with a focus on AIDS prevention. Street educators go to the children on the street bringing visual aids, interactive educational activities and making referrals to health services. The street educators reach 1,500 high-risk adolescents each year, 70 percent of which are males. Their goals are both to provide education and to help kids leave the streets.

In addition, Casa Alianza works with the children's families to provide the information, education, counseling social services and support the family might need to create a healthy home environment for the child to return to. The ultimate goal is to reintegrate the child with its family whenever possible.

During our visit we were invited to visit the children's homes to meet the children and see the program. We were impressed with both the physical plants in which the children lived, which were clean, well organized and well cared for (by the children themselves), but also with the staff's dedication and enthusiasm for their work. We visited a girl's

residence and a boy's transition home where we found the young people lively and happy to engage in conversation about their lives and interests.

SI Mujer

SI Mujer is a local NGO that has been working in adolescent reproductive health since 1993. SI Mujer works District III of Managua that has the largest concentration of low-income youth in the city—approximately 87,000 inhabitants between 10 and 24 years of age. SI Mujer's adolescent and youth program has several components, including health policy, reproductive rights, sexual and intra-family violence, reproductive health and STI/HIV/AIDS.

The organization has 22 youth promoters that provide peer education in schools and in the community. The youth promoters also do home visits and visit public areas such as markets and bus terminals in an effort to talk to their peers about pregnancy and STI/HIV/AIDS prevention. The promoters also provide pills or condoms to sexually active youth who request them. In addition, IUDs are available in their clinic. Injectable contraceptives are not provided.¹⁹

SI Mujer provides clinical medical care in three communities in Managua through a mobile medical unit. They also have a full-service clinic at their main office in Barrio San Judas. SI Mujer also has formed support groups for adolescent mothers and victims of sexual and intra-family violence and provides them with medical care and psychological and legal support.

SI Mujer is active in seeking to influence public policy in the area of adolescent reproductive health and participates in many governmental and civil society commissions, including the Young Women's Commission, the CISSR, the National Adolescents Commission and the Civil Society National Commission Against AIDS. SI Mujer staff and peer educators also utilize mass media to educate the public about adolescent reproductive health and have appeared on numerous radio and television programs.

Funding for SI Mujer comes from a variety of sources, including program income from charging for services at their clinic. External donors include NGOs in Italy and Austria and, formerly, UNPFA.

Dos Generaciones (Two Generations)

The Nicaraguan Center for the Promotion of Youth and Children, "Dos Generaciones," is an NGO begun in 1990 by decree from the Nicaraguan National Assembly. Their vision is to contribute to Nicaraguan development through empowerment and respect for human rights with a focus on children and adolescents. Their work includes research,

¹⁹ The educator with whom one team member spoke had serious misconceptions about injectables, which she cited as reasons for not providing them. She claimed that injectables are riskier to use than oral contraceptives and are not as effective.

training, education of youth on human rights, materials development, and communication and coordination with other organizations. They are currently working in four areas: prevention and eradication of high-risk child labor; prevention of violence and protection of children and adolescents who are victims of abuse; participation of youth in the defense of their human rights; and a program of human development and children's rights.

Their principle funding sources include: Save the Children-Norway, Save the Children-Sweden, UNICEF, and various European and North American NGOs.

CISAS -- Centro de Información y Servicios de Asesoría en Salud (Center for Information and Health Education)

Founded in 1993, CISAS mission is the promotion of community health from a human rights perspective. The services they offer include a library and documentation center, which is open to the public, development and publication of educational materials, and support in primary and community health. They receive funding from USAID, The Kellogg Foundation, NORAD, One World Action and the Government of Spain. They are currently working in Ocotol , León, Chinandega, and Managua.

CISAS' program in adolescent reproductive health received funding from John Hopkins (as part of the CISSR), for a community mobilization campaign called "Juntos Decidimos" ("Together We Decide") in three communities in Ocotol. The project objective was to promote healthy and responsible adolescent sexual and reproductive health behavior. Project activities included:

- Organization of teams of peer educators in the three target communities to expand the reach of the program;
- Training of 50 participants in the methodology of communication in SRH;
- Provision of accurate and complete information on SRH to the youth of the program.

