4320 Health and Population
Supraregional Project:
Innovative Approaches in Reproductive Health

Sexual and Reproductive Health of Young People

Experiences from Technical Cooperation Projects

Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

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LIST OF ABBREVIATIONS

AFHS	Adolescent Friendly Health Services
ARH/ASRH	Adolescents' Reproductive Health/ Adolescents' Sexual and Reproductive Health
BMZ	Federal German Ministry for Economic Cooperation and Development
BZgA	Federal Centre for Health Education
CBD	Community-Based Distribution
CBS	Community-Based Services
DHMT	District Health Management Team
DHS	Demographic Health Survey
FGM	Female Genital Mutilation
FLE	Family Life Education
FP	Family Planning
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit GmbH
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development (Cairo, 1994)
IEC	Information Education Communication
IPPF	International Planned Parenthood Foundation
KAP	Knowledge Attitude Practice
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non-Governmental Organisation
PAHO	Pan American Health Organisation
RH/SRH	Reproductive Health/Sexual and Reproductive Health
STD/STI	Sexually Transmitted Disease/Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

INTRODUCTION

YOUNG PEOPLE IN DEVELOPMENT COOPERATION

Starting with the 1989 United Nations (UN) Convention on the Rights of the Child, young people of both sexes have been receiving increasing attention internationally. Nowadays children and young people make up a sizeable proportion of the population of developing countries: 1.7 billion people, more than one fourth of the world's population, are 10 to 24 years old, with 86% of them living in less developed countries[1].

With the aim to promote and safeguard basic human rights and meet the special needs of young people, German development cooperation recognises the fact that today's children and young people are the adults of the future. Since learning processes early in life are crucial in shaping future behaviour young people are both especially vulnerable and open to change. This is especially true in the field of health where more than two-thirds of premature deaths among adults are thought to be due to behaviour patterns initiated during adolescence.

Just as living conditions and world-views of young people vary widely depending on region, culture and socio-economic circumstances, the meaning of age-related processes diverge. The concept of youth needs to be considered in relation to specific circumstances, such as social, political, cultural and economic relations in a particular society, and an individual's position within that society. Since pubescent and post-pubescent age groups display common characteristics, teenagers and people in their early twenties can effectively be grouped together. Various definitions confirm this assessment: the UN Children's Fund (UNICEF) refers to persons up to the age of 18 as children, while the World Health Organisation (WHO) and United Nations Population Fund (UNFPA) define the 10 - 19 age group as adolescents, and classify young adults between 15 and 24 in the "youth" category. "Young people" is the term used to cover the composite group of 10 to 24-year-olds.

In 1997 the important role of youth in the development process was recognised by German development cooperation in a strategy paper of the Federal German Ministry for Economic Cooperation and Development (BMZ) entitled *Promoting Youth and Combating Child Labour*. Within the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, the thematic area 'Youth' was set up with the aim of improving the overall quality of technical cooperation projects involving youth. The thematic area consists of representatives of various activity areas, e.g. primary education, gender, vocational training, female genital mutilation, drugs and development as well as reproductive health and offers conceptual support to existing projects aimed at young people.

Within German technical cooperation (TC), there is already a broad spectrum of experience in the field of education and training, supporting marginalized children and youth, integrating them into environmental protection, and addressing their particular health problems. Most health projects within German TC that are working on sexual and reproductive health (SRH) issues have specific activities targeted at young people since they are especially affected by sexual and reproductive health problems.

THIS PUBLICATION

The second edition of *Sexual and Reproductive Health of Young People: Experiences from Technical Cooperation Projects* comprises a selection of 43 project examples representing 41 GTZ projects that are concerned with the SRH of young people in 39 countries all over the world. By interrelating experiences from a variety of projects, the *GTZ Supraregional Project Innovative Approaches in Reproductive Health* reflects current practice in development cooperation and hopes to stimulate an exchange of know-how and ideas between projects and individuals. The rise in project examples from 17 in the first edition in 1999 to 43 in this edition also underlines the weight that is meanwhile given to adolescent SRH (ASRH) within German TC.

Brief descriptions covering background information, project approach, results and experiences as well as an outlook on future plans make up the bulk of this publication. The descriptions were written by members of the projects, and questions

[1] Population Reference Bureau: The World's Youth 2000

pertaining to any particular project should be addressed directly to the project via the GTZ office in the given country or to the team of the *Supraregional Project Innovative Approaches in Reproductive Health*.

The ***background*** descriptions reflect the common features of the problems encountered worldwide when dealing with young people and SRH: relatively high infection rates for sexually transmitted diseases (STD) and/or HIV, teenage pregnancies with all their social and health consequences, unsafe abortions and sexual abuse/coercion, to name but the most frequent ones. They also highlight the fact that a lot has been done by governments since the mid-nineties with respect to legislation on the protection and the rights of young people, although a number of countries are lagging behind in the realization and implementation of these regulations.

The ***approaches*** applied by the projects illustrate the variety of measures that meanwhile exist in this field:

IEC: from booklets, brochures and telephone hotlines to the edu-tainment approach with broadcasts, video/films, theatre, music events and sport competitions
Peer Education: mainly sex education by young people with/for young people; most of the time combined with the distribution of non-prescriptive contraceptives, mainly condoms
Youth Centres: usually offering a mix of leisure activities and SRH information and services
Youth-friendly Services: from making the public health services attractive to young people by sensitising and training health staff and changing the facilities accordingly to taking the public SRH services to the young people in schools and youth centres
Community Based Services: favoured in the African context, these are often combined with peer education
Training: from supporting projects training teachers and health staff to developing training manuals and organising postgraduate training courses in SRH and ASRH
School education: introducing sex education, family life education or life skills, into the curricula or organising teaching sessions with external facilitators
Youth Groups/Organisations: to include and support the networking of young people directly and make SRH their own issue and responsibility
I***ntersectoral Approach:*** mainly cooperation between the health and education sectors to complement each other effectively in the field of ASRH
Networking: private-public networks as well as networking among non-governmental organisations (NGOs) in the field and strengthening their capacities
Advocacy: among key players, to foster a favourable climate in societies/communities towards the theme of ASRH including basic research to underline the need for ASRH services
Political Advice: Contributing to formulating and implementing policies on youth and youth health

The above summary of project approaches is necessarily not exhaustive. The detailed individual descriptions provide valuable information on the distinctive features of the project approaches and other specific activities conducted by the projects. Readers wishing to find out more about the methods and approaches applied in ASRH are referred to *Hands On! A Manual for Working with Youth on Sexual and Reproductive Health*, also recently compiled by the *Supraregional Project Innovative Approaches in Reproductive Health*.

The section on ***results and experiences*** points out what has been achieved so far as well as where problems were encountered and what still has to be done. Projects that involve young people actively (from planning to implementation) and make sure that they take over ownership are considered the most promising and successful ones. Nevertheless, the involvement of social key players like parents, community leaders, politicians and other influential people and societal organisations and their impact on project activities should not be neglected. It can be deduced from the bulk of descriptions that the major factors contributing to the success of projects in ASRH are:

- Active youth participation
- Using a mix of methods
- Collaborating with other sectors and players in the field of ASRH

An index at the end of the publication facilitates the search for examples of the various approaches. The project contributions are ordered alphabetically and by continent. We welcome any comments and experiences that readers want to share with us.

PROJECT EXPERIENCES

PROJECT EXPERIENCES: HEALTH PROJECTS

AFRICA

BACKGROUND

Benin – like most other countries in Africa – has a young population: 47% are below the age of 15 and 67% of the population is under 25.

At 2.8%, the annual population growth rate is very high. This is explained on the one hand by the fact that infant and child mortality has dropped significantly in recent years and, on the other hand, by the fact that every woman of child-bearing age still has an average of six children. If these figures remain stable over the next 20 years, Benin's present-day population of approx. 6.2 million people will practically double to 11.9 million.

Benin has subscribed to all international agreements concerning the protection of children and young people. However, there is no guarantee that these agreements and national laws can always be upheld, as evidenced by today's problems with child trade and child labour.

The school enrolment rate for primary schools remains unchanged at a mere 75%, whereby about 90% of boys as opposed to just 60% of girls are sent to school. This difference becomes even crasser at secondary school level and especially at university. Thus, there exists a blatant inequality in the educational opportunities for boys and girls, which has only improved slightly over the past few years.

The government is just as involved in looking after youth and children, as are non-governmental organisations. Indeed, in many communities, the Ministry of Health runs so-called CASES, which can be described as youth and health-care centres. Several NGOs, such as ABPF (local IPPF affiliate) or Population Services International (PSI), have geared their activities to youth. Officially, information, counselling and contraceptives are available for young people as of age 18, but social and cultural barriers considerably restrict the actual scale of access.

Benin

Primary Health Care

Project Number

96.2103.8

Date

November 2001

Contact

Service Allemand de
Développement – SAD
01 B.P. 394
Recette Principale
Cotonou
Bénin

The result is pre-marital pregnancies, also amongst schoolgirls, and a relatively high number of abortions which would normally only be permitted if medically indicated.

PROJECT APPROACH

Health-care zones (districts) have been in the process of establishment for the past 5 years or so. The project is currently supporting management aspects in 4 health districts. Key activities here focus on the organisational development of these zones, on improving infrastructure and its maintenance and improving the quality of medical services, especially reproductive health services.

Partners are, first and foremost, the peripheral health-care services, but also non-governmental organisations, rural radio broadcasters and self-organised groups (taxi drivers, school-pupil clubs, etc.).

As far as the reproductive health component is concerned, special priority is placed on family planning and the fight against HIV/AIDS.

At district level, high-risk groups are targeted in particular, as well as parents and young people. The approaches used in this context to sensitise the respective target group include peer education, information campaigns by radio and public events, as well as individual activities such as football and singing competitions etc. (district AIDS control strategy). The project has recently started testing another strategy in which the corresponding messages are conveyed via so-called "vehicles" (see outlook).

RESULTS AND EXPERIENCES

In the health zones promoted by the German side, the population is very well informed about sexually transmitted diseases, HIV/AIDS and family planning. Approximately 15-25% of the population consult the corresponding services to get advice or to start therapeutic measures. However, not all of the population uses the family planning and protection methods that are recommended. The estimated prevalence rates for the use of modern family-planning methods are put at about 7.5-15%. Time as a factor surely has an important role to play here, because family planning has only been propagated seriously in Benin for about ten years now. Experience also shows that, in the Benin context, a considerable gap exists between an individual's knowledge status and his or her (sexual/reproductive) behaviour. Traditional behavioural patterns, practices and concepts are often deeply ingrained, so that information and awareness-raising activities remain on the "cognitive surface".

OUTLOOK

Having experienced how the more or less sporadic measures aimed at distributing information and raising awareness failed to attain any kind of decisive and sustainable impact on people's behaviour in the project area, we decided to develop more measures that we term "vehicle bound". These measures are undoubtedly not new, but are increasingly being identified and developed in the project.

The characteristic feature of such measures is that the "vehicles" are not of a medical nature and develop dynamically over a longer period of time (6 – 12 months).

An example from Benin is given here by way of explanation: The risks deriving from HIV infection were presented to the headmaster of the vocational school for carpenters in Abomey who then agreed to include HIV/AIDS education in the curriculum. However, this did not mean that an additional lesson on HIV/AIDS was simply added to the timetable. Instead, as a practical task, the apprentices had to construct a condom dispenser, which they had co-designed in advance. This was hard work requiring complicated wood joints, a sliding door and a refillable inside box. The apprentices themselves suggested that a condom package be displayed behind a small glass window. The preparation and actual construction of the dispensing machine lasted several months and involved a total of three rounds of informative discussion with the apprentices, whereby each session lasted several hours.

Lothar Springer

BACKGROUND

Burkina Faso is a country in the West African Sahel with a population of some 11 million inhabitants, the majority of them young (49% under 15 years of age). Young people between the ages of 10 and 24 years make up 25.8% of the total population.

The mean total fertility rate is 6.8 children per female. Reproduction starts early. The fertility rate among 15- to 19-year-olds is 163 per 1,000 in the rural areas. The reproductive health problems of adolescents and young people are reflected in early sexual activity, teenage pregnancies, unwanted pregnancies, clandestine abortions, and HIV/AIDS. Traditional practices harmful to the health of women and girls, such as female genital mutilation (FGM) and premature or forced marriages, are still widespread in the country, as are sexual and domestic violence, and an excessive female work burden.

In the light of this situation, the Government has adopted political and legal measures, and drawn up programmes, designed to improve the reproductive health of young people. These measures include:

- revision of the penal code in 1996, to put an end to female genital mutilation, rape, levirate[1] and forced marriages, and to legalise therapeutic abortions in cases of rape and incest;
- adoption of a policy document setting forth standards and protocols for the reproductive health services, with a dedicated section on young people;
- elaboration of a National Strategic Plan on Reproductive Health and a National Reproductive Health Programme for Young People, and creation of a Youth Reproductive Health Service within the Ministry of Health;
- Incorporation into teaching programmes of educational material relating to population issues, including sex education;
- Setting up youth centres offering reproductive health services for the benefit of young people.

[1] the marriage of a widow by the brother or occasionally the heir of the deceased husband

Burkina Faso

Youth Campaign against Female Circumcision in the Department of Orodara

Project Number

99.2027.3

Date

November 2001

Contact

Sectoral Project Promotion of Initiatives to End Female Genital Mutilation
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65726 Eschborn, Germany

PROJECT APPROACH

The Youth Campaign against Female Circumcision in the Department of Orodara is a project designed to raise awareness of the need to put an end to female genital mutilation. It is being conducted by a youth association called APJAD *(Association pour la Promotion de la Jeunesse Africaine et le Développement)*. It currently has a membership of almost 200 young people. It organises activities for young people relating, among other things, to sex education, family planning, STI/HIV/AIDS and female genital mutilation.

The Youth Campaign against Female Circumcision has targeted young people between the ages of 7 and 25 in the department of Orodara, which is about 500 km from the capital, Ouagadougou. The approach chosen is that of peer-to-peer education.

Young male and female peer educators were first trained in IEC / female circumcision. They then went on to carry out awareness-raising and educational activities for other young people using the following methods and channels of communication: groups discussions, theatre-forums, film shows followed by discussion and individual interviews. Training focused on interactive methods of adult education and the content of IEC/ female circumcision.

Action research was carried out to obtain a better understanding of the situation regarding female genital mutilation in the area, of the knowledge and perceptions of the population, and the opportunities available for involving young people in the fight against FGM.

Advocacy also took place to mobilise community leaders and local administrative authorities to take part in the effort.

Educational aids (exercise books, T-shirts) were produced to assist with awareness-raising.

All the activities conducted by the peer educators had technical follow-up and support from trainer/supervisor members of the association. This had the effect of enhancing the skills of the peer educators and gradually filling gaps in a process of ongoing training that has been well received by peer educators working in the field.

RESULTS AND EXPERIENCES

Altogether, 65 young peer educators were trained, 52 film shows took place followed by discussion, and 20 theatre-forum sessions and 11 cultural evenings were facilitated during the one-year project. Advocacy activities and discussion groups were also held. During that time about 4,200 young people, or 20% of the total population of the department, were informed abouth the damaging effects of FGM.

The project has raised awareness of the detrimental effects of FGM, encouraged a more positive attitude towards overcoming the practice, and mobilised large numbers of leaders and young people to step up the effort towards that end.

APJAD's intervention has also brought good results in Orodara, where resistance to the campaign against FGM was very strong. The National Committee to Combat Female Genital Mutilation has even termed the Orodara area "a bastion of resistance to the struggle against FGM". But thanks to GTZ's support through this project, young people have managed to bring the debate on FGM into the public domain by means of a peer education approach. It was noted that large sections of the population had been motivated to take part in FGM awareness-raising sessions. Most people showed a keen interest in the subject and were willing to commit themselves to working towards ending the practice.

The following lessons can be learned from the experience of the young members of APJAD in their fight against FGM:

- The young trained peer educators succeeded in overturning old habits and in bringing into the open the debate on FGM, which had been considered a taboo subject in an area of strong resistance to the campaign.
- The show of public support by community leaders and administrative authorities has been decisive in bringing about the success of the awareness-raising activities of the young people in their fight against FGM.
- The theatre-forum is a way of enabling local people to speak freely on the subject of FGM and it encourages a change of attitude, through play.
- Individual interviews or interviews in small groups have enabled people to relate their own experiences; this in turn has made it possible to identify the complications caused by female genital mutilation, for the purpose of obtaining redress.

OUTLOOK

The educational activities conducted during the first phase of the project have set in train a process of behavioural change, and APJAD has undertaken to carry on these activities – in ideal – until the practice of FGM has stopped altogether in the department of Orodara.

Another phase of the project is therefore anticipated with a view to consolidating the progress made in villages so far, and extend it to neighbouring villages.

During this second phase of the project, priority will be given to interpersonal forms of communication, such as discussions in small groups and individual interviews. The aim is to adapt the message to each specific group and thus respond to their need for information towards ending the practice of FGM.

Pascaline Sebgo and Inge Baumgarten

BACKGROUND

Of around 1 million inhabitants of the capital Ouagadougou, about 37% are young people from 10 to 24 years of age. Fifteen percent of adolescents have their first sexual contact between the ages of 15 and 19, and many are already married at the age of 19. Although, since the start of the 1990s, it has been possible to reduce considerably the birth rate among the 20- to 29-year age group, it remained constant or even rose among 15- to 19-year-olds.

PROJECT APPROACH

In the capital of Ouagadougou GTZ's supra-regional project Innovative Approaches in Reproductive Health supports a programme for youth that offers information, counselling and services in the field of family planning and STDs/HIV/AIDS prevention as well as treatment of sexually transmitted diseases (STDs). The programme's executing organisation is the national family planning organisation, ABBEF.

At the start of the programme, studies were carried out to assess the situation and needs of youth. The results of the interviews and focus groups discussions formed the basis for the planning of activities and the drafting of information material.

Peer-group counselling plays a major role in providing information and counselling services for young people. 54 young peer-educators from the informal sector of Ouagadougou and 54 pupils of both sexes voluntarily carry out information, education and communication activities on reproductive health topics, including the distribution of non-prescriptive contraceptives, in different districts of the city or in their schools. All peer-educators were selectively recruited and adequately trained. In addition, the school-based peer-educators are guided and supported by 40 teachers who again received a special training within the framework of the project to make them feel comfortable with the goals and roles they are to assume.

Additional ongoing events comprise group talks, film sessions, public discussions, radio spots, competitions, and conferences. A youth theatre group performs plays created by themselves on topics related to reproductive health.

Burkina Faso

Youth Support Youth

Project Number

97.2045.9

Date

February 2001

Contact

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65726 Eschborn, Germany

Within a period of 2 years these events addressed over 100.000 young people.

Community mobilization serves yet a different purpose, addressing the broader social group whose norms so greatly influence the behaviour of individual young people. Through public talks and discussion groups the peer educators target adult stakeholders such as community leaders, elders, parents and teachers, aiming at sensitising these decision makers for the problems and needs of young people.

In a Youth Centre for Reproductive Health, services such as information, counselling, distribution of contraceptives including emergency contraception, and treatment of STDs are offered by professionals on a daily basis.