As a result of the CISAS project, parents have requested training in the themes of adolescent SRH, as well as communication skills. In addition, coordination with other entities, such as the Ministry of Salud, The National Police and the MECD, has resulted in new activities such as a Forum on Adolescent Pregnancy and activities on Global AIDS Day. These large events have resulted in increasing CISAS' ability reach larger audiences with adolescent SRH information. CISAS works in collaboration with CEPS and the Red Cross in the production of educational materials.

Acción Médica Cristiana (Christian Medical Action)

Acción Médica Cristiana (AMC) is a Nicaraguan NGO founded in the 1980s. It works in the Northern and Southern Atlantic Autonomous Regions, as well as Matagalpa, Chinandega and Managua.

In the area of reproductive health, AMC implements an HIV/AIDS prevention project in Laguna de Perla and one other municipality in the Southern Atlantic Autonomous Region (RAAS). Teacher training about HIV/AIDS and training young health promoters (“brigadistas de salud jóvenes”) to provide peer-to-peer education about HIV/AIDS prevention are the main activities of this program.

Another program that AMC just began to implement in 2003 is a project in Bluefields to help young victims of sexual exploitation. The adolescent girls they seek to help typically have histories of having suffered rape, incest, or forced prostitution. AMC does not take in these girls, but rather gives them a place to come to each day to get counseling, help with schoolwork, receive medical care and training in various occupational skills and play sports. AMC also helps pay for the cost of these girls to go to school (e.g. cost of uniforms, books and supplies). There are 30 girls that are helped through the program presently, though AMC knows of about 100 girls who are victims of sexual exploitation in the Bluefields area and could use assistance. Save the Children Canada funds this program.

AMC did a small-scale survey of youth in Bluefields and asked about what sources they would prefer to hear sex education information from. The order of preference was radio in first place, followed by television, inter-personal talks, school, church, newspapers, and pamphlets, in that order.

Another project of AMC provides a safe haven for young girls who have been victims of sexual abuse. The girls are identified through project staff activities in the schools through the use of participatory activities that ask students about the circumstances of their lives. The girls identified have been victims of incest, rape, or are selling sex for food. Some of the girls in the project currently have been sexually abused since the age of six.

The girls are approached gradually, with the goal of creating a trusting relationship, and are then invited to join other girls for the after school program (which in all of Nicaragua is a half day, split session system). The girls are provided with a simple safe space to talk, play, receive homework support, counseling and sometimes food. There are planned activities that include information and education on sexual and reproductive health issues but that also deal with the wide range of these girls needs.

We had the opportunity to “visit” the girls at the center. We spent an hour simply playing cards, talking and drawing pictures together. The girl’s multiple needs were apparent as they all were in need of basic hygiene, many were hungry—some reporting that they had not eaten since early morning—and a few were in some emotional turmoil. But despite these challenges, it was clear that this was a haven for them, they were happy and relaxed and the interaction had a family feel to it.

In speaking with the program director she spoke with a great deal of emotion about the difficulty prioritizing the girls needs, the most basic of which was hunger. There is clearly a need for a well-supported program to address the needs of this group of very

high-risk girls, particularly the continued risks they face when they leave the program at the end of the day.

AMNLAE (Association of Nicaraguan Women, Luisa Amanda Espinoza)

AMNLAE is a Nicaraguan NGO operating nationwide and dedicated to improving the lives of Nicaraguan women. In Bluefields, AMNLAE operates a clinic and has a program dedicated to educating youth people about reproductive health. Approximately 50 youth, 11-19 years of age, come to the clinic each week for educational talks on reproductive health subjects.

AMNLAE has 52 youth promoters in Bluefields. These promoters distribute both oral contraceptives and condoms in their communities and give talks about reproductive health to their peers. One external donor of AMNLAE's youth reproductive health program is Family Planning International Assistance.