RESULTS AND EXPERIENCES

The needs assessment study as well as counselling sessions at the youth centre clearly show that youth consider the prevention of unwanted pregnancies to be important. However, STDs and questions in the context of sexuality, female genital mutilation, unwanted pregnancy and relationships, drugs and relations with one's parents are just as well areas of concern and interest in the lives of these young people.

A steady increase of the clients served in the youth centre indicates acceptance of the high quality of care at the centre's clinic. The centre's records reveal a very encouraging result: from the mid-90s till today the annual rate of visitors of the centre went from 6000 to 12000 visitors per year. Girls represent the majority of visitors and with 70% the majority of the clinical services users. However, male adolescents prefer to use the centre's leisure activities. This gender imbalance calls for action in order to encourage male adolescents to use the clinical services and, to diversify leisure activities to attract more girls.

One further unsolved problem remains the fact that many girls who visit the centre for the first time are already burdened with an unwanted pregnancy. Pregnancy-related services including antenatal care, delivery, or postabortion care still go beyond the scope of existing services.

Meanwhile ABBEF's youth programme is so well advanced in terms of concept, implementation and experiences that it has attracted the interest of various donor organisations. Additional funding enabled ABBEF to implement a similar programme in Bobo-Dioulasso, based on the experiences gained in Ouagadougou; two more centres opened in Koudougou and Koupéla in 1999. A research programme based in Ouahigouya is operational.

OUTLOOK

One of the greatest achievements of the programme is undoubtedly the fact that it serves as a model for the government, which plans to establish ten youth centres in regionally significant sites in Burkina Faso following the example of Ouagadougou. Government actively seeks ABBEF's cooperation in the planning and implementation process of the new centres. For this joint venture – be it with the government or other organisations- it will be important to learn from experiences in innovative youth work outside the field of reproductive health and to cooperate with structures outside the health sector in order to arrive at a comprehensive offer that actually meets the needs of young people.

Annette Gabriel

BACKGROUND

The Youth Reproductive Health Project which officially got off the ground in April 2000 aims to contribute to the achievement of the overall objective of improving the health status of the population in the three provinces in the North-West, South-West and the coastal region by offering services and information on SRH that are better adapted to the needs of young people. The project objective has been defined as follows: an institutional and operational framework for cooperation between the public service and NGO sectors has been elaborated and tested that will satisfy more effectively youth's needs for information and services relating to SRH. The project was initiated following the realisation that youth's needs in terms of SRH are not catered for in the existing system; the main constraints include the poor reception youth has met with in the pertinent institutions (finger-pointing, moral lectures, lack of confidentiality) and a lack of appropriate competence and services in this field. This lack of information and services on youth SRH is translating into increasingly serious problems, i.e.:

- a HIV infection rate amongst youth that has still failed to peak (now put at some 12%)
- a rate of STD infection that, in some regions, affects 70% of young boys
- unwanted pregnancies resulting in abortion (according to a study, one in four pregnant girls under 16 chooses abortion).

PROJECT APPROACH

Following the political opening-up in the 1990s, several NGO/associations were set up and a good many of them started work in the health sector. In view of the increasing importance of NGOs/associations, and the Cameroon government's declared willingness to cooperate with these new actors from civil society, it was only right that the project should strengthen these NGOs/associations by empowering them to take greater account of and respond better to the needs of young people in terms of SRH.

Cameroon

Youth Reproductive Health Project

Project Number

96.2162.4

Date

November 2001

Contact

GTZ-Office
B.P. 78 14
Yaounde
Cameroon

Thus, the project is supporting some twenty local NGOs/associations in the implementation of activities on site.

Some of the key activities implemented by the project today include:

- The transfer of knowledge and competence relating to the prevention of HIV/AIDS to non-medical groups (associations, communities)
- The implementation of a multisectoral approach geared to HIV/AIDS prevention
- The implementation of effective approaches for the prevention of HIV/AIDS and teen or unwanted pregnancies (peer education, first-hand accounts by HIV/AIDS sufferers or girl mothers, sensitisation, theatre)
- The active involvement of people with HIV in the fight against HIV/AIDS via the creation of support groups or community-based associations
- Strengthening the capacity of NGOs/associations as regards the planning, implementation and follow-up of activities
- Training for journalists and rural radio broadcasters as well as girl-mothers in the prevention of HIV/AIDS
- The production of educational material adapted to youth's SRH needs (prevention of HIV and teen pregnancies).

RESULTS AND EXPERIENCES

Different kinds of experience have been gained by the project, but we would like to focus on two here:

(1) Creating and strengthening associations of HIV/AIDS sufferers

Associations of HIV/AIDS sufferers help their members to provide mutual emotional support whilst making an issue out of HIV/AIDS through frank, first-hand accounts. The project has helped install a network of some 23 associations bringing together over a thousand or more infected people in different provinces in the country. Some of these associations have signed cooperation contracts with health-care institutions, thus ensuring psychological care and support for those infected.

The project also develops the capacity of all members of these associations in order to empower them to work efficiently. In this context, some forty people with HIV have undergone training in counselling whilst a hundred others have been trained to recount their experiences with the disease; nearly twenty people have benefited from various training sessions in fields such as transparent management and association management, presentation techniques and community mobilisation, project elaboration and evaluation methodology etc. The project also offers the possibility of internships for people infected with HIV and has employed some twenty or more HIV sufferers as consultants on various missions. Thanks to all these activities, a great many sufferers of this disease have gained new hope and become committed to the fight against AIDS, which concomitantly helps raise the profile of this disease and limit its risk of spreading.

(2) The project 'Tantines': teaching youth in primary schools

Previously in various communities in Cameroon, young girls were educated in matters of sex by their aunts. However, given the economic demands and the phenomenon of urbanisation, families became dislocated, thereby separating aunt and niece. However, seeing that parents have difficulties in discussing matters relating to sexuality with their offspring, a lot of young people, and girls especially, are at a loss. The pilot tests with "tantines" or "aunties" aims to mitigate these deficiencies by reconstructing the aunt figure to teach youth. These "aunties" are girl-mothers who became pregnant whilst still adolescents; the majority of these girls gave birth between the ages of 14 and 18, with serious consequences (psychological shock, devalued status, parental conflict, sometimes culminating in their being sent away from the family home. They are forced to drop out of school or have to repeat grades and find themselves faced with poverty etc.). Thus, these girls have been surveyed and trained to understand what has happened to them as well as to help, through their accounts and first-hand teaching, to limit the incidence of teen pregnancies and STDs. They only talk of abstinence and essentially use educational materials extolling the virtues of virginity. Their target group are adolescents in primary school grade I and II (Cours Moyen I / II) whose age varies from 10 to 16 years in rural areas. About fifty girl-mothers have taken part as volunteers in this pilot experiment implemented in two districts (the «arrondissements» of Nkondjock et Manjo).

This initiative has already had some positive effects in that it has boosted the girl-mothers' status whilst the adolescent target group appreciates the advice these « aunties » are giving them. School headmasters and mistresses have welcomed this pilot experience because each year they have been confronted with several cases of underage pregnancies in their schools. Families and other schools that have not yet been covered by the project call on these « aunties » to educate and sensitise their children, especially the young girls. It has to be pointed out that the phenomenon of teen and unwanted pregnancies affects about 30% of all adolescents and young people aged between 12 and 25.

OUTLOOK

In the space of just one year, the project has, thanks to its comprehensive activities as well as its efficient and effective approach, established itself as a vital actor in the fight against HIV/AIDS in Cameroon. It functions as a model example and a number of partners have been inspired by this project to apply these methods in their activities. Furthermore, the project has been asked to put in a bid for the multisectoral Programme in the Fight against AIDS, which extends throughout the entire nation.

Flavien Ndonko

BACKGROUND

Cape Verde's population is characterised by a high proportion of youth. The under-15 age group alone constitutes 44% of the total population, 14.6% of this total is made up by the 15-19 age group. Recent studies on SRH reveal that adolescents continue to become sexually active at an average age of 16.3 years for girls and 15.3 years for boys. Immediately, the possibility of exposure to STD/HIV/AIDS exists as a result of unprotected sexual activity. Moreover, this situation has an impact on the number of early pregnancies, a fact that is relevant in Cape Verde (20% of the country's pregnancies occur in youth under the age of 18 years).

In 1986, a law on the voluntary termination of pregnancy (LIVG) was proclaimed in Cape Verde. This legislation is applied in specific cases, such as rape. Its objective is to protect the mother's health by avoiding illegal abortions. This continues to be the most common problem for the reproductive health of many young women. Cape Verde legislation requires that access to contraceptives be given only to individuals of 16 years or older.

Some NGOs are involved in SRH health issues for young adults such as: providing information and family planning counselling, provision of contraceptives, medical services, legal aid, etc. The coordination and integration of the activities developed by these organisations and those activities implemented by state agencies have been the object of considerable criticism for their deficiencies. Barriers are often created that hinder the establishment or the practising of these activities.

PROJECT APPROACH

The project has as its objective: **the increased need for reproductive health care is met by complete quality services.** The project was initiated in February 2000 and forms part of the National Programme of Reproductive Health (Programa Nacional de Saude Reprodutive). It supports various partners: the Ministry of Health, Ministry of Education, the State Department of Youth, Municipal Governments, Community Based Organisations (CBOs), among others, in the planning, implementation, monitoring, and evaluation of the project's activities.

Cape Verde

Reproductive Health Project (RHP)

Project Number

95.2542.2

Date

November 2001

Contact

GTZ - Projecto Saúde Reproductiva
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A double strategy is being applied: To improve, on the one hand, the accessibility of the IEC Services and on the other, to offer high-quality services adapted to the needs of youth and men, who have been identified as priority target groups.

This strategy is and will be implemented in the form of surveys, training, introduction of new approaches and pilot projects. Subject to positive evaluation, these experiences are to become institutionalised by being developed and implemented as national strategies.

An analysis of the current situation by means of various studies (focus-group discussions on behaviour and attitudes of youth, inventories by NGOs/CBOs who work in the reproductive health field, bibliographical surveys, including IEC material and an inventory of the needs of health-care centres), will provide the basis for more concrete planning of the following activities within the sphere of three results envisaged in this phase of the project:

Result 1: All target groups, in particular youth and men, have access to adequate and sufficient information on reproductive health issues.

In the field of sexual and reproductive health care, methodologies and the means of distributing general information exist; however, deficits are evident in inter-personal communication. For this reason the RHP contributes toward:

- Developing a counselling strategy for existing health services
- Establishing a telephone counselling service (hotline)
- Adjusting the WHO concept of "Youth friendly services" for Cape Verde and testing this in a pilot project
- Establishing locations for counselling and for the sale of condoms at secondary schools
- Adapting the reproductive health care infrastructure to meet the needs of the target group, focusing on youth and men (improvement of physical space, equipment, etc.)
- Adjusting content and publishing of guidebooks on reproductive health issues

Result 2: The country's reproductive health care (RHC) coverage is improved

An analysis of the administration of technical facilities in the various health care centres has already been implemented. As initial follow-up activities, training was undertaken in the area of equipment management. This approach has been met with a positive reception on the part of extension services, as it facilitates an improved management of limited resources and allows for a longer lifespan of existing equipment. In this manner, it contributes to a reduction in the financial burden. The following activities are planned:

- Developing the various local models of basic infrastructure and equipment maintenance for RHC and testing these in pilot studies
- Continuing training of technical personnel
- Developing manuals on management and the appropriate maintenance of equipment
- Completing surveys and inventories
- Supporting the institutionalisation of measures for the management of equipment within the structure of the Ministry of Health
- Promoting the development and implementation of a national strategy based on the methodologies of the WHO ("The Essential Health Care Technology Package")

Result 3: Community-based reproductive health care services are functional

- Supporting the development of a strategy of intervention for CBOs with respect to FP/STD/HIV/AIDS
- Conducting a pilot study for the implementation of this strategy by CBOs on the Island of Santiago
- Introducing new models for supplying condoms at grass-roots level and implementing pilot study results and experiences

RESULTS AND EXPERIENCES

As the project began only 19 months ago, it is still too early to provide a balanced evaluation of results, experiences and lessons learned.

Gaby Supé

BACKGROUND

Bangui, the capital city of the Central African Republic (CAR), has a very high percentage of young people in the 10-24-age bracket; in fact, the figure is put at some 200,000. It is also estimated that some ten to fifteen per cent of them are infected with HIV whilst 25% have a sexually contracted disease. According to some surveys, nearly 30% of all 16-year-old girls have already had an abortion.

PROJECT APPROACH

The health support project in the Central African Republic is attempting, via its component on youth sexual and reproductive health in Bangui, to advise girls and boys in their social environment through activities that reflect their interests, inclinations and problems and, if need be, to offer them medical and psychological services.

The "Centre d'IEC pour la Sante Sexuelle des Jeunes" (CISJEU), an IEC centre for young people offering cultural and sporting activities as well as games, was set up in May 1994 to this end. Themes such as the prevention of unwanted pregnancies and STDs/HIV/AIDS, female genital mutilation and sexual violence are amongst the key subjects on the agenda, all of which are handled in an objective manner without any stigma. In this respect, it is quite remarkable that nearly 30% of young people are prompted to go to CISJEU by their parents (just over a half are introduced to it by a peer). Drama groups and puppet theatre, role-play and media-based activities, as well as the editing of an internal magazine, all gives them the opportunity to express their needs and ask any questions they may have in a professional context. Young people also have the opportunity to take part daily in backstopping sessions and to use the information materials generated by the project (e.g. films). CISJEU is built around existing community structures: youth and parent associations, organisations, youth clubs and video clubs etc.

CISJEU management and the implementation of its activities are secured via a management committee made up of representatives of the various youth associations and clubs in the 8 districts (arrondissements) in the city of Bangui and also the young people who visit the centre.

Central African Republic

Health Support Project: Component on Youth SRH in Bangui

Project Number

99.2148.7

Date

November 2001

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Advice on contraception and the treatment of STDs is provided daily at the youth health station. A medical package for couples is offered at an affordable price, with a view to facilitating partner treatment. Care is taken, however, to ensure that the assistance provided is not limited to curative purposes. Indeed, advice on sexual and reproductive health is provided on a systematic basis, with the health-care and counselling units working in close collaboration.

RESULTS AND EXPERIENCES

In spite of a rather unfavourable socio-political context, the number of young people attending CISJEU is on the increase (7,000 in 1997, 16,000 in 1998, 25,000 in 1999, and 20,000 in 2000 even though it was closed for 3 months). In 2001, in spite of two political upheavals, the centre still had more than 15,000 visitors, figures that confirm just how well the target group has accepted the centre, i.e. youth between 10 to 22 years of age. The centre is mainly used by in-school youth (which is explained by the fact that it is located close to several schools in Bangui), three-quarters of whom are boys. More than half of all visits are by the under-fifteens.

The most attractive activities on offer, i.e. those in greatest demand, include the film shows and video documentaries (47 %), presentations by youth followed by discussions (29 %) and games (16 %). The aim of these presentations is to make young people sensitise their peers to SRH issues on the basis of documentary research.

Now that this approach for promoting youth, including hygiene and sexual education, has proved its worth, it is being tested by other public and private organisations working in the youth promotion sector and/or in the health sector. CISJEU is now in the process of strengthening its grass-roots activities in several parts of town via both public and private health-care centres; youth-oriented activities are being implemented with the help of the youth groups and youth centres in these districts (peer education and implementation of a community-based condom distribution system).

OUTLOOK

The main issues in the immediate future centre on sustaining the project's momentum. CISJEU is on the verge of becoming a Central African NGO with a key role to play in terms of its institutional capacity for identifying appropriate and specific responses and mobilising the resources it needs to attain this objective. A particular focus in this consolidation phase is also on measures facilitating the continuation of youth activities once German funding has been wound up. And it is precisely for this reason that CISJEU is supporting relevant youth community associations in a bid to help them develop income-generating activities.

Marc Moray

Chad

Adolescent Sexual and Reproductive Health

Project Number

2001.2211.9

Date

November 2001

Contact

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Chad

BACKGROUND

48% of the population in Chad is younger than 15. In Sarh, the main town in Moyen-Chari in Southern Chad with a population of around 100,000, youth's situation is unique, because of the high concentration of schools, which used to be the nurturing grounds for Chad's civil service. Although these schools are still well attended, the prospects of finishing education and/or obtaining a job have seriously diminished. There is little in the way of infrastructure (discos, youth centres, sports or leisure centres, cinema, etc.). Indeed, the "Don Bosco" youth centre is one of the few facilities that exist.

It is Sarh's young inhabitants who are being hit by this growing poverty. They have to come to terms with a rapidly changing world in which they are confronted with massive problems and pressures. The lack of adequate information about sexuality, as well as the problems involved in changing family and community structures, means that these young people, who generally have 5 or 6 siblings themselves, tend to adopt high-risk sexual behaviour at an early age (adolescents account for a large percentage of all HIV/AIDS cases diagnosed at Sarah hospital). Unwanted pregnancies with all the accompanying complications (back street abortions, school expulsion, very early marriage and child-bearing) also exist. Another major problem connected with female school dropouts is that of female genital mutilation.

PROJECT APPROACH

The Reproductive Health Project, which has been working at Sarh since November 1998, is part of Chad's National Reproductive Health Programme, adolescent reproductive health being one of its five components.

Adolescents of both sexes are a particularly important target group for the project's IEC activities. Alongside discussion and debate sessions on the themes of sexually transmitted diseases and contraceptives targeting young people at schools as well as those who go to the few meeting points that exist, the project is reinforcing the capacities of school teachers to provide sex education in the wider sense, with a view to helping students adopt satisfying and responsible sexual behaviour.

It is also supporting the activities of youth groups that were set up in the wake of the above discussions, helping them to multiply their activities. This support aims to make young people resource persons for their community as a whole. In conjunction with the national social marketing programme for condoms, 4 sessions have been organised to train peer-educators and most of the youth continue to work actively in the field of HIV/AIDS prevention. Since last year, the reproductive health project has been working together with the GTZ education programme; reading materials on HIV/AIDS (Mon bouclier contre le SIDA, CE &CM) have been developed and tested for children and youth in cooperation with teachers, parent associations and pupils and are now used in community-based schools.

RESULTS AND EXPERIENCES

Voluntary groups have shown themselves to be the most effective and persistent promoters of reproductive health, the peer-education approach being the most valuable. Theatre groups, song contests etc. are also used to promote adolescent reproductive health. A KAP study from 2000 has demonstrated that knowledge of contraception and STDs/HIV/AIDS is significantly higher in the project region than in other parts of the country.

Much fewer people intend to have their daughters cut compared to the ongoing prevalence of FGM. However, it is still too early to clearly attribute specific changes to project interventions.

As a result of their school experience, most young people are reticent when it comes to participatory techniques. The groups of young people that the project has worked with to date are considerably more at ease, if they can tackle topics concerning sexuality in the form of a pseudo-scientific talk. Thus, the project team plays two roles during the sessions:

- resource persons who can expand and correct the information given
- "agent provocateur" to encourage discussion, point out incorrect rumours and varying kinds of sensitivities and to help overcome ambiguity

In terms of contraception, the emphasis is put on dual protection (against sexually transmitted diseases and unwanted pregnancies), i.e. a combination of the pill and condoms, or condoms and spermicides for casual contacts. One reason why so few young people use contraceptives is the inaccessibility of reproductive health services, not to mention youth's, and also their parents', lack of relevant information. Health services are generally insufficient in terms of quality and quantity and have limited opening hours; this consequently justifies implementing a number of activities that will help reinforce health structures.

In view of the urgent nature of the problem, however, it would be desirable to guarantee specific services before trying to kick-start the entire health system. The project is still pleading its case in this context vis-à-vis decision-makers.

The problem of caring for adolescents with AIDS has not been resolved, and the project is, at present, only able to advocate this. By contrast, a centre for the reintegration of teenage mothers (financed by Appel Cherbourg) and two associations dealing with youth in need of special protection have both been provided with educational activities and can call on on-site counselling services. This is the start of specialised services, such as clinics for adolescents with family planning requirements or counselling services in the field of reproductive health.

OUTLOOK

The reproductive health and the education project are aiming to enlarge the peer-education approach by training trainers in November 2001. The project also intends to embark on a similar approach for youth on female genital mutilation together with a local NGO.

The project also aims to reduce the number of back street abortions, stem the spread of HIV among young people and tackle genital infections. We feel it is equally important to strengthen self-esteem by according responsibility to young people as messengers for their community, and to encourage considered sexual behaviour, including the right to refuse sexual relations, i.e. the ability to say "no". It is interesting to note that the project's technical advice on SRH is in far greater demand by independent youth groups and schools than by the health services themselves.

Eva Schmid

BACKGROUND

In Ethiopia, youth aged between 10-24 make up about one third of the country's population. As in most other parts of the developing world, Ethiopia's youth is poorly informed about how to protect its sexual health. The special health needs of adolescents are not addressed properly in the country's health policy. In fact, not only is there no youth policy in Ethiopia, but also there is also no clear operational policy on how health-care providers should serve adolescents, and no training of service providers and counsellors for adolescents.

Several studies show that between 30%-50% of youth have had unwanted pregnancies, while 75% end up with illicit abortions. HIV infection rates are the highest among young adults between the ages of 20-24, and 44% of HIV infections occur among those aged 20-29. Despite these findings, the use of condoms among sexually active youth remains low. According to two studies among high-school students, only 30% and 45% used condoms, while knowledge of condoms is high at over 90%.

Peer promoters and multi-service youth centres are seen as a promising way of providing young adults with reproductive health information and services. School-based programmes and youth-friendly health services are still in their rudimentary stage. Information provision through mass and entertainment media is an approach being used by many organisations, although these are not well coordinated and not linked to service provision. Personal counselling is limited to the few youth centres existing in the country and 'call in shows" or 'hotlines' are available only within Addis Ababa. School-based sexual education is non-existent in Ethiopia, however, life-skills education and information on HIV, STDs is provided through different extracurricular school clubs (HIV, environment etc).

PROJECT APPROACH

Promoting reproductive health in Ethiopia is about improving access to quality reproductive health services in selected areas of Ethiopia and about helping the government set up a sophisticated network of community-based reproductive health agents (CBRHAs).

Ethiopia

Promotion of Reproductive Health in Ethiopia (PRHE)

Project Number

93.2219.9

Date

November 2001

Contact

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CBRHAs provide information, education and counselling, but also pass on methods and make referrals to higher-level health-care services. In addition, they help build up governmental capacity in the health sector in terms of health communication and health management information systems.

PRHE works mainly with the government's Regional Health Bureau to upgrade management capacity in the health-care system. However, through its health promotion sub-component, it has established partnerships with the media, the education sector, and youth clubs.

Project activities related to adolescent SRH

(1) Building up a knowledge base

In collaboration with the Regional Health Bureau, the GTZ has set up a working group with the aim of formulating and designing a concept paper on how best to address the issue of adolescent SRH (ASRH) in the Amhara region. The group is now working to document and research the current state of knowledge (i.e. to identify which reproductive health programmes aimed at young adults actually work), to identify the key issues that need to be addressed by the governmental Health Bureau and how best to adapt existing outreach reproductive health programmes to adolescent use. Given the lack of adequate data on youth and adolescents, the PRHE recently supported two baseline surveys on youth:

'Reproductive health needs of urban and rural out-of-school adolescents in East Gojjam'. This will enable better planning of further adolescent reproductive health programmes in the region.

(2) Youth involvement

In the FGM project "Joint Action Against FGM" initial planning and design work has been conducted with the active participation of the youth association.

In all aspects of health communication targeting young people, health information and services are being used as a gateway to promote healthy behaviour within the community.

(3) Enter-educate approach

One important component of PRHE is the support for a region-wide Behavioural Change Intervention Campaign. The campaign uses a multi-media approach linking service delivery to health promotion. One aspect of this campaign targets youth through the creative use of media that engages youth's interest. Just recently, PRHE supported an art, poetry and short-story competition giving youth the chance to vocalise themselves and contribute to message design. PRHE has involved and mobilised youth to express their views and thus promote their active participation. In addition, a road show by a music and drama troupe is using the approach of "edutainment" in a way that makes health communication attractive to youngsters, especially to those without easy access to mass media.

(4) Advocacy

Adolescent sexuality is a sensitive subject in all cultures, and providing SRH services to adolescents has been known to create controversies and resistance in Ethiopian culture. Many people oppose programmes that teach adolescents SRH, because they believe that the issues are taboo, and promote promiscuity. PRHE has worked in eliciting public and policy support for adolescent SRH services. These advocacy efforts focus on providing basic information about the issues to key audiences in order to gain their support. This includes such PRHE activities as collecting data (research), establishing a coalition, and working with the media and influential people.

(5) Community-based distribution of methods

For adolescents with limited access to family planning information and services, e.g. especially underserved and marginalized youth, community-based distribution is seen as an effective way of improving access to services. Community workers are serving youth and teenage mothers/wives living in rural areas.

(6) Context specific /area-specific approaches

Among rural youth, certain gender-specific issues are also of importance. Gender-based differences limit female access to educational and economic opportunities, thereby increasing vulnerability to coerced sex, early marriage, female genital mutilation and sexual violence. The "Joint Action Against FGM" project works with women's groups, youth groups and the women's lawyers association. It not only gives legal and health information to youth and women, but also advocates legal reforms and school enrolment for girls.

RESULTS AND EXPERIENCES

Involving youth in programme design has been seen as a very effective way of designing the FGM project. We were able to generate new and innovative ideas on how to reach other adolescents, and how to improve communication with youth.

The type of youth programme required depends on the cultural context, geographic area and specific health needs of the area. Therefore, ASRH issues should be approached in line with prevailing needs and take into consideration harmful gender-related practices in addition to issues like HIV and STD.

Most ASRH programmes identified mainly address urban youth whilst programmes/approaches addressing rural youth are limited.

Ways have to be found of harnessing the opportunities presented by the existing CBRHA programme and the community organisations to address ASRH.

OUTLOOK

(1) Join-in-Circuit on AIDS, Love and Sexuality – a collaboration with the German Federal Centre for Health Education (BZgA)

Designed to enhance interpersonal communication, the "Join-in-Circuit" (JIC) has been used with great success in German schools, army barracks and - with some adaptations - in public places. The JIC instrument is particularly attractive to institutions, because this kind of intervention involving groups of 25 to 35 participants takes place within a defined time period of 45 to 60 minutes and can thus easily be integrated into the daily routines of a school. JIC has proven to be highly efficient in reaching student and soldier target groups.

In collaboration with the respective Bureaux for Education, the Regional Health Bureaux of Amhara and Tigray are working to improve health education for in-school youth.

When asked to consider collaboration with BZgA in this area, they suggested contacting the German counterpart organisation to arrange test runs of the JIC tool in several pilot schools in Ethiopia.

(2) Edutainment approach

There is increasing interest in the creative use of media in the form of edutainment approaches. Drama, music and poetry have sparked interest among educators as important means of reaching youth. PRHE will, in the upcoming months, work to train youth drama groups in new approaches and drama and puppet-show techniques. The group will then travel from place to place, putting on performances in the various regions.

(3) Development of guidelines and training materials for health-care providers

The regional health bureaux have asked PRHE to assist in developing guidelines and training materials to be used in restructuring government health services to better suit adolescent health needs. In the first step, the Regional Health Bureau is in the process of restructuring the family health department so as to set up a new team solely responsible for adolescent reproductive health issues.

Aida Bayou

BACKGROUND

In Guinea, few people use modern methods of contraception. Although many young people are sexually active, there is practically no sex education in schools. In 1995, a KAP (Knowledge Attitude Practice) survey was conducted in three villages covered by the Rural Health Project involving a total of 3,603 unmarried young people (male and female) aged between 15 and 24. The average age at first sexual intercourse was 16.3 for girls and 15.6 for boys. However, their sexual behaviour represented a serious health risk. Although initial sexual experiences tended to take place with boys of their own age, most girls subsequently paired off with men very much their senior and much wealthier. The boys entered into relations with much younger girls. More than half of the sexually active young people surveyed had never used any form of contraception: 29 % had used condoms. One-quarter of the girls had already been pregnant and 22 % of them had had an abortion.

PROJECT APPROACH

In the past, the Rural Health Project has made efforts to train peer educators and to organise other activities, which specifically address youth. The impact, however, has been minimal because of the lack of supervisory and back-up services. Finally, with the help of a European volunteer, and thanks to the great involvement and genuine commitment of the authorities, including the health authorities, an association was created. The Kissidougou Youth Association for Health Promotion (AJKPS) was set up with a view to improving the health status of youth in Kissidougou. The Health Information Centre is the focal point of the association. Set up in January 1999, the centre was able to launch awareness-raising activities thanks to the commitment of the local authorities who provided the facilities and to the German Development Service (DED), which provided financial support, making it possible to renovate and fit out the centre.

The following investments were made to ensure the long-term, efficient operation of the centre:

Guinea

Kissidougou Youth Association for Health Promotion (AJKPS)

Project Number

96.2293.7

Date

1999

Contact

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Guinea

- Sound and lighting system with a generating set so that dance evenings could be organised with young people paying admission
- Establishment of a video club with a video recorder connected to a satellite dish to show videos and programmes of interest to young people (football championships, Olympic Games, music events)
- Installation of a sub-contracted bar which both attracts people and generates revenue
- Sales of T-shirts, stickers and condoms (subsidised)
- The rooms can be rented out to other organisations

The centre has set up a library, with books, bulletins, games and video cassettes which are not only educational in terms of sexual and reproductive health, but which also deal with other subjects such as the environment, general education and leisure activities.

Regular education sessions - in particular educational discussions - are held (about twice a week) and videos are shown followed by group discussion. Sometimes one of the association members – many of whom work in the health sector - holds a meeting, and games are organised at the centre. The association has also launched literacy courses, which primarily target girls who have not had the opportunity to go to school.

The association has revived a group of peer educators which had already been in existence for a few years but which had lost many members and was in need of a re-launch. With the help of the supraregional sector project to end female genital mutilation, these peer educators are now working to overcome FGM.

RESULTS AND EXPERIENCES

Now that the centre is well equipped, the local authorities committed to the cause and the members, many of whom work in the health sector, involved, conditions for the association's growth are favourable.

There is also a good chance of generating revenue with transparent management techniques. Managerial capacities will, however, apparently have to be boosted. The current level of wages of contracted staff could jeopardise further activities, but this phase must be seen as an investment in the future. Young people are not involved in managing the centre to any great extent, but are primarily users rather than genuine "owners".

Nevertheless, experience to date indicates that the centre can point the way forward for comparable activities in other towns.

David Blankhart

BACKGROUND

- A national reproductive health policy has been in existence since 1996 and, progressively, reproductive health units have been integrated into the health centres. Special outreach clinics for pupils and students (SSU) exist at major villages in the districts and in the regional capitals, whilst school dispensaries are available in some schools with a very large number of pupils. Up till now, these health structures have not offered any kind of sexual and reproductive health care.
- 15% of the population in Ivory Coast is aged between 13-19 years. 54% of girls and 79% of boys attend school. Unwanted pregnancies among young girls (1995/96: 1201 pregnancies notified) resulting in the interruption of their school career or clandestine abortions are frequent. 13% of boys and 23% of girls aged between 15 – 19 years were treated for STDs in 1999, prostitution amongst young girls is said to start at the age of 8 (Makeba Research in Bouaké city).
- A national commission has been working on a special school health programme since 1998: this concept still has to be officially adopted. Abortions are not legal.
- The Family Planning NGO AIBEF is present in the two regional capitals with family planning clinics as well as in some peripheral health and social centres that are not particularly geared to the needs of young people.
- An international NGO charged by the Ministry of Health with the social marketing of condoms organises, inter alia, information sessions in schools in the two project regions.
- A local NGO (Renaissance Santé Bouaké RSB) has started health promotion campaigns in schools in urban Bouaké. Another local NGO (Makeba) has opened a centre for the development of young women, including information sessions and individual counselling on adolescent reproductive health.

Ivory Coast

Health District Development/ Reproductive Health

Project Number

98.2052.3

Date

November 2001

Contact

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Ivory Coast

PROJECT APPROACH

The health project is technically assisting the public health services as well as the health directorates in the various districts in the two regions. Responding better to the sexual and reproductive health needs of the population is one of the main items to be developed. As there are several local NGO actors in this field, the project is involving them in the design and implementation of relevant activities. Since adolescents represent a vitally important group in terms of reproductive health, the project has targeted this group specifically. This is also because the two regional capitals, Yamoussoukro and Bouaké, as well as their rural districts have a great number of schools without any specific kind of reproductive health offers for their pupils. In this programme, the project is collaborating with the education managers in order to develop adequate school health approaches.

Our partners and activities:

Direct:

- AIDS/reproductive health committees in district schools: training in reproductive health;
- 'Peers' of secondary school classes (1st and 2nd grade: 12-14 years): training in reproductive health, condom use;

- Tailor girls in Yamoussoukro: action research (quantitative and qualitative) into adolescent sexuality and HIV/Aids perception and knowledge, undertaken by a local medical doctor from an outreach clinic for pupils and students (SSU).

Intermediate:

- Regional health promotion co-ordinator: initialise training programmes in secondary schools for 'peers' in Yamoussoukro, together with local NGO in Bouaké and local health promotion agents in schools. Creation of a 'health promotion' unit with multi-media materials at directorate level and training of primary health personnel on health promotion methods;
- Regional directorate of education: all school health activities;
- Local NGO:
  - Training of peers, theatre presentation in secondary schools in the various districts in the two project regions; demonstration and distribution of condoms to the chosen peers;
  - Production of radio-cassettes about HIV/AIDS for local radio auditors in French and Baoulé language (youth/adult people, (il)literate);
  - Posters for school youth about HIV prevention and HIV testing;
  - Qualitative interviews, KAP studies amongst teachers, parents, pupils.
- Local health staff trained as 'health promotion' agents: training of 'peers' in schools, organising follow-up activities in collaboration with school staff;
- Reproductive health centres for adolescents: training and equipment, supporting school health promotion activities carried out by the centre;
- Social worker at the reproductive health centre in collaboration with a teacher theatre group: theatre play about unwanted teenage pregnancies.

RESULTS AND EXPERIENCES

- Reproductive health units exist in some schools; involve local health promotion agents in follow-up activities;
- Coordination improved between all actors in the field of adolescent health;
- Co-production of material and execution of commonly planned activities very stimulating for NGO, health personnel, teachers and pupils.

Lessons learned

- Continuous follow-up by GTZ in this initial phase indispensable;
- Exploit all local NGO capacities available!;
- Co-production of health promotion material creates a close contact between those who would otherwise never meet each other!;
- Ministry of Education is/has to be involved in the programme: contact those donors who intervene in this Ministry.

OUTLOOK

- Organisation of championship in schools: who produces the best sketch about: STDs, unwanted pregnancy. This will be the basis for the production of more adapted IEC materials;
- Execution of IEC programmes for the illiterate urban and rural youth;
- Redefining the role of the school dispensary personnel in favour of SRH and IEC;
- Generating a basic selection of materials about ASRH for: a) teachers, b) peers which enables them to be promoters of safe behaviour;
- Combining literacy campaigns and sexual health education in NGO work in some urban quarters;
- Mobilising urban NGOs to work with IEC agents and schools in rural districts;
- Intensify medical contact with gynaecologists conducting abortions;
- Conducting action research studies into female genital mutilation.

Ulrike Hoekstra

BACKGROUND

Kenya has undergone a major demographic transition. CBD (community-based distribution of contraceptives) programmes have played an important role by focusing on married couples, however, young people have been left out of this traditional approach. Indeed, Kenya's youth has been denied IEC and quality reproductive health services for years. As a result, HIV prevalence rates amongst young people (15-24) are as high as 30% for females and 20 % for males.

Kenya

Reproductive Health

Project Number

2000.2236.8

Date

October 2001

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Kenya

PROJECT APPROACH

Since 1997, the MOH/GTZ Reproductive Health Project has expanded the range of activities by its community-based distributors of contraceptives in an attempt to bring sexual and reproductive health (SRH) issues closer to adolescents and youth, and so improve the RH status of young people. 8 of the 19 District Health Management Teams (DHMTs) in the project region designed and implemented a range of innovative SRH activities for adolescents. Existing youth groups were trained in SRH matters and members of youth polytechnics have attended video shows followed by a discussion about SRH issues. Another DHMT developed a similar strategy involving five existing youth groups active in drama and musical performances. New youth groups were set up and trained in other health facilities where community-based distributors have been active, complementing the services and specifically increasing access to IEC and condoms for young people.

Another approach to tackling SRH problems is peer counselling. CBD supervisors are trained as trainers of peer counsellors in order to initiate peer groups in their communities.

Activities have been evaluated to determine their impact and shortcomings. The results show that activities that were well connected to existing structures at community level were more successful than others. The limited capacity of DHMTs to implement such activities was reflected mainly in the areas of report writing and monitoring and evaluation.

All involved and interested DHMTs expressed a strong need for in-depth baseline information on the knowledge, attitudes and practices of youth in all areas concerning SRH. The DHMTs participated in the design, data collection and data interpretation of a youth SRH baseline survey covering some 1,412 young people aged between 10 and 24 in five districts in rural Western Kenya. The results are striking: The mean age at first sex was 14 years ranging from 5 - 22 years. 63 % had already had sexual intercourse; the mean number of sex partners being three and 43% had had sex less than a week ago. Only 36 % used a condom the last time they had sex and knowledge about STDs other than HIV, syphilis and gonorrhoea was very low.

Only 75% spontaneously cited "having unprotected sexual intercourse" as a source of HIV transmission, and 30% believed that they could get HIV from kissing, from using condoms and from mosquito bites. Twenty percent believed they could become infected by living with HIV-infected or sick people. When asked how best to avoid contracting an STD or HIV/AIDS, only 69% said spontaneously "abstain from sex", 52% said "stick to one faithful partner or use condoms". Most young people (70%) liked to discuss sexual matters freely with their friends, cousins, brothers and sisters, but not many with their parents, teachers or health workers.

RESULTS AND EXPERIENCES

At the last annual planning meeting, 19 DHMTs from all project districts discussed the lessons learned from the SRH initiatives and the results of the baseline survey. A decision was made to apply the concept of "Youth CBDs" throughout the project to enhance sustainability at community level. Youth selected from existing youth groups are supposed to improve the SRH knowledge and behaviour of other youth through the peer counselling approach. The Youth CBDs will provide condoms and contraceptive pills, while referral to the collaborating health facility and their community-based distributor for STD treatment and other SRH issues will be made possible.