The AMNLAE clinic supervisor with whom the assessment team spoke with said that girls in Bluefields start becoming sexually active at an early age, as early as 10 years old. Because of the early age of sexual initiation, she said that she does not talk with adolescents about abstinence or delaying sexual debut, but rather focuses her talks on condom use. The clinic supervisor felt that the Vive brand of condom (USAID supported through PASMO) is more popular among youth than the Bodyguard brand (USAID supported through PROFAMILIA) because the former is sold individually for C\$1 while the latter is sold in packages of three for C\$3.

3. Governmental Organizations

Ministry of Health (MINSA), Adolescent Program

MINSA's adolescent program ("Programa de Atención Integral a la Adolescencia") began in 1998 by virtue of a ministerial decree. Prior to 1998 there were no special programs for adolescents and they were largely ignored and their needs unattended within the "maternal-child health" programmatic structure of MINSA. The target group of MINSA's adolescent program is 10-19 year-old girls and boys.

PAHO and UNFPA have financed MINSA's adolescent program from the beginning, and continue to do so today. Other donors include GTZ – PROSIM and UNICEF. Although PAHO and UNFPA have provided a steady source of funding, it has not been sufficient for nationwide coverage. Currently the program is operating in all SILAIS (Local System of Integrated Health Attention) except for Jinotega, RAAN, RAAS, and Río San Juan.

MINSA's adolescent program is basically two-pronged – differentiated services for adolescents within health establishments and creation of adolescent clubs. The differentiated services consist of special areas within health posts or health centers where adolescents can be seen by youth-friendly staff. At the secondary level of attention, there

are also stand-alone centers for youth such as the Adolescent Reproductive Health Center at Berta Calderón Hospital (described below) and at the Hospital Alemán Nicaragüense.

The adolescent clubs are the second component of MINSA's adolescent program. Using adolescent promoters as peer-educators, the clubs are a focal point for providing information to youth in rural and urban communities, as well as for giving youth an outlet for recreation and socialization. Besides giving information about reproductive health, some of the promoters also distribute condoms to their sexually active peers.

There are currently 635 adolescent clubs in the country, with over 10,000 adolescents participating in them. Each club attracts approximately 25-30 participants. The clubs are often located in health centers, schools or in space donated by the mayor of the municipality. Besides the typical adolescent club, some health centers have adolescent mothers' clubs, an innovation introduced by the GTZ – PROSIM project.

Within MINSA health centers/posts, adolescents are offered condoms, pills and Mesygina monthly injectables. Similar to the case of PROFAMILIA described earlier, the MINSA adolescent program discourages giving adolescents Depo-Provera unless they specifically request it. The reason given to the team was that Depo-Provera causes partial sterility for several years. The training manual for adolescent promoters, published by MINSA and UNFPA in 2001, is categorical on the subject: “[Depo-Provera] is not recommended for adolescents.”

When we asked about emergency contraception, we were told that although EC is included in MINSA norms, nobody talks about it. Apparently there is a strong sense of self-censorship on this subject given fears about a potential backlash from the Catholic Church. In the MINSA/UNFPA training manual for adolescent promoters, EC is presented in a way that makes it appear appropriate only for victims of sexual violence, rather than for any adolescent who had unprotected sex. More seriously, the manual makes a statement that is wholly unjustified and that could have very serious consequences. On page 94 of the manual, the statement is made “In the case where this method [emergency contraception] is not effective, the adolescent should be supported if she makes the personal decision to have an abortion, given the possible teratogenic effects of hormonal therapy²⁰.” This misconception is dangerous for two reasons: it could lead some young women to decide to have an illegal abortion for fear that their baby will be born with congenital defects; and it also casts a cloud of doubt on EC and other hormonal methods of contraception with respect to the risks they pose for the fetus in case of contraceptive failure. This cloud of doubt could cause many women to use less effective methods of contraception, leading to additional unplanned pregnancies and abortions. This manual should be corrected immediately.

Adolescent Reproductive Health Center, Bertha Calderón Hospital

The Adolescent Reproductive Health Center of Bertha Calderón Hospital is a government health facility dedicated to adolescent health services. The center was constructed in

²⁰ Fondo de Población de las Naciones Unidas, Managua 2001. *Manual de Consejería Para Adolescentes*.

1994 with funding from UNFPA, which continued to fund the center until 2001. From 2001 to the present, the center is completely funded by MINSA. A major impetus for initiating the center was a government survey which revealed that 50 percent of all births taking place in the Bertha Calderon Maternity Hospital were to adolescent mothers. Their mission is to “promote the sexual and reproductive rights of adolescents, providing high quality health services designed to meet the special needs of adolescents and providing them with the information needed to better take care of themselves.”

Their target population is 10-19 year olds with the majority of their clients being in the 15-19 year old age range. They provide family planning, gynecological and prenatal services as well as psychological and health education. They see approximately 8,000 adolescents per year with the majority of visits for family planning and prenatal services.

SILAIS – Autonomous Region for the Southern Atlantic

The SILAIS (Local System of Integrated Health Attention) is an administrative unit of MINSA that is found in each department. The assessment team visited the SILAIS for the Autonomous Region for the Southern Atlantic (RAAS) located in Bluefields.

In the municipality of Bluefields, MINSA operates one hospital, one health center, and three health posts. The family planning methods offered at these establishments include oral contraceptives, condoms, IUDs, Depo-Provera, and surgical contraception (at the hospital). Responding to the demand for female sterilization, MINSA used to provide transportation to the hospital in Bluefields for women living in rural, isolated coastal towns (some as far as three-days away by boat). However, some groups alleged that MINSA was attempting to exterminate the ethnic populations of the Atlantic Coast and pressured MINSA into ceasing to facilitate access to female sterilization, although it is still provided for women who provide their own transportation.

MINSA began its work with adolescents in 1996 and the RAAS SILAIS began working with youth the following year. The major work in adolescent reproductive health of the RAAS SILAIS is in school-based education, which it coordinates with the MECD. The SILAIS and MECD are implementing a reproductive health education curriculum in nine primary schools in Bluefields. Through this program, students receive two hours of instruction per week on subjects such as self-esteem, human physiology, prevention of HIV/AIDS and intra-family communication. The manual used in this program was developed by the Adolescent Reproductive Health Center at Bertha Calderón Hospital.

In 1998, an inter-sectoral commission on adolescents was formed to help coordinate work with adolescents, including education in reproductive health. SILAIS and many NGOs belong to this commission and it appears to continue to be an important coordinating body. One outcome of the inter-sectoral commission was the creation of a network of adolescents who work as peer-to-peer educators. Approximately 30 youth are part of this network and they give talks to their peers, do theater presentations and discuss reproductive health issues on local radio programs.

Funding for training SILAIS personnel and adolescents in reproductive health used to be provided by UNFPA and AMUNIC. Currently they have no external sources of funding for training.

Secretariat of Youth

The Secretariat of Youth was created by the Bolaños administration when it assumed power in January 2002. The Secretariat was formed in recognition of the needs of youth and their potential role in national development. The mission of the Secretariat of Youth is the advancement of opportunities and capabilities in the Nicaraguan youth population, recognizing youth as valuable human resource in positive social change.

One of the first tasks undertaken by the Secretariat of Youth was to help implement the Law for the Promotion of Integrated Development of Youth, signed in June 2001 by President Alemán. Implementation of the law required that it first be codified (“reglamentación”). The Secretariat played a major role in codification of the law, which was signed by President Bolaños in February 2002.

The Secretariat is supported by public funds and a UNFPA project known as “Sexuality in Non-formal Education.” The latter project is being implemented in Matagalpa, Jinotega, Chinandega and Managua.