Sensitising the communities to adolescent sexual and reproductive health issues and the development of appropriate IEC strategies are intended to generate social acceptance for this approach. A follow-up of the Youth SRH baseline survey in a few years will show the extent to which knowledge, attitudes and behaviour of young people have changed. Furthermore, the project has engaged in a strategic partnership with “Family Health International”, a recognised American research organisation in the area of SRH and FP. Through a controlled intervention trial, we hope to prove that systematic training of these youth CBDs in promoting the dual protection message to young men - i.e. the use of a condom will prevent unwanted pregnancy as well as STI’s and HIV/AIDS - will lead to a reduction in the incidence of both.

Henri v.d. Hombergh

Madagascar

Support for the Basic Health Services in the Province Mahajanga

Project Number

98.2185.1

Date

November 2001

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BACKGROUND

The 10 to 24-year-olds represented some 29% of the population on Madagascar in 2000 (approx. 15 million inhabitants). 64% of girls between the ages of 15 and 19 are sexually active, whereby only 3% of this age group actually uses modern forms of contraception. The fertility rate amongst 15 to 19-year olds has actually risen in recent years. On top of this, sexually transmitted diseases are widely spread on Madagascar where they rank as one of the five most frequent diseases. Although young people attending schools are, in the meantime, relatively well informed about contraception and the prevention of STDs, there is, nonetheless, still a great discrepancy between what they know about contraception and how they actually behave.

PROJECT APPROACH

The youth component of the basic health project was first launched in 1996, initially in the provincial capital Mahajanga, and is based on the dissemination of information, consultancy and services targeting the prevention of unwanted pregnancies and HIV/STDs, as well as STD treatment.

A large proportion of the information and advice are provided in the 30 schools. General information events are held on sexuality and reproduction, followed up by one-to-one advice, if requested. 60 trained teachers, male and female, provide the advisory services. To obtain contraception and treatment for surmised STD infection, these teachers refer the girls and boys to the youth health centre. In addition to regular school medical examinations and treatment, services geared to sexual and reproductive health have been part of the school health centre since 1998. This approach has only been introduced in two other districts to date, but the young people here can only be referred to the public health centre, because no specific school health centre exists.

Two youth centres in Mahajanga city also offer community-based services providing condoms and the pill. Likewise, in six factories in Mahajanga city, family planning advice is provided and contraceptives distributed in order to reach working youths. To achieve broad-scale impact, various media (radio, TV, theatre groups, school magazines) are used as part of awareness-raising campaigns. A youth theatre group has been putting on plays and puppet shows in the city and throughout the entire province, inter alia on HIV/AIDS/STD, unwanted pregnancies and family planning since 1996 and has, in the meantime, reached approx. 300,000 spectators.

RESULTS AND EXPERIENCES

There has been a definite increase in knowledge and the approach has proven a practical means of reaching a relatively large number of young people (each year approx. 3000 pupils out of a total of 9000 in Mahajanga city). However, more has to be done to improve the quality of consultancy and services. The project supports advisors, upgrades them and acts as coordinator between the various institutions active in the field of youth health care.

Guaranteeing youth-friendly advice and services is probably the most difficult and critical point: here the project is trying to work more closely with parents, pupils, teachers and school headmasters/mistresses, with a view to establishing ongoing monitoring and introducing quality standards for the contents of consultancy services.

OUTLOOK

In future, young people will be able to participate more actively in the planning and implementation of measures via school youth clubs.

Elisabeth Girrbach

BACKGROUND

Improved access to and availability and utilisation of Sexual and Reproductive Health services remain a major challenge in Malawi, particularly for young people. Many young people are at risk of STDs/HIV/AIDS as they lack accurate information and services dealing with sexuality and STDs or do not make use of them. The average age for first sexual experience is 13.8 years and at age 15, 50% of both girls and boys have already had their first sexual experience. Up to 9% of young women and 13% of young men in the 15 -19 age group have already had an STD. In the same age group, nearly half of all young women do not get any advice or treatment; among young men, this proportion is even higher. Although many young people know a source of condoms, access to condoms is restricted, particularly for girls. Overall, the utilisation of condoms in this age group is still low. As a consequence of these and other factors, 46% of all new HIV-infections occur in youth aged 15-24 years, with the infection rate among young girls being four to six times higher than that of boys in the same age group.

Strategies for reaching young people face various constraints: primary school attendance is low in Malawi. The net enrolment rate for girls in secondary education is 40% lower than that for boys. Also, dropout rates are high, especially among girls who often undergo sexual abuse and economic exploitation by teachers, male students and “sugar daddies”, leading to almost a quarter of girls dropping out of school because of unwanted pregnancies. Consequently, the proportion of out-of-school youth is high, with many remaining unemployed.

Liwonde is the principal town in Machinga, a district in Southern Malawi, which has about 60,000 inhabitants, most of whom are from the Yao tribe. Culture has a strong influence on the sexual behaviour of young people, particularly that of young women.

Even though, in urban areas, these cultural influences are less pronounced, talking about sex in public remains a taboo.

Malawi

Support to the District Health Services Machinga and Zomba

Project Number

2000.2151.9

Date

November 2001

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PROJECT APPROACH

Liwonde Health Information centre is a walk-in centre, located in the centre of Liwonde Town Assembly. Established jointly in 1998 by the District Health Office and the GTZ Project "Support to the District Health Services in Machinga", it aims to strengthen the sexual and reproductive health component of the district health delivery services with a special emphasis on Family Planning, STDs/HIV/AIDS and Safe Motherhood.

The local community was consulted prior to the centre’s launch, with the result that activities essentially consist of basic consultations. Most groups were against condom distribution. The Health Information Centre has formed partnerships with related government ministerial departments such as the District Youth Office, the District Education Office and the District Social Welfare Office as well as the Malawi Red Cross Society and the Public Affairs Committee. It also has links with local leadership and local drama groups, youth clubs and community-based organisations such as Liwonde Women’s Care Group (community-based HIV/AIDS counsellors) and Nuroo (home-based care group). It is governed by the Community Management Support Committee that has drawn membership from the local community.

The Health Information Centre provides reproductive health information by offering regular health education sessions, including video shows, drama group performances and open days with occasional outreach activities. There is also a library which is opened daily. The centre provides counselling services for family planning and STDs as well as Voluntary Counselling and Testing (VCT) for HIV/AIDS. The coordination of a network of anti-AIDS (TOTO) clubs in schools has created an environment in which HIV/AIDS messages can be discussed and shared. The accessibility of condoms is facilitated by having them distributed through youth clubs, peer educators and community-based distributors (CBDs). Furthermore, the local communities' capacity for promoting sexual and reproductive health awareness has been strengthened by training youth, drama groups and community-based distributors in peer counselling, life skills and basic communication skills.

RESULTS AND EXPERIENCES

From the beginning, the Health Information Centre has offered games, leisure activities, sports and music to attract clients. Even though the centre was not originally planned as "youth centre", youth, and boys in particular, constitute the most important group of clients at the centre, ranging from primary and secondary school boys/girls, young unemployed school leavers, young workers through to young men with small business and orphans.

There is still a lot of room for improvement as regards the utilisation of services. Apart from a regular weekly programme covering leisure activities, health education sessions and video shows, there is a high level of demand for condoms with 1500 to 2000 condoms being distributed per month. However, counselling services are underused.

There are several other important achievements which have to be acknowledged too:

Besides being a place where youth can meet with like-minded peers and role models and so feel safe, the centre provides a meeting place for other groups (home-based care group, Red Cross etc). It has also nurtured a spirit of volunteerism which has grown and overcome to a certain extent the stigma surrounding anything to do with HIV/AIDS.

The centre will develop a more active approach in which it will increase its client base by focusing more on outreach activities in the township. Different programmes for schools and workplaces are currently being developed, including the training of peer educators. The centre has created links with the multisectoral AIDS prevention project as well as with Population Services International (PSI) and other NGOs working with youth in the field of reproductive health. The District Health services have recently started to offer "youth-friendly" reproductive health services in the centre, which include counselling and treatment. It is hoped that more comprehensive services will lead to better utilisation.

As all the – very limited – funding for the centre is presently being provided by the Project "Support to the District Health Services Machinga and Zomba", the centre is now trying to register as a "community-based organisation" in order to have access to additional funding by other donors or NGOs.

Susanne Pritze-Aliassime

Mali

Listening, Information and Orientation Centre for RH and Family Planning

Project Number

93.2541.6

Date

1999

Contact

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BACKGROUND

The opening of a Youth Listening Centre in Mopti is one of the activities undertaken by the Rural Health Project in partnership with various local NGOs to respond to the serious health problems besetting the young population of Mopti. Public health activities conducted to date by the Innovative Approaches in Reproductive Health Project revealed, among other things, the need to gear reproductive health and family planning activities specifically to the situation of 12 – 24-year-olds. Their needs, and the resultant demand, were defined in more detail by a survey of the sexuality and sexual health of Mopti's youth conducted by the project. This survey revealed several facts, the most important being an increase in the level of awareness amongst young people and their parents of the importance of family health. This comes in the wake of classic IEC activities in this field (radio, television, community activities). The survey also revealed the fact that existing health structures, whether state-owned or operated by the local community, were only able to meet some of youth's needs. The latter expressed their wish for a centre to be set up offering high-quality family planning and counselling services in the field of sexual and reproductive health, as well as curative services for sexually transmitted diseases, that was run by young staff members who did not moralise and who guaranteed confidentiality in all cases.

PROJECT APPROACH

In response to this request, the project contacted various partners including NGOs with experience in a variety of fields of intervention. The health team at the local NGO "Action Mopti" was entrusted with the management of the sub-project "Youth Listening Centre". The choice of the main partner was based on its existing capacity in the fields of management and accountancy, its experience of managing a local community centre in a highly populated part of town and the dynamism of its health team, which primarily provides IEC services for small groups of young people and women.

In the project context, individual consultation is seen as the logical consequence of the chain of reference, aiming to explain a question or resolve an individual problem raised by IEC activities. It was thus essential to publicise the centre's goals among young people who came into contact with IEC activities. This task was entrusted to the young people themselves through the peer-educator strategy developed by the local radio station SCF-UK. New peer educators were selected from amongst "grins" (spontaneous groups of young people sharing a common interest in leisure activities, cards or other parlour games) in those parts of town covered by the project and in various primary and secondary schools. These individuals were trained in family health and communication techniques to allow them to initiate discussions on relevant topics within their own "grins" and to conduct discussions on air for local radio stations.

A small consulting room and a waiting room were set up in the local community centre. A young general practitioner who had researched the subject of adolescent sexuality for her doctorate degree was recruited as a full-time staff member to provide consultations and individual IEC work. A facilitator was recruited to organise the way young people requesting counselling were received at the centre, and to monitor and coordinate the various IEC activities.

Consultation fees were fixed at FCFA 50 per consultation to ensure that they were affordable. The problem of accessibility became particularly clear during the survey mentioned above.

Curative STD treatments using generic drugs and taking the syndromic approach along with contraceptives are provided at a cost-covering price. These products are sold directly by the doctor to the client to circumvent the need to issue prescriptions and the subsequent loss of confidentiality.

RESULTS AND EXPERIENCES

The Listening Centre opened in December 1998. Since then, the health team at the local community centre has organised 94 events in the district's schools. In response to student demand, the most frequently tackled topics are unwanted pregnancies, abortions (44 %) and STDs/AIDS (32%).

Other IEC activities include events at the community centre (10), events in the district (48), film shows at the community centre (28), radio broadcasts (8) and sporting competitions (2). All these activities are always wound up with a presentation by the Listening Centre.

The number of clients, though still modest, is increasing all the time: out of a total of 70 new clients, 18 were registered in the month of June 1999. Just as many girls registered as boys, the average age being 21.

Half of all clients are students from the various schools in the district. The other half primarily comprises traders (20 %) and manual workers (15 %). The three main reasons for requesting a consultation are STDs (45 %), unwanted pregnancies (15 %) and menstrual cycle problems (12 %).

By analysing client files, it is possible to pinpoint the needs of the target population and work out an appropriate response. This analysis allows us to confirm the fact that the centre enjoys an ever better reputation among the target group. It owes its reputation to the convergence of IEC strategies conducted by the dynamic health team from the community centre and to the competence and sensitive approach of the centre's doctor. In the Mopti community context, the minimal economic potential of the school population places a limit on the centre’s accessibility. Most of this population is located in Sévaré, fifteen kilometres away from Mopti. Therefore, surgery opening times have to be modified and the service brought closer to prospective clients by organising consultations in Sévaré.

OUTLOOK

The project was finished in 2000. At present no further information exists on the current or future activities of the Youth Listening Centre.

Vincent Joret

BACKGROUND

Hodh El Gharbi is an agricultural cattle region in the country's southeast bordering in the south with Mali. Just as with the rest of the country's inhabitants, the population in this region has gone through some far-reaching economic and cultural changes. Indeed, the rapid changes that have come to pass in social life have led to a great many problems in terms of health and its attendant risks.

These problems are felt more keenly by the country's youth which represents more than half of the population overall and which has to deal with illiteracy, early marriage and a lack of social infrastructure. Girls are particularly vulnerable, most especially because of early marriages and various traditional practices (including female genital mutilation).

Youth's status differs depending on whether they live in rural or urban areas, since this dictates their degree of access to information and their family's quality of life.

Nomadism, which used to be the traditional way of life for the majority of people, aggravates the problems described above, because it lacks the stability needed for education measures as well as for health and cultural activities.

Mauritanian society is characterised by its religious traditions, which only permit sexuality in the framework of marriage, thus making it difficult to discuss sexual problems. The rapid changes in family and social structures have upturned this social balance; sex outside of marriage, albeit scorned by society, does exist and youth do behave accordingly, which generates a particularly serious situation for young people with high-risk behaviour.

All of the factors cited above mean that these young people who do not have adequate access to information are especially vulnerable.

One example is the occurrence of unwanted pregnancies by unmarried girls and women which either end in backstreet abortions or in the child being abandoned at birth, along with all the medical risks and social prejudices this entails. Furthermore, contraceptives are extremely limited and health-care services are not up to standard, neither in qualitative nor quantitative terms.

Mauritania

Basic Health Care, Hodh El Gharbi

Project Number

99.2028.1

Date

November 2001

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PROJECT APPROACH

The project is a basic health-care project with a reproductive health component, which complies with the policy pursued in the National Programme for Reproductive Health.

Youth health accounts for a large proportion of project activities in this component; indeed, this group is an extremely important target group, especially as far as health education is concerned, above all in primary and secondary schools. Efforts have been made to introduce reproductive health modules into the training programme applied at the national institute of teacher training.

We too have tried out various ways of distributing information on HIV/AIDS.

RESULTS AND EXPERIENCES

We launched our activities with the search for a framework in which to disseminate information to young people. Thus, we have tested various approaches, i.e. schools, teachers, rounds of discussion and informal contact groups with young people, all with due respect for the various age-groups concerned, since this is of vital importance in Mauritania.

It is too early to talk about results, seeing that activities have only started just recently, but nevertheless we have managed to identify certain challenges and activities with which to attain some effective impacts.

Our challenge of the moment is to decide which are the best approaches and best tools for approaching such subjects as:

- Sexuality
- Contraceptives
- Protection against STDs and HIV/AIDS
- Unwanted pregnancies and the risks related to abortions.

OUTLOOK

Reproductive health problems in our context call for an approach that takes account of the population's human and economic developments. I.e. what we need in order to achieve a result in this area is an approach that brings together all the economic and social actors concerned. Consequently, we have identified the following activities as starting points for intervention on our part:

- Provide youth with adequate information concerning questions about marriage and reproductive health via targeted campaigns and the establishment of information and counselling centres.
- Develop cross-sectoral cooperation between health, education and social structures, with the aim of generating a global approach to problems linked to youth sexual and reproductive health.
- Work to install legislation leading to the abolition of administrative "taboos", which manifest themselves in the absence of any kind of discussion on sexuality.
- Work to negate the equation: "sexuality = sexual freedom". Indeed, we have noted that as soon as we attempt to discuss the subject "sexuality", even in official circles, people immediately start thinking of sexual freedom, which is not allowed by the church.
- Cooperate with religious leaders and inform them of the risks associated with a lack of understanding about sexuality, suggesting information campaigns for parents who can then inform their children.
- Approach the problem of HIV/AIDS in a cross-sectoral framework, placing responsibility on each group in society, without singling out high-risk groups, as this will help break down high-risk groups' resistance and mobilise more actors in the community.

Theresa Endres and Dr.Ahmed Ould Aida

BACKGROUND

Namibia's population is currently estimated at around 1.9 million inhabitants with a very low density of only 1.9 inhabitants per km^2 due to the arid and semi-arid land, which makes up more than two-thirds of the country. Namibia's culturally diverse and multi-ethnic society is currently undergoing a demographic transition, with a low death rate (CDR) of 9/1000 and a high birth rate (CBR) of 41/1000. 42.5% of the population is below the age of 15.

In terms of reproductive health, the rapid spread of the AIDS epidemic has become a major concern. HIV prevalence has increased steadily, and the last national survey in 2000 put overall HIV seroprevalence (in the 15-49 age group) at 22.3%. Contraceptive prevalence is increasing. While in the 1992 Demographic Health Survey (DHS) it was found that 23.3% of all women were using some form of contraception, and 28.9% of married women, the 2000 DHS showed an overall contraceptive prevalence rate of 37.8 %, and of 43.7% for today's married woman. However, teenage pregnancy remains a major problem and public health concern in Namibia. According to HIS data (Health Information System), approximately one fifth of all births can be attributed to women less than 19 years of age; and there is no evidence of any significant changes in comparison to previous data. The contribution of teenage fertility to the total fertility rate of 4.2 was estimated in 2000 (DHS) at 8.8%, only slightly lower than the 1992 figure of 10.6 %.

Although, in terms of policy, young people's access to SRH services is not limited, in reality the attitudes of health workers coupled with the inadequate opening hours of health services and other factors keep the utilisation of services by young people at a low level.

UN agencies and bilateral partners are cooperating by supporting the Ministry of Health and Social Services (MoHSS) in the introduction of Adolescent Friendly Health Services (AFHS) and other measures designed to improve young people's sexual and reproductive health.

GTZ has supported Namibia's health sector with an AIDS control project, which was wound up on December 31, 1998. In 1997, the MoHSS submitted a request for further support in this sector to the German government and the current project was planned with the participation of all relevant SRH actors in Namibia.

Namibia

Namibian-German Reproductive Health Project

Project Number

96.2194.7

Date

November 2001

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PROJECT APPROACH

The Reproductive Health Project intervenes at two levels: at a regional level by supporting the implementation of measures designed to improve sexual and reproductive health, and at a central level by supporting the MoHSS in the development and implementation of its SRH policy.

Four major results were envisaged for the first phase (1998-2001): 1) Improving access to and the quality of SRH services, 2) developing and disseminating appropriate IEC measures, 3) involving communities in SRH issues and 4) developing innovative approaches for young people.

Five of the 13 health regions are being supported: Kavango and Caprivi (i.e. the former North-East Health Directorate) and the Erongo, Kunene and Otjozondjupa regions (i.e. the former Central Health Directorate). However, during the first phase (November 1998 –November 2001), the main thrust of support initially went to the north-east in order to continue support for the former AIDS control project.

In the second year, this support was extended to the other three regions. Support to the north-eastern regions had to be partially decreased, because a secessionist attack in August 1999 in Caprivi and Angola's civil war were spilling over into the North. The ensuing insecurity meant that project personnel and partners in the 2 northeastern regions would not be able to travel adequately.

The review of the first phase, which took place in June 2001, stated that project activities had consequently been rather patchy, also due to the broad and somewhat unfocused SRH approach in which the project was originally conceived and planned in the spirit of the Cairo conference (ICPD).

In agreement with the partners, the 2nd phase (2002-2005) has been redirected and given a more focused approach geared mainly to adolescents' and young people's sexual and reproductive health concerns.

RESULTS AND EXPERIENCES

At the central level, the project has been actively involved in developing a framework for introducing AFHS, which has since been approved by the Ministry in September 2001.

At the same time, a manual has been developed and adapted for training health workers in AFHS that is about to be finalised. From 2002 onwards, the project will support the implementation of AFHS in pilot districts in the supported regions.

This process will take place in cooperation with UNICEF and the Ministry of Basic Education.

The WHO "Health-promoting schools initiative" has been supported through an initial training and consensus-building workshop involving regional and central-level managers at the Ministry of Health and Social Services and the Ministry of Basic Education. In September 2001, the two ministries signed an agreement about the nation-wide introduction of this initiative. From 2002, the project will support the implementation process in some of the supported regions.

OUTLOOK

Recently (October 2001), the project reprinted a test run of a series of six booklets *"Questions adolescents ask most frequently about …"* initially developed in Tanzania by the GTZ–supported RH project. At present, a process is being initiated to introduce the booklets to other partners in adolescent SRH such as the UN agencies, NGOs, Ministry of Basic Education, churches and schools working with young people. This process is aimed at reviewing the booklets for wider distribution in Namibia, at reaching a decision on eventual translation into some of the vernacular languages and at designing a distribution policy to make these booklets available to all youth in Namibia.

Anne Frisch

BACKGROUND

Youth SRH in Niger is constrained by a complex of social, cultural and economic factors shared with many sub-Saharan African countries where family cohesion is increasingly threatened by poverty and migration. Since sex education has traditionally been provided by aunts, uncles and grandparents, but a taboo subject with birth parents, young people's main source of information on sexual matters has become their equally ill-informed peers. Poverty is leading to informal prostitution amongst a growing number of adolescents. In Niger, the problem is compounded by a disastrously low level of education and training and by rigid social conservatism exacerbated by growing Islamic extremism. Primary school enrolment stagnates at under 30%, and only half as many girls as boys attend school. Since sexuality amongst unmarried youth is strongly disapproved of by adult society, young people tend not to seek SRH assistance from health professionals. The average age of a Nigerian girl at marriage is 15.5, and 47% are mothers at 17 (DHS 1998). Out-of-wedlock pregnancies are on the rise, leading to the social rejection of both mother and child, dangerous illegal abortion and even infanticide.

This sombre picture is abetted by Niger's existing legal framework which requires parental authorisation for unmarried minors (under 21) to access contraceptives, while maintaining the colonial law fixing 14 as the minimum age for marriage. Abortion is illegal and subject to capital punishment. Laws punishing teachers' sexual exploitation of students are rarely applied, and the rule expelling pregnant students from school was only recently abolished. (Female genital mutilation, which fortunately concerns only 4.5% of the female population, was legally banned in 2001.)

To date, few organisations have specifically targeted youth SRH. UNFPA has promoted a youth sports and health complex in the capital and plans a vast new programme for youth. IPPF's offshoot ANBEF has opened several small youth centres with basic health services and practical training to promote income generation. A large number of Nigerian NGOs have recently sprung up in the sector of HIV prevention, many of which purport to target youth with IEC activities; however, as yet, few appear to be viable. Although HIV prevalence still appears relatively low in Niger, the existing combination of ignorance and socio-economic and legal constraints leaves youth particularly vulnerable to this new menace.

Niger

Promotion of Family Health in Niger (ALAFIA)

Project Number

2000.2010.7

Date

November 2001

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PROJECT APPROACH

On December 4, 1999, the ALAFIA project organised Niger's first large anti-AIDS concert targeting young people. ALAFIA, which began in 1994, promotes reproductive health in two districts, and advises Health Ministry structures on regional and national levels.

The AIDS concert was part of the project's IEC component, which includes training for health personnel and their trainers/supervisors, materials production and the use of radio broadcasts to pass on health messages in Nigerian languages.

Major partners involved in organising the concert were the youth group that proposed the idea, the national AIDS programme and UNICEF, which co-financed the concert (about two thirds of the total budget of c. $US 8500). An organising committee including Health Ministry structures and most of the organisations currently active in AIDS prevention was also set up which held weekly meetings to make decisions, delegate specific tasks to different members of the committee and to monitor progress. The idea was to attract young people living in the capital with their favourite local music, rap and theatre groups, as well as with

lottery prizes drawn on the basis of their entry ticket number. This "captive audience" would be exposed – between the artistic interludes – to a thorough sensitisation on all aspects of HIV/AIDS in the form of a dialogue between a male and a female presenter, illustrated by sequences from films on AIDS. To promote better understanding amongst audience members less familiar with French, the young woman would periodically rephrase key concepts in the course of the dialogue in the two major national languages. On buying their ticket (c. $US 0.70), audience members received a pamphlet on HIV prevention and a sticker featuring the message "Stop AIDS" ("Stop-SIDA") and the four major means of prevention. The sensitisation text and the educational materials were specially developed for the concert by the organising committee. Publicity via the private radios most popular among the target group began about two weeks before the concert, and banners and small posters were placed in various public places in Niamey about a week before.

RESULTS AND EXPERIENCES

Despite the complexity of the organisation (coordinating 12 different artists, dialogues and film extracts) the event was carried out as planned. The concert attracted about 2500 young people to the Oumarou Ganda cultural centre on the outskirts of Niamey, even though three commercial concerts were being held simultaneously in more accessible parts of the capital. Although some audience members manifested impatience with the dialogues in French, the majority showed an interest in learning more about HIV, some approaching members of the organising committee during the concert for additional information. About a week after the concert, members of the organising committee noted an increased demand by young people for condoms and for information on AIDS. The "Stop-SIDA" stickers distributed at the concert were likewise visible on cars and mopeds around town.

The effect of the concert was not limited to one evening. In the months that followed, thousands of the "Stop-SIDA" stickers designed for the concert were reproduced and distributed by the different structures implicated in the organising committee. The ALAFIA project took the lead in developing large street signs using the same design and other organisations followed suit: over 30 « Stop-SIDA » signs have since been placed in Niger's major cities as well as at a mining site. An educational videocassette filmed during the concert is used to stimulate discussion on AIDS in youth and community groups. And the texts developed for the concert were the basis for producing 2 new radio spots on HIV.

Among the lessons learned are:

- Include all stakeholders in the organising committee to ensure ownership and multiplication of shared initiatives
- Attract young people not only with popular artists, but also with the prospect of learning about HIV/AIDS (they are worried and curious) and with free admission (even the low entry fee of the 1999 concert appeared to be a barrier for this impoverished target group)
- Do not include a lottery (time-consuming, logistically complex and less relevant content)
- Publicise the concert sufficiently ahead of time and with sufficient intensity to reduce competition with other cultural events
- Present the dialogues on large-screen video to capture audience attention and avoid the mistakes and hesitations of a live presentation of complex information
- Use more national language and less French in the dialogues for better understanding.

OUTLOOK

ALAFIA has recently been approached by the national AIDS programme and UNICEF to collaborate on a mega-concert aiming to attract over 20,000 young people to the national stadium. This is an opportunity to apply the different lessons learned from the first concert. The mega-concert's impact is to be multiplied by live transmission on national radio and television, and on the stadium's giant screen. Not only an educational video but also a tape including songs from the concert is to be produced and distributed to media and stakeholders. Starting in 2002, the ALAFIA project will develop a new HIV/AIDS component and plans to continue to target young people through cultural events, materials production, interactive theatre etc.

Mary White-Kaba

BACKGROUND

At 56% the percentage of under-20s in the overall population in Senegal is, as in most other developing countries, relatively high. Virtually half the population lives in cities. In view of the ongoing economic crisis, coupled with a high rate of unemployment, youth frequently try to earn a living in the informal sector, and are thus at risk of sliding into criminality, prostitution and drug abuse. Studies have shown that 41% of pupils have sexual experience; in the non-school sector, this figure goes up to over 50%. In addition to the risks posed by STDs, including HIV/AIDS, teenage pregnancies and illegal abortions etc, girls are also affected by traditional practices of genital cutting, and that in spite of legal prohibition. In some regions (e.g. Casamance), the percentage of women who have been cut is as high as 80%; the national average is 20%.

The national programme on reproductive health has identified youth as a high-risk group and organised corresponding activities. As in most other Western African countries, Senegal's legislation follows closely that in France and thus also has corresponding legal framework conditions designed to protect youth.

A specific offer of reproductive health services for young people is only available in the Dakar region where it is concentrated in four advice centres. In addition to trained personnel (psychologists, midwives, social workers etc.), these centres provide rooms that have the right kind of atmosphere for specific counselling and awareness-raising measures. An offer of this kind is not available in rural areas nor in urban areas outside Dakar. On the contrary, youth's access to corresponding services is often considerably restricted, if not completely impossible here, owing to socio-cultural barriers, taboos or even simply the non-existence of SRH services.

PROJECT APPROACH

The project's strategic orientation is based on three support pillars:

- Improve the quality of existing SRH services and develop new approaches for community-based health care (services à base communautaires)

Senegal

Family Planning/ AIDS Control

Project Number

94.2202.3

Date

November 2001

Contact

Projet Planification Familiale et
Lutte contre les MST/SIDA
Centre de Santé de Pikine
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Dakar
Senegal

- Establish community-based networks to raise awareness about health and
- Closely coordinate these networks with health-care services

The project is operating in the urban district of Pikine (close to Dakar) and in the rural region of Kolda (mid Casamance) and reaches a population of 1.2 million people.

Besides health-care establishments (ministry, medical region/district, health centres), non-governmental organisations and the elected representatives of the population, the project's key partners include community-based organisations.

Awareness-raising measures are conducted by networks formed by the people themselves, whereby the project has promoted their establishment, organisation, training and equipment. Activities are planned and implemented at local level more or less autonomously by the IEC network ("Resaux IEC"). The contents and forms of the information campaigns have been adapted to local conditions on the basis of advance studies (mass media, discussion events, personal talks, social events, video films, theatre plays etc.) and are being implemented as required.

The following activities are geared at young people:

- Sensitisation on HIV/AIDS/Family Life Education through discussions at schools
- Organising of radio shows during public events after which the knowledge of the young people is tested by the presenters
- Broadcasts about SRH: the weekly transmissions cover among other themes the topic of youth sexuality and offer the possibility to young people to ask their questions
- Individual talks: mediators meet young people who are in need of counselling about sexuality issues and, if needed, refer them to the local health structures
- Sensitisation of young people about topical issues they are concerned about, e.g. paedophilia
- Distribution of condoms among young people in order to prevent STDs/HIV/AIDS and unwanted pregnancies

The use of audio-visual and didactic materials backs these activities in order to gain a better understanding among the target group.

RESULTS AND EXPERIENCES

It naturally requires a considerable amount of time to improve the quality of SRH services and these developments are to be seen as an integral part of the development of the health-care system overall and cannot therefore be separated from this.

Thus, it is subject to the same restrictions and obstacles (lack of human resources, low staff motivation, infrastructure maintenance, funding etc.) as in other sectors.

However, after just a relatively short period of project implementation, initial results can already be seen. The use of modern contraceptives has gone up considerably (80% in four years). The theme is increasingly becoming spoken about more openly, even in public, and users are today demanding targeted information from health personnel following the basic information they have received via the IEC structures.

Even the number of consultations on STDs has increased. In zones with fully functional, community-based services, the population's level of information on SRH is the same or even better than in cities.

One of the most important realisations resulting from project work to date is the need to enter into a dialogue between beneficiaries and actors and to have enough time and be sufficiently willing to reach a consensus. In the long term, this secures the commitment of all actors involved and facilitates the development of structures that have not been "imposed" or "imported", but adapted in line with concrete needs and conditions.

OUTLOOK

In the medium term, community-based services are to be expanded. And quality enhancement remains an ongoing challenge for the district teams. The offer of site-appropriate information on SRH will increasingly be expanded and supplemented.

Gerd Eppel

BACKGROUND

The Reproductive Health Project supports the Ministry of Health in implementing the reproductive health strategy at national level through the Reproductive and Child Health Section (which reports to the Department of Preventive Services) in two regions in Tanzania, i.e. Tanga and Lindi, (with 12 districts). Project activities were launched in November 1998.

Of the five project outputs, one refers specifically to Adolescents' Reproductive Health (ARH):

"Adequate methods to reach young people inside and outside of schools with information and services on reproductive health are applied". This output clearly indicates two main areas of intervention: "information" and "services".

Many of the studies conducted in both rural and urban Tanzania reveal that young people become sexually active between the ages of 14 and 17, similar to other countries in the region. In most cases, they practice unprotected sexual intercourse (fewer than 30% have ever used a condom) resulting in a high proportion of them becoming affected with reproductive health problems (unwanted pregnancies, induced abortions, maternal and infant deaths, sexually transmitted diseases (STD) as well as HIV/AIDS (about 5 % of female teenagers are already infected). Only a minority of sexually active young people use a condom to prevent pregnancy or HIV infection, or the pill to avoid pregnancy. Advocacy is needed to influence public opinion about young people's right to education and services. The public debate is especially restrictive regarding sex education in schools. This is because there is a widespread fear among parents and decision-makers that sex education will encourage young people to have sex.

Thus, irrespective of the devastating effects of AIDS in Tanzania, young people still grow up without being properly informed, and without any access to youth-friendly services and condoms.

The legal age for marriage is 18; although, marriage can take place at 15 if parental consent is given. To have sex with a girl younger than 15 is forbidden by law. And forcing a girl younger than 18 to have sex is a criminal offence. Family planning services are officially provided for all sexually active people, including youth.

Tanzania

Reproductive Health Project

Project Number

96.2526.0

Date

November 2001

Contact

Reproductive Health Project
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PROJECT APPROACH

The approach is multisectoral and target-group-specific. In addition to activities with different players in the health sector, the project collaborates with the education and community development sectors. Partners in collaboration include governmental, non-governmental and private institutions. Target groups include boys and girls in primary and secondary schools as well as out-of-school youth, but also their educators (parents and teachers) and their political and religious leaders.

The project tries to identify dynamic individuals, groups and organisations to help plan and implement activities. It sees itself as a catalyst and support provider, but avoids running activities itself. Coordination with other players, and working with youth is thus of major importance.

Project activities include:

- ***Health services:*** Health workers are trained to provide youth-friendly services, and post-abortion care and counselling will be introduced at all hospitals.
- ***CBD activities:*** Community-based distribution of contraceptives and condoms is piloted using "youth community-based distributors".

- ***Special youth clinics:*** Joint youth clinics have been established with different partners in Tanga town and its surrounding areas. One clinic is associated with a very busy youth centre in a middle class area, one with an AIDS information centre in a low class area, and one in a semi-urban setting in a high transmission area (stop-over for long distance drivers).
- ***IEC activities with youth and their educators:*** Support has been provided for conferences, seminars or workshops with secondary school students, with teachers of vocational training institutions, with primary school teachers, and with journalists. Community drama groups are trained in ARH and participatory theatre. A sex-education programme with 50 primary schools is ongoing, using two different approaches: peer education and "RH/AIDS Action Days".
- ***Production of IEC material:*** If possible, existing material is reproduced: posters, booklets and leaflets have been reprinted. As there is a lack of youth-specific materials, soaps have been developed for television and youth institutions and printed materials distributed to young people.

  IEC materials for youth have been developed with the active involvement of young people.
- ***Operational research:*** Baseline and follow-up KAP surveys with about 2,000 grade-6 primary-school students (aged 12 – 19) were conducted to analyse the impact of sex-education activities. A reader survey evaluated the distribution, use and impact of booklets. The quality of self-medication for STDs was evaluated and male and female clients assessed to determine whether services are youth-friendly.

RESULTS AND EXPERIENCES

There is a generally high level of interest on all sides (youth, educators, leaders) in work on ARH issues, but there is a great deal of controversy regarding the kind of information and the kind of services that should be provided.

Government institutions are not necessarily the best partners to start with, as they are often very conservative.

Therefore, the project collaborates with different partners using a variety of instruments (local subsidies, provision of materials, network meetings, technical advice).

The IEC materials produced with the active involvement of youth is in great demand and it will soon be officially accepted as teaching material for schools. Demand is nationwide and many other donors are providing financial support for distribution.

There is an urgent need to make health services more youth-friendly; however, it will take the Ministry of Health (MoH) a good length of time to develop appropriate curricula for training health-care providers.

As regards operational studies, we learned that research results published in leaflet format using a local language are read and have the potential to influence decision-makers.

OUTLOOK

The project will be part of the country's health programme, which might give it a wider scope of intervention and possibly another partner, not necessarily the MoH.

The big challenge is to achieve wide coverage and to advocate a youth-first policy in stakeholder meetings. By way of example: 1,000 primary schools exist in Tanzania, but not more than about 3% have peer education activities. Condoms are not yet accessible and affordable for youth etc. Family planning services should also provide services to adolescents, but in reality these services are not accessible. Therefore, the project not only operates in the two scheduled regions, but also collaborates closely with the main players at national level.

Regina Görgen

Togo

Education for Family Life and Mobilisation of Young People to Promote Family Planning

Project Number

97.2045.9

Date

February 2001

Contact

Supraregional Project Innovative Approaches in Reproductive Health
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BACKGROUND

In Togo adolescents are a target group of the family planning programme. At the same time, few efforts have been made to date with regard to youth. Healthy young people, who know how to keep healthy, are indubitably a trump card in socio-economic development.

Against this background the NGO SILD (Service Information Logistique et Développement) is implementing the project laid out here in Danyi-Atigba district (since August 1996) and Kakpa district (since January 1999). The project covers a population of about 17,000 from the surrounding villages, including 3,000 students from 13 schools. Surveys indicated that 55% of young people in the area only have a rudimentary knowledge of family planning, sexually transmitted diseases and HIV/AIDS. As for teenage pregnancies, almost 60% of questioned parents have had daughters become pregnant before finishing school. The dispensaries recorded more than 20 pregnancies among under-16-year-old girls every year.

PROJECT APPROACH

The project targets both in-school and out-of-school youth. It aims to promote Family Life Education (FLE) in schools, and encourages adolescents to become involved in collective activities to promote family health.

To better integrate FLE into primary and secondary schools, specific modules have been drawn up by SILD together with teachers and students. Today, teachers reserve at least 15 minutes a week for sexual and reproductive health topics. In this way questions on demographic development, pregnancy or prevention of sexually transmitted diseases are integrated into regular school subjects and are also dealt with in exams. Regular supervision – each of the 52 teachers involved in the FLE programme is visited at least twice a month – is an important feature of SILD's work.