Ministry of Education, Culture and Sports

The Ministry of Education, Culture and Sports is in the process of updating and improving public school curriculum, including the development and gradual implementation of a curriculum for sexual and reproductive health education for grades three through six. The SRH curriculum includes puberty, dating, reproductive physiology, STIs, prenatal care, lactation, and responsible parenting. In 2002, the MECD initiated a process to include the issues of population and sexuality, funded through UNFPA, in order to conform to current government policy established through the National Policy on Population and the National Plan for Education. For 2002-2006 they will be developing a “Life Skills” program to assure that education will be a useful tool to prepare young people for a successful life in all spheres: personal, familial and social.

The MECD has developed a family life education curriculum entitled “Education for Life.” Written for pre-school, primary, and middle school teachers, “Education for Life” is a curriculum consisting of five manuals that include the subjects of drug abuse, nutrition and sex education, among others. With funding from UNFPA, 500 copies of the “Manual for Sexuality Education” were printed and were being used for teacher training given by UCA University and instructors from the MECD and the Catholic NGO “Fe y Alegría”. Recently, however, attacks by the Nicaraguan affiliate of Human Life International (ANPROVIDA) provoked a suspension of the training and initiated a review and revision of the manual. ANPROVIDA claimed the sex education manual undermined traditional values and labeled it “noxious” and “ambiguous.” The Minister of Education recently stated to the press that although the manual is under review, sex

education in the schools will continue. He also stated that he hopes to have the manual in the hands of teachers by October.

Ministry of Labor

The Ministry of Labor is currently addressing the issue of child labor in Nicaragua, particularly the situation of children who work in the garbage dumps. Working with the National Commission for the Eradication of Child Labor, the Ministry coordinates the active participation of multiple sectors: government, social cabinet, civil society, employers, cooperative agencies and businesses. The ministry receives limited funds for this work through the International Labor Organization, UNICEF, and Save the Children. It does not actively work in the area of adolescent SRH.

MIFAMILIA (Ministry of the Family)

MIFAMILIA is a government ministry dedicated to the basic needs of the family. MIFAMILIA is part of the Commission on Children and Adolescence. They work closely with the National Police, municipal government authorities, NGOs and civil society. Although they seek to protect and aid children at risk, they do not specifically work in the area of reproductive health with youth.

AMUNIC (Association of Municipalities of Nicaragua)

AMUNIC represents a network of municipal leaders and provides training and support for municipal development. A major initiative of AMUNIC in the area of Adolescent health has been the development of “Casas Municipales de Adoloscetes” or community based teen centers. These centers provide a space for adolescents to gather and participate in activities that promote exchange, analysis, and reflection. They also provide a place for study, vocational training, and recreation with the goal of helping young people to realize their potential and to become active contributors to community life.

To date AMUNIC has supported to development of 18 teen centers, with community selection based on need. Municipalities participating include: Jalapa, Ocotal, Somoto, Estelí, Pueblo Nuevo, Matagalpa, Jinotega, Wiwili, and several in Managua. AMUNIC provides the initial start-up, including conception, building, and equipment; the municipality is responsible for the maintenance, staffing, and sustainability. Capacity building in these areas is provided by AMUNIC.

In the area of reproductive health, AMUNIC provides training and materials for peer-to-peer education on the subjects of adolescent sexual and reproductive health with a particular emphasis on the issues of gender violence and the role of *machismo*. They also coordinate efforts with health services.

AMUNIC collaborates with other government agencies including municipalities, MINSA, MECD, MIFAMILIA, the National Police, and others.

One team member visited one of the AMUNIC Adolescent Centers in the barrio of San Judas of Managua. Although the coordinator of the Adolescent Center program claimed the centers operate from 9 a.m. to 3 p.m. each day, the center in San Judas was closed at 10:00 a.m. on a Friday, when the team member arrived. After a several inquiries, however, the youth volunteer that was supposed to be staffing the center was found and he opened the center. Several more youth volunteer staff arrived soon thereafter.