The programme is supported by head teachers, educational advisers and inspectors. Two hundred students have become members of "family planning messenger clubs" after two days of training. Clubs consist of 6 to 10 members, and are supervised by specially trained teachers.

The 14 to 16 years old messengers organise cultural events on reproductive health and distribute condoms and spermicides. Each term, a meeting is organised at every school by SILD in conjunction with health officers.

Outside schools, SILD has trained about 68 so-called young village facilitators. They provide contacts and back-up for out-of-school youth, organising discussions, counselling, home visits, referrals, and community-based distribution of non-prescriptive contraceptives. They work closely with the health workers in their immediate environment. The family planning messengers and the young village facilitators refer their peers to health centres for medical contraceptive methods and for treatment of STDs; often they even accompany them.

RESULTS AND EXPERIENCES

Thanks to the project, sexuality and contraception are no longer taboo and are discussed at school, among peers and increasingly even at home. Besides an improved contact between schools, young people and health service providers the programme could also intensify the dialogue with traditional authorities on such sensitive topics. Furthermore, an increase in the use of non-prescriptive contraceptives has been observed:

The young people themselves distributed about 1,200 condoms and 350 units of spermicide on average per month.

The family planning services at the dispensaries are increasingly in demand among young clients for information on family planning or to obtain contraceptives. The number of pregnancies among students as well as the number of unsafe abortions has decreased according to education authorities and traditional leaders. With little resources the programme implemented by SILD has managed to open and maintain a dialogue surrounding the topic of youth sexuality in school, family and health services. By doing so young people were encouraged to take responsibility for their sexuality and their future.

Annette Gabriel

BACKGROUND

Uganda, with its estimated population of 22 million, is characterised by a youthful population, some 47.3% of whom are under 15. One in every four Ugandans (23.3%) is an adolescent (10 – 19 years) and one in every three (33.5%) is a young person aged 10 – 24 years. The majority of these young people live in rural areas like Kabarole district.

Adolescents are faced with a lot of problems that affect their sexual and reproductive health and development. It has been documented that sexual activity generally begins at around 15 years in Uganda. For many adolescents, sexual activity is unprotected, resulting in far reaching health-related, social, demographic and economic impacts, including STI/HIV/AIDS, early unwanted pregnancies, and unsafe abortions. Adolescent girls between 15 and 19 years are six times more likely to catch HIV than adolescent boys in the same age group. High teenage fertility, early and forced marriages, dropping out of school, violence against young people and a lack of youth-friendly services are some of the endemic problems that afflict young people here.

However, an enabling legal and policy environment that is favourable to young people has been established in Uganda. A National Youth Policy is in place, and youth is represented on different government councils and committees, including the national parliament. The government's Universal Primary Education (UPE) programme has also enabled young people, especially the poor, to access free education. Kabarole district, i.e. the project area, is one of the rural districts in Western Uganda where young people are still facing the sexual and reproductive health problems outlined above.

PROJECT APPROACH

For many, focusing on children and youth is tantamount to focusing on our future: 'today's young people are tomorrow's adults'.

Adolescent health and development is part of the Ministry of Health's Minimum Health-Care Package. The GTZ has been promoting the adolescent health programme in Kabarole district since 1995. The programme itself has two approaches.

Uganda

Basic Health Service

West Uganda

Project Number

94.2195.9

Date

November 2001

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On the one hand, it has a comprehensive approach geared to post-primary school establishments. Here, health messages are delivered through talks, video shows, debates and discussions and IEC materials are provided as well. The programme covers all post-primary schools and is able to reach students, teachers and other members of the school community. Strategic workshops have also been organised for school administrators, including science teachers, school nurses and senior women teachers, culminating in the inclusion of adolescent sexual and reproductive health on the schools' agenda.

The other programme component has focused on support for a Health Information Centre located in Fort Portal town. This centre mainly targets out-of-school adolescents, although it is accessed by school pupils too. The centre employs a managerial team and counsellors and offers family planning and information services. Young people are attracted to the centre owing to its wide range of indoor games, video shows on health plus other IEC materials. At the centre, youth is given health education, counselled, provided with Family Planning services and tested for HIV and STDs. The centre has proved to be a popular spot, both for in-school and out-of-school adolescents, since privacy and confidentiality are guaranteed and youth-friendly services are offered here.

The sexual and reproductive health programme supported in the area by GTZ supplements these specific approaches that address the concerns of adolescents. This ensures the provision of appropriate IEC messages, youth-friendly services and the availability, accessibility and affordability of services. The other partners involved in support of sexual and reproductive health activities for young people include UNFPA, Ministry of Health, UNICEF, World Bank and some indigenous NGOs.

RESULTS AND EXPERIENCES

Despite young people's vulnerability, they are often more open, creative and flexible, as well as less weighed down by prejudice and norms than adults. Strengthening their sexual and reproductive health means working with the enormous potential young people have to become their own agents of change: rather than working for young people, programmes should be developed and implemented with and by them.

A number of studies carried out by the project have shown that such programmes can have an impact. Behaviour monitoring surveys conducted among secondary school students since 1991 have shown that the onset of sexual activity keeps increasing and the number of sexual partners has reduced. Use of condoms has also increased over time among students.

Sentinel surveillance and population-based surveys conducted in the project area also show that there has been a significant decline in the prevalence of HIV as well as STDs, particularly amongst young people who are now able to freely discuss issues regarding their sexuality and are able to demand services such as counselling and contraceptives, including condoms and HIV testing.

OUTLOOK

The project's financial support for these initiatives is being scaled down and handed over to local institutions. Discussions have been held with the education department about having the programme implemented in schools. The Department of Education has agreed to take up and sustainably maintain the programme on condition that health professionals provide technical support. The multisectoral approach to HIV/AIDS supported by the World Bank is also supporting some of the school-based activities. Sustainability arrangements for the Health Information Centre are still being worked out and so the outcome is still unclear.

Chris Baryomusi

SUPRAREGIONAL APPROACHES

BACKGROUND

In the field of sexual and reproductive health, it is often noted that young people are not using existing health services. The health and social workers concerned often do not know the reasons behind and what they can do to attract young people.

Action research (AR) can identify factors and conditions, which determine the behaviour of young people, and initiate forms of action that are suitable to meet their needs, thus improving reproductive health services for them.

PROJECT APPROACH

Action research is a methodology for analysing specific work-related questions. The actors – the health and social workers – themselves are the researchers. As they are part of the society, they are familiar with the people's problems. Those being "researched" – the youths - should participate actively and on an equal footing in the research and contribute their interests. Both the definition of the initial problem and the formulation of possible solutions are done locally, together with the concerned youths. This way, action research offers an opportunity to improve everyday situations "from within", with relatively minimal financial resources. A process of ongoing change is initiated by combining research, activity and reflection.

With the support of the *Supraregional Project Innovative Approaches in Reproductive Health a*n action research training programme has been elaborated and taught at the Cours Internationale de Formation en Recherche-Action (CIFRA – International Course for Action Research Training) based in Ouagadougou, Burkina Faso.

It consists of a basic course, during which action research techniques are introduced and trained. Back at their workplace, the participants conduct a study on their own problem oriented research question and elaborate measures for improvement.

During the last part of the programme, the evaluation workshop, the participants present the findings and the resulting recommendations for improvement to experts and the public.

Thereafter the participants implement the recommendations for action of the study in their own working environment.

Action Research

"An Approach from within"

Project Number

97.2045.9

Date

December 2001

Contact

Supraregional Project Innovative Approaches in Reproductive Health
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RESULTS AND EXPERIENCES

The international training course – with its six-week basic course - is held once a year in Burkina Faso. Several shorter courses – basic courses of two to three weeks – have been carried out in neighbouring countries and/or on specific topics.

Specific courses were held on "violence against women" and "reproductive health of adolescents". In 2001 the first Anglophone action research course on youth's reproductive health was held in Cameroon.

The results of a number of action research studies on ASRH demonstrate that young people have special needs and special constraints when it comes to sexual and reproductive health. In many service facilities, their special needs are not sufficiently considered, because traditionally young

people have not been taken into account as a target group for family planning and SRH issues.

Even where SRH services are offered to young people they often do not use them. Health personnel therefore just assume that young people have no need for SRH care or that they are put off by unaffordable user fees or poor service provision like any other client. But, as results of AR studies show, the reasons for not using the services can be very particular and easy to solve.

Here some examples:

- the young people just didn't know that they'd be welcome for SRH services
- the opening hours didn't allow pupils and students to visit the service
- they were afraid to meet their parents at the service facility
- they were afraid, that privacy and confidentiality were not preserved
- they didn't like to discuss sexual health matters with adults
- they didn't understand the instructions

Knowing what prevents young people from making use of SRH services, it is often quite easy to find solutions and work out appropriate actions, like:

- spreading the news – by radio e.g.- that the service is open for young people
- changing the opening hours, e.g. one evening per week and Saturdays
- introducing special service hours only for adolescents
- sensitisation and training of service personnel
- introduction and training of peer counsellors,
- offering sex education
- use of adequate language.

All actions taken had immediate results: the young people made better use of the SRH services.

In addition, with training in action research participants learned to analyse their day-to-day problems in a practical way, and to resolve these problems with the means at their disposal. This stimulates motivation, initiative, and managerial and organisational capacities, even under difficult working conditions.

OUTLOOK

In the course of its transition into an independent consulting office, CIFRA has widened its offer technically and regionally. Current topics are adolescents' sexual and reproductive health, HIV/AIDS, gender based violence and health management. Further courses in French and English language will be offered in the African and Asian region.

CIFRA has also started recently to cooperate with the School of Behavioural and Community Health of the University of Sydney in Australia.

Doris Popp

Regional AIDS Programme for Africa (RAPA)

Project Number

2000.2072.01

Date

November 2001

Contact

Sector Project AIDS Control in Developing Countries
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BACKGROUND

Epidemiological and behavioural records show that young people, and girls especially, are particularly vulnerable to HIV infection. At the same time, empirical evidence suggests that they represent the most important "window of hope" for introducing behavioural change across affected societies. Also, young people represent a priority group in any HIV/AIDS response, regardless of the national or local epidemiological context.

PROJECT APPROACH

The Regional AIDS Programme for Africa is a component of the Sectoral Project "HIV/AIDS Prevention and Control in Developing Countries", which is the main coordinating structure for the GTZ contribution to the global response to HIV/AIDS.

RAPA's main mission is *to promote the mainstreaming of HIV/AIDS into GTZ activities across the African continent*. The programme also participates in the *German contribution to the International Partnership against AIDS in Africa (IPAA)* by networking its activities with both public and private international, regional and national partners on the continent.

The *main instruments* of the programme are: consultancy missions to partner countries, participation in, and organisation of, regional and national events (sector network meetings, workshops, conferences), and the exchange and supply of information and documentation.

RESULTS AND EXPERIENCES

The following youth activities are supported by RAPA:

1. RAPA has offered technical support to peer education programmes in GTZ supported education projects in Mali, Ghana and Chad. We have also assisted the GTZ supported health programme in Guinea to centre the concept of its new HIV/AIDS/STI prevention programme on youth, including the creation of counselling and referral centres and the integration of SRH education in schools in the project area etc.
2. RAPA offers direct support to youth SRH programmes implemented by NGOs in Ghana, Togo and Benin. These programmes combine in-school and out-of-school strategies such as:
   - Creation of Family Life Clubs in secondary schools in 3 districts in Ghana implementing their own peer education and outreach programme;
   - Training of school health coordinators in SRH counselling and referral;
   - Organisation of SRH education activities (seminars, film projections…) in churches and with opinion leaders in order to reach young people;
   - SRH Education programmes on local FM-radio with phone-in opportunity having reached over 400.000 young people;
   - Creation of information kiosques in Lomé.

OUTLOOK

The new global context (Global Health and AIDS Fund, increasing demand from partner countries for multisectoral support and advice, etc.) challenges German development cooperation to adopt a more active profile. Within GTZ, this requires the strengthening of institutional support and an acceleration of the mainstreaming process. The sector project in general, and the RAPA in particular, will thus take on new, enhanced roles.

Robert Verbruggen

LATIN AMERICA

BACKGROUND

With some 130,000 HIV infections and more than 20,000 cases of AIDS, Argentina counts as one of Latin America's most badly affected countries in terms of the AIDS epidemic. HIV/AIDS sufferers are mostly to be found amongst young people and vulnerable groups in the Buenos Aires area as well as in some cities in the country's interior. The percentage of HIV-infected women is constantly increasing, the key means of contraction being unprotected sexual contacts and intravenous drug consumption. Adolescent risk behaviour is due to rapidly increasing impoverishment, a lack of perspectives and a high rate of youth unemployment (up to 40% in some peripheral urban districts).

Youth sexuality, AIDS and homosexuality are taboo in Argentina. Sexual education is basically left to the families and gaining access to contraceptives and condoms is a particularly difficult undertaking, especially for young people from the lower social classes. A high prevalence of teenage pregnancies (every fifth woman giving birth in a public hospital in Buenos Aires is under age) and the consequences of the numerous back street abortions constitute yet more serious public health problems.

There are a great many youth and AIDS programmes at the federal, province and city government levels. However, these initiatives frequently have an exclusively local bias, are not sufficiently networked with each other and, above all, do not cooperate adequately with the many NGO-operated projects. Even within the social sector itself, the main programmes (health, education, youth) are not adequately coordinated and an overall concept for improving youth's sexual health has to date failed due to political, moral and religious objections. As a result, the Federal Ministry of Health does not have any standard practices for family planning, gender or harm reduction.

Argentina

HIV Prevention and Promotion of Adolescent Sexual Health

Project Number

97.2226.5

Date

November 2001

Contact

Oficina GTZ
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Argentina

PROJECT APPROACH

The project targets socially disadvantaged adolescents and young adults of both genders between the ages of 10 to 24. The focus of target-group work is not on the school system, because youths who do not attend school are exposed to greater risks in the form of drugs, violence and unsafe sex and thus also take greater risks. Youths of both genders are to develop behavioural patterns that will lead to an improvement in their sexual and reproductive health and, in particular, to a reduction in the rate of HIV infection through sexual contacts.

The project is helping to:

- develop sustainable programmes designed to promote the SRH of adolescents on the basis of corresponding WHO/PAHO (Pan American Health Organisation) and UNAIDS (Joint United Nations Programme on HIV/AIDS) concepts,

- coordinate and network youth work between various executing institutions (federal, province and Buenos Aires city), between various sectors (youth, social affairs, sport, culture and health) and between state and civil society (especially NGOs),
- revise the contents of prevention programmes, thereby generating a focus on safer sex, target-group orientation, gender perspectives and on breaking down discriminations against people with HIV and AIDS,
- implement pilot prevention programmes in selected city areas (Federal Capital) and peripheral urban districts (Buenos Aires Province), whereby priority is placed on having youth actively co-design the respective measures.

RESULTS AND EXPERIENCES

At the operative level, the *Buenos Aires Province* has succeeded in establishing fully functional, multisectoral work groups which not only cooperate increasingly with civil society, but which enable young people to participate in the development and implementation of micro-projects. These groups are also open to gender concepts, sexual counselling for the under-aged of both genders as well as for networking the key areas of sexuality, drugs and violence.

The establishment of project teams together with the *city government* has not run smoothly to date owing to the inefficiency of the administrative apparatus, insufficient work by the municipal administration in the various districts of the city, but also due to difficult social conditions in the various urban districts themselves (anonymity, occupied houses, a lack of neighbourhood structures, violence, politicisation and sub-culture). For this reason, the project has decided to take a different approach here, inter alia, direct cooperation with NGOs (such as the *Fundación Buenos Aires SIDA*), work in discotheques, in the red-light district and in a poor district in the city centre.

In one of the large *public hospitals* (*Hosp. Argerich*), the youth surgery (with approx. 15,000 consultations each year) has - on a model basis and with youth participation – been tailored to meet youth's needs. In cooperation with the German Embassy, the project offers sexual education and HIV prevention on a model basis for German-Argentine kindergarten as well as for primary and secondary level schools.

The possibilities of working through the *Federal Health Ministry* in order to impact decisively on the concepts, strategies and programmes of the provincial and city government still have to be regarded as critical. The federal structures and provincial autonomy provided for in the constitution mean that the federal ministry has only very limited regulative competence. Furthermore, the active participation of target groups in decision-making processes and cooperation between state institutions and NGOs are subject to even tighter restrictions, and in some places even resistance, regardless of political lip service to the contrary.

In spite of the clear progress being made by the *National AIDS Programme* the specialist ministry and government lack the political will to take on responsibility and demonstrate leadership when it comes to the highly sensitive topics of youth sexuality, teen pregnancies, family planning, AIDS, homosexuality or the discrimination of AIDS patients.

Since February 2000, the GTZ has been represented in the Argentine *UNAIDS Theme Group,* which coordinates the United Nation's HIV work and advises and supports the Argentine Government on its AIDS policy. Through its active assistance in the UNAIDS Theme Group, the project is presently able to provide more effective governmental consultancy services than through the Federal Health Ministry itself.

Peter Weis

BACKGROUND

Bolivia is one of the poorest countries in Latin America. The 2001 National Census registered a total population of 9 million people with approximately 1,837,000 adolescents. Births attended by trained health personnel as well as complete prenatal care attendance are still low (54 and 38 per cent respectively). 21 per cent of all pregnancies were in adolescents (15 to 19). The use of modern contraception has increased slightly up to 25 percent and information and knowledge about STDs and HIV/AIDS is wide spread amongst the population (90 per cent coverage); 689 cases of AIDS were registered by June 2001.

During the last decade important social and sector reforms have taken place that have significantly changed the country's social and political outlook. These changes were complemented by relevant legislative measures that tried to reduce the traditional gap in health-care access for women, children, adolescents and rural populations. Along with decentralised political and administrative measures that shifted financial resources to the municipalities and reassigned power to the local authorities, the governments agreed to launch the Basic Health Insurance Scheme (Seguro Basico de Salud – SBS) aimed at changing the financing and delivery patterns of health care, with a basic package of services for mothers, children and other vulnerable groups (adolescents). At sector level, the Ministry of Health officially approved the National Programme for Sexual and Reproductive Health (1999), the National Programme for Adolescent Health (1998) and the National Programme for STD/HIV/AIDS Control, ensuring new "civil" rights and expanding sexual and reproductive services through the public health system.

Three other legislative instruments complemented these efforts: the approval of the Law against Violence on Women (1997), the Code to Protect Children and Adolescents (1999) and the Law for Youth Movements (2000). In addition, the Vice-Ministry for Family, Gender and Youth was set up.

Governmental and non-governmental activities relating to adolescent health and the promotion of their living conditions have not been developed widely. Government education activities began just five years ago with selected interventions carried out by the Vice-Ministry of Alternative Education (aimed at the non-enrolled school-age population). Non-governmental activities began much earlier with NGO initiatives leading to the generation of youth and adolescent centres which targeted related health issues, and to the establishment of two key youth movements in five large cities of the country (La Paz, Sucre, Santa Cruz, Cochabamba, Oruro).

It is largely thanks to organisations such as the Kellogg Foundation, USAID (the United States Agency for International Development) and Save-The-Children that these activities were implemented. Thanks should also go to recent efforts by external cooperation partners, particularly UNFPA and GTZ.

Bolivia

Reproductive Health Project

Project Number

95.2238.4

Date

December 2001

Contact

PSRN – GTZ
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PROJECT APPROACH

Right from the start in 1998, our project (Reproductive Health Project) has been actively involved in the formulation and approval process for the Programme on Sexual and Reproductive Health and the Adolescent Health Programme. Technical support was given to the coordination committees at national, regional and local levels at the Ministries of Health in five regions (La Paz, Chuquisaca, Oruro, Cochabamba and Santa Cruz), which acted as "first-degree" counterparts. Support was also extended to the personnel in the public health network and to municipal councils, community

associations and youth associations that acted as "second-degree" counterparts.

Since a focused health policy, evidence-based norms and standards and sound management are vital to the development of quality health services, especially sexual and reproductive health services, our project reoriented its priorities and efforts in order to technically assist our counterparts in the improvement of managerial systems at local (health centres and small hospitals) and district levels. The essential idea that quality health services cannot survive without quality management systems went hand in hand with our efforts to promote and organise health services for adolescents.

Since adolescents spend a great deal of their time in school activities as well as in informal ones (sports, cultural and social activities), it was evident that to reach them our project not only had to focus directly on the target groups concerned, but also on potential leaders and key supporters of development activities: organising and capacity building, social empowerment, training health and social promoters.

RESULTS AND EXPERIENCES

Thanks to the technical support by our project (with local permanent GTZ consultants) and the logistic and budgetary support by local municipal councils, 8 community adolescent centres have been organised and installed in the five regions mentioned in the period from 2000 to 2001.

Between 240 and 500 adolescents have been involved in formal centre activities during these two last years. A significant effort was made to ensure the centres' financial and managerial sustainability through the progressive involvement of the municipal councils, community representatives and adolescents and youth representatives as well. The relevant issues that were considered as part of the contents included "self-esteem", "sexual and reproductive rights", "sexual orientation for responsible behaviour", "domestic violence prevention", "civil rights and community involvement", "professional perspective and employment for youth", "environmental protection", and many others.

Among the lessons learned, we believe in the need of reinforcing the following:

- A comprehensive health approach, which should include sexual and reproductive health as well as mental health (drug abuse, domestic violence).
- A comprehensive social approach, which should include health promotion within the perspective of human and civil rights; civil and social responsibilities should be addressed as well, e.g. issues relating to community development, municipal participation and environmental protection.
- Youth and adolescent leadership and organisation should be promoted as much as possible; and youth participation in the decision-making process is vitally important.
- Strategic positioning through support to youth movements is as just important as operative and local positioning through support to Youth and Adolescent Centres.
- Sustainability should be considered before, during and after interventions.
- Partnerships should be sought for synergic purposes and in order to reach wider objectives.

OUTLOOK

A consolidation strategy for the next two years for centres considered to have the potential for sustainability is now being discussed (active partnership with important social actors will be essential). Special attention will be given to two existing youth movements in Sucre and Cochabamba (they each coordinate more than 50 youth centres). A civil right's agenda and other "social" issues are more expedient as a programmatic proposal for organisations of this size.

Victor Cuba

Colombia

Sexual and Reproductive Health Project – Saser –

Project Number

95.2540.3

Date

November 2001

Contact

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BACKGROUND

Violence in every sphere of Colombia's social life, the problems related to drug trafficking, increasing poverty in broad urban and rural sectors, the forced displacement of entire villages and the slow advance of the General Social Security Health System together constitute a heavy burden for the young, children and communities. This is particularly true for young women facing unwanted pregnancies, a rise in HIV/AIDS, an increase in sexually transmitted infections and, in general, diseases caused by the lack of resources and factors that foster a healthy life style.

For more than a decade, Colombia has been applying innovative approaches in order to surmount the shortcomings in the health sector, through guidelines targeting the universal coverage of the Social Security Health System, execution of Basic Care Health Programs, guidelines for the protection and care of women and youth, National Sexuality Prevention and Care Programmes and campaigns designed to prevent the transmission of HIV/AIDS, among others.

PROJECT APPROACH

The Sexual and Reproductive Health Project is geared to designing and establishing sexual and reproductive health services; preventing and treating diarrhoea; equipping and running health centres, posts or areas; promoting and stimulating the design, approval and implementation of community projects that contribute to the consolidation of sexual and reproductive health programmes. The Project also promotes the theme of providing a healthy life for infants and fosters the organisation of target communities in order to generate an adequate supply and demand where health services are concerned.

The Project is under the responsibility of the Colombian Ministry of Health. Active participants include the Governors' Offices in Cundinamarca and Norte de Santander; the municipalities of Cucuta, Soacha and Villa del Rosario; public hospitals, non-governmental organisations, various international agencies (PAHO, UNICEF) and organisations belonging to the target communities.

The activities carried out by the Project fall into three categories:

Those aiming to equip, renovate, supply and improve the physical facilities required for sexual and reproductive health services, with the participation of the target groups; to train staff in the application and use of the health service packages; to facilitate, establish and monitor quality management in the provision of services and to design and distribute teaching aids and materials for the mass media on the subject of sexual and reproductive health.

Those addressed towards strengthening the community's productive capacity through training in the management, implementation and evaluation of community projects; providing advice and assistance in requesting and obtaining funds to finance community projects; encouraging communities to learn to identify their own needs and discover how community projects may contribute to improving their quality of life.

Those promoting the organisation of adolescents and communities through the creation of youth and community networks in the areas of intervention; providing training in organisational and managerial processes and promoting an exchange of experiences among various institutions regarding the creation and management of youth and community networks.

The project carries out its activities in three municipalities characterised by marginalised and displaced population groups, where health indicators reveal that a higher risk threatens the sexual and reproductive health of adolescents, women and children, due to the fact that these are impoverished areas – and in some cases, frontier zones – forced to deal with an influx of internally displaced people.

RESULTS AND EXPERIENCES

The most important results to date are the following:

- The creation of a National Coordination Committee under the Colombian Ministry of Health, with the participation of territorial authorities, organisations involved in carrying out similar activities in the field of sexual and reproductive health, entities responsible for providing health services and representatives of the target communities.
- The creation of Operational Committees in the municipalities of the intervention zones, led by the local authorities, with the participation of the institutions that carry out activities in the field of sexual and reproductive health, entities responsible for providing health services and representatives of the target communities.
- The creation of a Youth and Community Network giving a voice to the various youth and civil society organisations in order to identify, examine and propose activities geared to education, prevention and care in the sexual and reproductive health area.
- Issuing of health care guidelines by the Colombian Ministry of Health.
- Remodelling of health centres and community meeting points to offer health services in the field of sexual and reproductive health.
- Training of counsellors among the young to deal with their peers, give them guidance and offer them the tools they need to lead a responsible sexual life.
- Strengthening of exchanges and feedback among other public and private institutions active in the field of sexual and reproductive health.
- Community training dealing with basic human rights, sexual and reproductive health, improvement of the quality of life and community projects, among others.

Jose Diaz

Ecuador

Sexual and Reproductive Health of Adolescents in the South of Quito

Project Number

96.2504.7

Date

November 2001

Contact

Salud Sexual y Reproductiva
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BACKGROUND

With a share of 20% of total births, teenage pregnancy in Ecuador has reached one of the highest rates in South America. Besides the well-known medical risks, these pregnancies imply social and economic consequences (expulsion from school and home, unemployment, poverty), which change the teenagers' life forever. Sex education and health services reduce sexuality exclusively to its bio-medical dimension. Communication with adults (parents, teachers) is rare, and the massive emigration Ecuador suffers due to the economic crisis splits up families and negates the possibility of following examples. Improving sex education programmes, providing access to information and contraceptives along with the generation of youth-friendly health services are all important steps that have to be taken to change this alarming reality. However, so-called unwanted pregnancies are not always unwanted nor always the product of ignorance. Gender and cultural patterns as well as a lack of self-esteem and perspectives in life lead young girls to see motherhood as an option – indeed, sometimes the only one – for defining their identity.

Since the big majority of adults associate puberty with problems (drug and alcohol abuse, teenage pregnancy etc.), the approach public services apply (specially education and health) is focused on risk prevention and tends to reduce adolescents to passive receptors of programs designed from a doctors or a teachers point of view, neglecting the need for communication and thoughts on the social patterns adolescents simply copy. In very few cases, programs establish a dialogue with teenagers that tries to identify their real concerns and motives and visualize the positive potential of being young. Therefore, the majority of SRG projects have very little impact on adolescent behavior.

Nevertheless, public interest in the situation of teenagers is increasing[1]. The Ministries of Health and Education as well as the National Women's Council, the Ombudsman, UNICEF and UNFPA among others have designed programmes in which the project has been able to advise on the conceptual focus.

PROJECT APPROACH

The project targets male and female adolescents in marginal neighbourhoods in southern Quito. It is the most vulnerable population in economic and social terms whose access to services is limited to the public sector. Since, in the long term, a project's impact depends on its ability to influence local and national policies and to institutionalise its results, the principal aim is to strengthen public services and the counterpart's ability to promote community participation in their design and implementation[2]. Although the project's sphere of activity in the first phase focused on a specific subject and geographical range, it has, from the beginning, provided advisory services to various public institutions, so that they could take advantage of the opportunities generated by the process of decentralisation underway in Ecuador.

The project has successfully promoted the establishment and consolidation of a public-private network concerned with improving the sexual and

[1] Recently in November 2001, Latin America's First Ladies reconfirmed the initiative to improve the living conditions of young people, stressing the special needs of female teenagers.

[2] The projects political counterpart is the Ministry of Health, the operational counterpart is the Municipality of Quito.

reproductive health of adolescents[3]. RIAS is the operative, executing arm of the project while the role of the GTZ team is to improve the management capacities and knowledge of each member. Therefore, the project is offering an ongoing training process in the six health districts in the south of Quito as well as workshops with adolescents, NGOs and members of local government. In alliance with a local university, the project offers a post-graduate degree on Sexuality and Adolescents.

Furthermore, the project is advising the Municipality of Quito on the decentralisation of health and education services, youth policies and community participation in local development processes.

At the same time, the project aims to strengthen the teenagers' ability to voice their needs. However, since juvenile culture is one of the most dynamic and since the level of organisation and articulation of adolescents in Ecuador is very low, a real dialogue is difficult to establish. While many projects define the mere presence of adolescents in meetings and activities as participation, the project has had to accept the fact that, in countries where the general notion of citizenship is not very well established, long-term efforts have to be made in order to convert the presence of teenagers into real, autonomous participation. Sexuality rather than sexual and reproductive health proved to be an attractive approach since the individual and the collective perception of the body leads to reflections on rights, decision-making, self-esteem and gender patterns.

RESULTS AND EXPERIENCES

In the first place, it is important to point out that any project on youth and sexuality needs an intersectoral approach. Attaching these projects to the health sector is to limit their focus and their possibilities of forming alliances and, thus, their impact. Health, education, labour and welfare have to work together in order to conceive an integral policy approach on youth. But since Ecuador, along with many other Latin American countries, has little experience of intersectoral coordination, the project has had to invest a lot of time and resources in order to establish this dialogue. To fulfil this objective in the second phase, the project counterpart is the Technical Secretary of the Social Front (the alliance of the five ministries concerned with social issues[4]) rather than the Ministry of Health.

The second main issue is the sustainability of development projects. Although the RIAS network functions independently, participation by each member is very different: While NGO participation is conditioned by their access to project funding, public institutions contribute actively with their personnel in training and services.

Instead of passing on their knowledge to the public sector, the NGOs started to dominate network management and to increase the dependency of the poorly trained and funded public services. This situation was ended by the mayor's decision to apply the RIAS-approach to the entire capital district and therefore to strengthen the political backing of the public network members. Although this might be a special condition in over funded Ecuador, it makes us see that networking is not always the most adequate form of organisation and that, in this particular case, the role of the private sector has to be a transitory and supportive one, if we intend to strengthen the public sector.

The third major lesson learned concerns the processes of youth participation. To train 1,000 SRH promoters per year is neither sustainable nor participatory. In countries where the education system and the political culture promote a passive and non-participatory attitude – in adolescents as in adults – participation created in the laboratory context of a development project cannot be sustainable. Although there are adolescents who grew up in the context of RIAS and who participate actively in the network, they are not part of any local or national organisational process, simply because these processes hardly exist. And although promotion workshops in school always attract new teenagers to RIAS, this sort of "recruitment" turns out to be a never-ending process that does not create participation opportunities for teenagers outside the network context. Therefore, the project started to monitor closely and to support the few organisational efforts made by youth groups and to

[3] The Network RIAS (Red Intersectorial Adolescencia y Sexualidad) is presently co-formed by the Ministry of Public Health with the personnel of the six health districts in the south of Quito, the Municipality of Quito, four NGOs and adolescents.

[4] Ministry of Health, Education, Welfare, Housing and Labour.

put the issue of active youth participation in development processes on the agenda of local and national governments. Unless teenagers start to articulate and negotiate their proposals and unless the community and governments start to perceive this potential, public policies and services will not take into account the special needs of adolescents. Therefore, the second phase of the project will focus on the participation of adolescents in the context of local development processes – the new project title for the second phase.

OUTLOOK

Now that the Mayor of Quito has integrated RIAS into his youth and participation policy, there is a good chance that the independent network will continue its activities with local personnel and funding. The goal for the second phase of the project is to expand this experience to other municipalities and to promote the exchange of results between them. The recently formed alliance between GTZ, UNFPA and a youth project promoted by the National Institute for Childhood and Family, the Ministries of Health and Education as well as the National Women's Council, the Ombudsman and UNICEF will allow the present project to advise a network of 14 urban municipalities[5] in connection with their policies on youth rights, youth services and youth participation in local development processes. Part of this network will be a nationwide information system that monitors advances in terms of youth rights and that allows local governments and youth groups to plan their activities on the basis of detailed information[6]. This broader focus intends to generate opportunities (educational, recreational, social, economic and political) for teenagers and therefore to broaden the range of decisions teenagers can take concerning their body, their relationships and their future life.

Dörte Wollrad

[5] Including the largest cities, Guayaquil, Cuenca, Machala and Loja.

[6] The project reached an agreement with the Integrated National System of Social Indicators (SIISE) on the differentiation of data and the introduction of qualitative indicators in the system.

El Salvador

Sexual and Reproductive Health

Project Number

2001.2194.7

Date

November 2001

Contact

Proyecto Salud Reproductiva
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San Salvador
El Salvador

BACKGROUND

El Salvador is a small, very densely populated country with some 6 million inhabitants, 43% of whom are under the age of twenty. The situation of most young people here is characterised by poverty, a lack of perspectives and increasing substance abuse, especially alcohol and CRACK. Throughout the entire country a very considerable proportion of the nation's youth is organised in street gangs, leading to an increase in the level of violence between young people.

The church's strong, conservative influence on society allows only for very little progress in the field of sexual education. The lack of information and training leads to high levels of child and youth pregnancies and to high rates of HIV/AIDS infection.

PROJECT APPROACH

Work with young people has been conducted at two levels to date.

At national level: Here a national information, education and communication strategy has been elaborated on the basis of the results of a qualitative KAP study concerning the behaviour of male and female youth from rural and marginal urban areas in terms of sexual and reproductive health. The strategy was co-defined by the health and education ministries, bi- and multi-lateral organisations as well as NGOs. A core element is peer education at local level and, to this end, a manual has been published that was elaborated jointly with young people.

At local level: Health-care staff members in some 25 health-care centres have been trained for youth work. Youth groups have been established in the health centres concerned and space provided. Some 50 male and female youth multipliers have been trained for a total of 50 youth groups and are being supported in the ongoing training of other young people.

RESULTS AND EXPERIENCES

At national level, the manual "De adolescentes para adolescentes" became the target of political wrangling owing to the strong opposition by Opus Dei. However, this did generate a broad-scale, intensive public debate. Following a renewed, broad-scale consensus-finding process, a slightly altered version will be published in a year's time that is accepted, and thus can be used, by all groups in the country. The issues of youth pregnancy and HIV/AIDS are dealt with by the media; indeed, approximately 1 to 2 articles appear on this topic each week. At the same time, the IEC strategy on sexual and reproductive health has been incorporated into an integrated youth health programme.

At local level, the withdrawal of the manual met with consternation by the young people that had already undergone training, but strengthened their own dealings with and support for this topic. Peer education is still ongoing.

OUTLOOK

In the next phase, youth work is to be integrated more effectively into communities and local administrations, the aim being to gain better access to young people outside the education sector as well as to groups with a high vulnerability rating.

Katrin Kasischke

Honduras

Youth Development within the Framework of the SRH Project: PRAIM

Project Number

95.2221.0

Date

November 2001

Contact

Proyecto de Atencion Integral a la Mujer (PRAIM)
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BACKGROUND

Adolescents and young adults in Honduras are considered a high-risk group when it comes to problems relating to violence and sexual and reproductive health, such as HIV/AIDS, unwanted pregnancies and maternal mortality. These facts reflect a low level of development as well as a negative environment within the family and society for raising new generations. Compared to adults, youth are much more capable of changing their behavioural patterns which, in itself, represents a great development potential.

Honduras' ongoing legal framework for the development of youth is insufficient, its national programmes are weak, and it lacks experience in the support and coordination of integrated youth development. PRAIM supports the development of the political, programmatic and normative framework and the transfer of successful experiences at municipal level.

PROJECT APPROACH

The overall objective of the PRAIM project is to improve sexual and reproductive health (SRH) in Honduras. It is currently in its second phase of implementation which follows a first phase of four years. The target populations are women and their partners, whereby the focus is mainly on adolescents and young people in the urban areas belonging to the two biggest cities and in one rural area. As part of its strategic plan, PRAIM implements youth-related activities at different levels.

PRAIM pursues the concept of integrated youth development at three levels of intervention: (I) the individual and his/her social environment, (II) public and private services, and (III) the political context at the national level.

I. Youth self-care and a specific level of risk prevention are achieved through youth empowerment, i.e. by facilitating youth organisation at the grass-roots level along with their civic participation, combined with IEC activities including self-esteem and leadership. Youth should be the protagonists of their own development, and see themselves as legal subjects, actors and the key potential for human development.

II. The municipality should generate a favourable environment in which young people can spend their free time and also ensure that the services adequately assist and promote youth development and health care. Activities follow the guidelines laid out by the National Programme of Integrated Youth Care (see below) and focus on strengthening the Ministry of Health and Education, NGO's, private partners, local governments and coordinating with other international development organisations. Coordination at municipal level takes the form of an inter-institutional youth network and the commitments to the municipal development plan are laid down in civic agreements.

III. PRAIM was heavily involved in developing the National Policies of Sexual and Reproductive Health and also the programmatic base for the National Programme of Integrated Youth Care (PAIA). This political and strategic document defines SRH as one of five components to be offered by integrated youth services, with a special focus on gender aspects. Eight results are to be achieved under this plan, i.e. development of human resources specialised in working with adolescents; promotion of youth organisations; leadership training; creation and/or adaptation of differentiated services; promoting a positive image of youth and investments in health and development; promoting care and self-care in health;

strengthening healthy environments for adolescents and promoting a social youth policy; accelerated implementation of the National Youth Plan.