Ten youth volunteers, ranging in age from 15 to 23 years old, staff the center in San Judas. The hours of operation are supposedly 8 a.m. to 5 p.m. Monday through Friday, according to the volunteers. About 25 youth from the San Judas barrio come to the center each day. There are recreational activities available, including board games, a television and VCR (for watching both commercial and educational programs) and a computer. Youth are allowed to use the computer for school assignments if they wish. They youth volunteers have been trained by AMUNIC to deliver workshops in a variety of subjects, which they do several times each week. There are 17 modules that they are supposed to deliver that address subjects such as HIV/AIDS, family planning, violence, gender equality, male participation in reproductive health, etc. A manual, produced by UNFPA and AMUNIC, is given to participants to reinforce the messages. The typical weekly schedule includes three workshops on different topics, with each workshop lasting approximately three hours.

The majority of youth that attend the adolescent center also attend school. The youth volunteer present at the time of the visit said that he has 20 young people attending the workshops he delivers, equally divided between boys and girls.

INIM (Nicaraguan Women's Institute)

INIM was created by a presidential decree in 1987 and, in 1998, became part of the Ministry of the Family. The purpose of INIM is to contribute to the development of public policies and governmental plans that promote the development and equality of women in all spheres of life.

The relevance of INIM to adolescent reproductive health is primarily found in its efforts to call attention to and prevent sexual and intra-family violence, which adolescents and young adults are so often the victims of. In 2002, INIM helped develop the Intra-family Violence Program, and is now responsible for overseeing the National Plan for the Prevention of Sexual and Intra-family Violence that the program helped spawn. INIM also developed a special project to provide support and services to women, girls and adolescents that are victims of sexual and intra-family violence. The major donors that have helped finance this latter project are the governments of Norway, Sweden, Holland, and Denmark.

INIM has helped to raise public awareness of the problem of sexual and intra-family violence by implementing workshops with government officials, police, judges, and

members of civil society; by publishing a periodical called “Voces”; and by addressing the subject on television.

From 1998-2001, INIM implemented a reproductive health program that consisted primarily of training workshops given to youth. INIM is currently developing a new project to create a commission for young rural women that will focus on sexual and intra-family violence and education on reproductive health. It plans to present the project to UNFPA for funding. INIM is one of four government agencies that are part of the CISSR.

CONAPINA (National Advisory Board on the Full Attention and Protection of Childhood and Adolescence)

CONAPINA is the government body responsible for coordinating the implementation of the National Policy of Integrated Attention for Children and Adolescents. In this context, CONAPINA is also a watch guard for the effective implementation of the Code for Children and Adolescents, and other policies that affect children and adolescents.

Special Ombudsman for Children and Adolescents

The mission of the Office of the *Special Ombudsman for Children and Adolescents* is to promote a culture of respect for the rights of children within the family, the community and society. They provide research on children’s rights and the situation in Nicaragua and make recommendations for legal and policy changes. They provide oversight for the fulfillment of the Convention on the Rights of Children, and the Code for Children and Adolescents. Although the Office does not have any legal jurisdiction, it provides an important role of documenting individual cases of violations of children’s and adolescents’ human rights, as well as situations that affect their rights.

4. Donor Organizations

United Nations Population Fund (UNFPA)

UNFPA is very active in the area of adolescent reproductive health in Nicaragua. They have funded adolescent reproductive health programs and/or publications of many NGOs, including IXCHEN, Puntos de Encuentro (“Sexto Sentido” program), SI Mujer, and others.

In the public sector, UNFPA works closely with MINSA, the MECD, Secretariat of Youth and the AMUNIC youth program. With the latter, UNFPA has helped support their community-based teen centers. With the Secretariat of Youth, UNFPA has implemented a demonstration project featuring youth peer educators working in the community. With the MECD, UNFPA has published a manual on sex education for teachers. The manual was being used for teacher training given by UCA University until recently when attacks by the Nicaraguan affiliate of Human Life International (ANPROVIDA) provoked a suspension of the training and use of the manual. UNFPA

has informed us that the manual is currently under review and hopes to reinstate teacher training and dissemination of the manual in early 2004.

MINSA's adolescent program is yet another recipient of UNFPA financial and technical support. UNFPA is in the process of helping MINSA create youth-friendly adolescent centers within their health centers.

Besides supporting service delivery and educational activities directed to youth, UNFPA is active in the policy arena as it affects adolescents and young adults. Together with the *Procuraduría Especial de la Niñez y la Adolescencia* (Special Ombudsman for Children and Adolescents), UNFPA published a booklet in 2001 on sexual and reproductive rights for adolescents. UNFPA also recently published a booklet with the Secretariat of Youth on laws and policies concerning youth, entitled "Política, Ley y Reglamento para el Desarrollo Integral de la Juventud".

United Nations Children's Fund (UNICEF)

UNICEF supports ARH through its global health program. In 1995 it began providing support to MINSA's National Adolescent Health Program through a sub-project known as PROSILAIS. This sub-project provides support for the development of adolescent clubs, training and sports programs using MINSA norms and manuals. PROSILAIS adolescent clubs are found in 20 municipalities in Nueva Segovia, Estelí, Madriz, RAAN and RAAS.

This year UNICEF initiated a new Cooperative Agreement that includes a component for strengthening the adolescent clubs and introduces STI/HIV/AIDS prevention. They are currently in the process of completing the baseline survey. The program goals are the establishment of 30 new adolescent-certified youth-friendly clinics and 15 new adolescent-certified youth-friendly clubs.

GTZ — PROSIM (Promotion of Integrated Women's Health)

GTZ, the international development agency of the German government, works closely with MINSA to administer the program PROSIM (Promotion of Integrated Women's Health). PROSIM was initiated in 1997 as a response to the 1994 Conference on Population and Development mandate on sexual and reproductive health. The objective of PROSIM is to improve the quality of reproductive health services, address the problem of domestic violence, improve health promotion and support the coordination of efforts between institutions and health sectors.

The target beneficiaries are women of reproductive age, especially those of few resources with an emphasis on reaching adolescents to promote responsible sexual and reproductive health behaviors. They have five focal areas:

1. Quality improvement
2. HIV/AIDS

3. In-school adolescents and pregnant teens
4. Family violence
5. Family planning and cervical cancer prevention

PROSIM works in the departments of León, Chinandega, Rivas and Managua. It supports 464 youth led “adolescent clubs” with a total of over 8,000 members. The adolescent clubs serve youth ages 10-19 years old and promote adolescent SRH health through training, peer education, recreational and cultural activities and through parent involvement. In addition, club activities promote the development of life skills, values and citizenship. Each club is located within or near a health unit that offers youth friendly services to facilitate referral when desired.

PROSIM also established clubs for pregnant teens that provide teenagers with information and support during pregnancy, prepares them for childbirth and support breastfeeding.

In Managua, GTZ helped form the Inter-sectoral Commission for Integrated Care for Adolescents in District VI, which currently has 17 members. The commission’s goal is to coordinate efforts in adolescent preventive health and the rehabilitation of gang members.

Save the Children Canada

Save the Children Canada is part of a consortium in Nicaragua consisting of Save the Children U.S., Save the Children Norway and Save the Children Canada. Save the Children has funded many NGO projects in Nicaragua that have addressed adolescent reproductive health, including those of SI Mujer, CISAS, Dos Generaciones, and Puntos de Encuentro. Currently they help fund AMC on the Atlantic Coast, Matagalpa and Managua. Preventing the sexual exploitation of girls in Bluefields is one of the programs of AMC that Save the Children financially supports.

The “Girls Forum” is another program funded by Save the Children that provides gender training from a rights-based perspective to adolescent girls and seeks to raise their self-esteem. The counselors are adolescent girls themselves. Save the Children has also financed the production of a video filmed on the Atlantic Coast about the problem of teen pregnancy.

The Save the Children consortium will soon be presenting a concept paper for funding consideration to USAID/Nicaragua, SIDA, NORAD and CIDA that will focus on reproductive health, pregnancy and HIV/AIDS prevention among youth. The concept paper will use a youth-to-youth methodology and target the Atlantic Coast, Chinandega, León, and parts of Managua. SI Mujer and AMC will be implementing partners, along with Save the Children U.S. personnel.