RESULTS AND EXPERIENCES

Within the frame of PAIA support, PRAIM has strengthened a technical group which makes youth-related proposals for political initiatives, programmes and activities, such as the creation of the National Forum of Youth; a new youth policy, which is presently being discussed in the National Congress; IEC strategies, and models and norms for health care and M&E systems.

At the same time, PRAIM is implementing PAIA components at local level. In March 1999, a municipal organisation for youth development was set up in Choloma, a municipality in the export-processing zone of Honduras. The initiative, called "COMVIDA" (Communication and Life), is headed by the Chamber of Commerce and Industry in Choloma, an organisation of entrepreneurs and local business people, and integrates the municipality, social and communal organisations, health and education services, and technical and financial support by PRAIM.

All participating organisations are members of a newly created inter-institutional network for the municipality named RIACH (Red Interinstitucional para la Adolescencia de Choloma) whose main objective is to promote and mobilise youth to organise themselves and to lead a constructive life, one in which they are conscious of their civil rights and responsibilities.

The project has led to the formation of 14 youth organisations where before there had been none at all. It has also generated a recreation and education centre for young people where various training activities are carried out. Several of the youth leaders who had passed the leadership-training programme are now actively involved in the formulation of municipal development plans. Services for young people are being operationalised to provide counselling in SRH, communication and family dynamics, domestic violence and rights, etc.

OUTLOOK

Future activities will focus on transferring these experiences to other project sites. Additionally, an agreement with UNICEF has been signed for technical and financial cooperation in order to multiply these experiences in other regions of the country. This cooperation will also facilitate the systematisation and documentation of lessons learnt from a diverse set of conditions and will lead to further research on youth behaviour.

Carmen Samaniego

BACKGROUND

Adolescents, especially from poor families, have few possibilities for education and personal development. Often, poverty, violence in the parental home and group pressure force them into unhealthy and sometimes illegal activities such as prostitution and gang robbery. Culturally accepted sexual activities without protection start at too early an age, leading to a high prevalence of sexually transmitted diseases (with the risk of contracting AIDS) and of unwanted pregnancies (highest pregnancy rate of adolescents in Latin America).

PROJECT APPROACH

The project pursues two strategies targeting youth:

The first is the modernisation of health centres, leading to the offer of reproductive health services geared specifically to young people (youth clinics) and meeting points (youth corners) where young people organise themselves in youth clubs. Members meet in "their" corners to do homework, to play games or to see educational videos under the supervision of health personnel, specially trained to look after adolescents. Besides having young people trained by health staff, particular emphasis is laid on peer education. A game on "sexuality" and "AIDS" as well as a manual "By Adolescents for Adolescents" are being developed on the basis of a life-planning programme that employs health and life planning themes such as self-esteem, communication, violence, AIDS, etc.

The second strategy is the promotion of intersectoral activities in order to foster youth development. Among these, the most prominent is the creation of an Intersectoral Youth Commission in the capital Managua in 1997 involving representatives of governmental and non-governmental organisations, parents and adolescents. This Commission is planning and organising peer education on reproductive health and life planning, vocational training and sporting activities with and for young people.

Nicaragua

Promotion of Integrated Health Services for Women

Project Number

2001.2040.2

Date

November 2001

Contact

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c/o Agencia de la GTZ
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Managua
Nicaragua

RESULTS AND EXPERIENCES

Peer education methodology seems to be successful in youth. So much so that the Ministry of Health is now taking up this concept and will be promoting "youth corners" and "youth clubs" in health facilities on a national level. It has been shown that through this and the implementation of adolescent clinics, more young people come to be treated for STDs and to learn about family planning methods, and more pregnant girls use antenatal services. In Managua, it was even possible to reintegrate juvenile gang members back into society through their participation in a youth club.

OUTLOOK

A nationwide publication of the Manual "By Youth for Youth" and of the "Organisation of Youth Clubs in Health Facilities" is planned for 2002 as well as the implementation of youth clinics and youth corners throughout the entire project area in the years to come.

If the impact's assessment of the Intersectoral Youth Commission is positive, the concept will be replicated in other localities.

Helga Piechulek

Paraguay

Tesaira: Promotion of "Salud Integral" for Adolescents

Project Number

2001.2089.9

Date

November 2001

Contact

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BACKGROUND

A significant share of Paraguay's population consists of young people. Four out of 10 inhabitants are under 15 years old (2,339,000). A quarter of the total population is between the ages of 15 and 29. The high number of young people in a country poses a formidable challenge for the whole of society, both in the short and medium term, exerting great pressure on health and education services, among others.

Highlighting two of the Project's main components, education and health, and taking into account how the young population is distributed according to level of schooling, we find a high concentration at the primary school level and a low concentration in higher education. In general, young people attend school for an average of 7.8 years. This means that the average youngster only concludes the second year of his/ her secondary studies.

The low school attendance is due, in the first place, to financial constraints and, in the second place, to personal reasons of a "motivational" nature". A third cause lies in the shortage of educational facilities in the vicinity (schools or training centres). This reveals the need to provide training in various areas of expertise to young people in their own communities.

As far as health is concerned, data yielded by the E1H97-98 (Integrated Household Survey 97-98) reveals that half the young women in the country have been pregnant at one time or another, most of them bearing their first child between the ages of 20 and 24.

More emphasis on sexual education programmes geared to young people is necessary, in order to provide them with guidance during this critical stage of their bio-psycho-social development. According to most recent surveys (1995-6 and 1998), the subjects least dealt with during sexual education courses are contraception and AIDS.

The Tesaira Project "Promotion of 'Salud Integral'[1] for Adolescents" was started in the year 1998. Its second phase, beginning in November 2001, has as one of its main objectives to foster cooperation among health, educational and youth institutions, as well as with local governments and municipalities (youth groups and service organisations).

PROJECT APPROACH

The aim is to develop an integral concept adapted to the health needs of the young population and using a bio-psycho-social approach. This objective fits within the new systemic approach to health; that is, the youth setting is its point of departure and it involves the community, youth centres, parents, sports centres or the neighbourhood as a whole. Tesaira fosters undertaking joint actions and forming alliances as well as respect for gender equity, facilitating intersectoral cooperation and promoting integral policies.

Promoting health through a systemic approach places human beings at the core, with all their potentials, bearing in mind people's responsibilities in maintaining a healthy lifestyle. This is why, during the execution of the project, youth organisations, ministries, private, local and regional organisations are involved. The Ministry of Public Health and Social Welfare is in charge of carrying out the project, together with various institutions engaged at the implementation level.

[1] "Salud Integral" is a social process that enables people and society as a whole to adapt to their surroundings in a more dynamic way, in order to transform the factors that hinder harmony and justice, so that individuals and society can both develop fully (National Plan of Integral Care for Adolescents 1997–2001).

The results of the second phase of the Project contain the following axes:

- Concepts have been developed and dissemination and training strategies have been designed, applying the systemic approach to "salud integral" implemented in the project's areas of intervention.
- Youth and adolescent organisations have been strengthened, facilitating empowerment in order to achieve "salud integral".
- Public and private institutions have set up intra and inter-institutional working schemes, which are decentralised and take the "salud integral" demands of teenagers and young people into account.

These results tend to foster a greater sense of responsibility for the current and future welfare among adolescents, equal opportunities in the fields of participation and decision-making for adolescents of both sexes, and the strengthening of values that will benefit young people's development, taking into account the cultural characteristics of the regions in which they live.

RESULTS AND EXPERIENCES

- The approach: the basic strategy of linking young people with institutions takes place via their participation in special projects designed by the young people themselves, projects that are supported by public and private institutions, various organisations, municipalities and governments.
- A need felt amongst youth is the lack of didactic material adapted to the different social and cultural groups. Thus the project has jointly designed diptychs and triptychs with adolescents, videos, manuals and other educational aids that relay messages on integral youth health. The young people themselves appear in the videos produced about HIV/AIDS and participatory research, among others.
- As a result of this project, high-quality, socially and culturally adapted health services have been extended both at municipal and clinical levels, in the Department of San Pedro and in the central and marginalized areas of the City of Asuncion. Care centres specialised in young people have been created in these localities.
- Adolescents have also been trained as multipliers in the areas of intervention, through the use of personal development modules dealing with self-esteem, communication, leadership, sexual and reproductive health, HIV/AIDS, etc. This has made it possible for those involved to provide adequate information to their peers, reducing the risks of developing forms of behaviour that imply health risks for the members of the target group.
- At schools, the theme "schools in movement" was used as a framework and participatory research evolved from this theme, making it possible to investigate how young people spent their spare time.
- Participatory research by "adolescents among their own peers" was carried out, involving communication and sports. Participatory research was also conducted with youth in the Correctional for Minors "Itagua Educational Centre", in order to find out their expectations, their needs and hopes. Strategies for spare time use and sports were also analysed with young people from the same centre.
- Training workshops for parents of teenagers were held and these resulted in the creation of the "Walking Together Project", covering issues like communication among parents and their children to participatory research about their own reality.

OUTLOOK

It is important to stress that the project uses a systemic approach that implements bio-psycho-social strategies, making it possible for young people to tackle all the significant influences around them within their own settings; for example, how to use their spare time, how to carry out specific actions in order to prevent pregnancy and abortions, how to create healthy environments so that they may come into consideration under the "salud integral" policies for youth advanced at each government level (for example, the National Plan of Integral Health Care for Adolescents, local and departmental youth plans, etc.)

Evi Gruber

Peru

Reproductive Health for Adolescents

Project Number

96.2512.01

Date

November 2001

Contact

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BACKGROUND

Adolescents between 10 and 19 years old constitute 21.2% of Peru's total population of 25 million (Ministry of Health 2001). Girls and young women within this age group (2.7 million) comprise 36% of the total number of women of reproductive age.

Young people in Peru are exposed to a high risk of unwanted pregnancies, abortions and sexually transmitted infections. It is estimated that 80% of these adolescents become sexually active without using any kind of contraception and without previous access to adequate sex education; 1.6% of girls between 12 and 14 years and 11.4% of girls between 15 and 19 are either pregnant or already mothers. Abortion and maternal mortality rates in Peru are among the highest in Latin America.

The deficient development of adequate services for the young in the area of sexual and reproductive health, both at public and private levels, aggravates the problem. In order to improve this situation, the Ministry of Health created the National Health Programme for Schoolchildren and Adolescents (Spanish acronym PSEA) in 1990, designed to offer health care to children and adolescents in the areas of prevention and health promotion alike.

Various activities have been carried out within the framework of this programme, including the establishment of differentiated services for adolescents, with the purpose of providing information and guidance to this sector of the population. To ensure an integral approach, PSEA was incorporated into the Women, Children and Adolescent Area in July 2001. The aim of this cooperation project between Germany and Peru is to continuously improve adolescent health, by improving the provision and utilisation of differentiated health services geared to this target group.

PROJECT APPROACH

The project seeks to promote health among adolescents taking into account the family, socio-economic, cultural and political contexts in which they live, aiming to prevent problems by strengthening their personal development.

In this sense, the project's contribution consists of setting up integral care service models, which approach the situation of adolescents in a more holistic way, considering their physical, psycho-social, sexual and reproductive health, but also focusing on individual, family and community factors. The approach used is participatory, also incorporating gender and rule of law perspectives.

The activities envisaged in order for the project to achieve its objectives are:

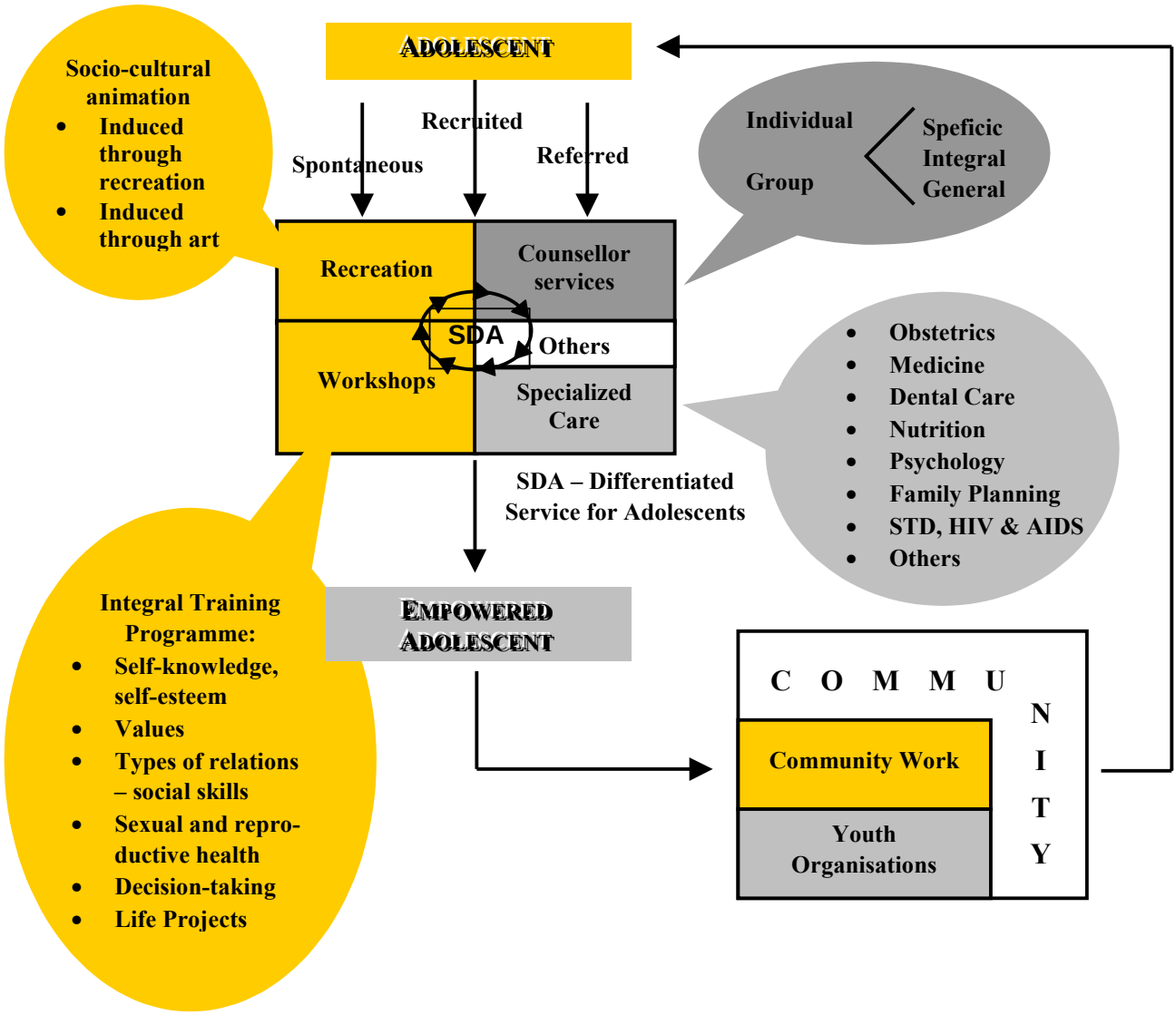
- To improve the provision of integral, differentiated health services for adolescents
- To improve intra and intersectoral coordination mechanisms at various levels of care
- To strengthen the normative and supervisory functions of the Health Ministry's Adolescent Health Area
- To improve the levels of information that adolescents have access to, regarding health in general, and sexual and reproductive health in particular, in order to create an informed critical mass

The pilot services developed within the project's framework seek to accompany adolescents on their way to consolidating their personalities.

The premise is that adding socio-cultural animation, counsellor services, workshops and other activities to medical attention, per se, will help adolescents to build their capacities, facilitating their integration into youth organisations active in their own communities.

Apart from carrying out specific activities that contribute to shaping their personalities, adolescents in these organisations will be involved in measures that promote community development, while helping them to develop as individuals. These adolescents will then act as agents of change in their own communities, through their personal efforts and by recruiting their peers. Once recruited, these peers will be drawn to the various differentiated adolescent health services, initiating a whole new cycle. In this manner, we hope to contribute, in the short and medium term, to developing the community by supporting the development of its adolescents.

THE ADOLESCENT ON THE WAY TO A HEALTHY LIFE



RESULTS AND EXPERIENCES

The seven services so far established for adolescents are provided in various forms: as part of health establishments, located in given municipalities or in houses provided by the community.

These experiences show that great interest exists, both among the health staff and among community authorities, in developing a model that can be regarded not only as a tool that will ensure the provision of a specific health service but also, above all, as a contribution to community development through the integral development of the adolescents in the communities.

Guillermo Diller

ASIA

BACKGROUND

The HIV/AIDS prevalence rate in Cambodia is one of the highest in Asia and about half of all new HIV infections are among youth. In Kampong Thom, 12% of the population is 15-19 years old (70,000 people in all). Abortion figures are not available, but a young girl who has had an abortion seems destined for a life in sex commerce: Among local young girl prostitutes, the induced abortion rate is very high (~40%, focus group discussion). Abortions usually take place following separation from the child's father and well before they entered their present jobs as sex workers.

Ordinary health services, including outreach work, cover SRH and there is one 'family clinic' that caters for the demands of commercial sex workers. However, for cultural reasons, it is considered inappropriate for a married woman to talk about SRH concerns to a non-married health-staff member. And it is beyond imagination for most unmarried adolescents, and girls especially, to ask for SRH information on their own at an ordinary health facility or, even worse, to actually visit the 'family clinic'. Adolescents' need for quality communication on SRH is basically not being addressed. Some private providers do offer discreet services to meet their curative SRH needs, but these are rather expensive and of varying quality.

PROJECT APPROACH

As part of the support being provided to provincial health management overall, health promotion (HP) was added to the project in mid 2000. The HP component aims to strengthen the link to the community in order to better reduce discrepancies between user demands and service-providers and to promote self-management of health. SRH was selected as a topic, because although SRH demands are voiced at community level, user rates are still low.

Kampong. Thom City, as a provincial capital acts as a magnet to young people, because of its school facilities (75% of high-school students are from rural areas) as well as its job opportunities.

Cambodia

Training of Health Personnel and Family Planning

Project Number

95.2010.7

Date

November 2001

Contact

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Kingdom of Cambodia

This local concentration of open SRH demands was the reason this group was chosen to develop strategic communication links targeting improved health behaviour.

High-school youth was approached through intersectoral cooperation with the provincial Department of Education. Survey and focus group discussions among 560 students and SRH dissemination sessions with 100 teachers helped to portray the problem, the target group and potential solutions. Over 60% of the students, girls just as much as boys, confirmed their need for SRH-related IEC and voiced their concerns which, along with some characteristic differences of opinions between girls, boys and teachers, played a key role in the design of intervention:

- teachers encourage (organise) continuous quality communication about SRH among students
- teachers themselves are not necessarily the ideal source of information (form and content)

- social impact of sexual maturity, sexual relationships and social aspects of HIV/AIDS are priority topics (over 50%)
- medical contents, especially on HIV/AIDS, have moderate importance (25%)
- create a source of adolescent-relevant knowledge to feed an interactive communication process
- girls especially should be strongly involved in designing campaigns, messages and SRH services

A student Q&A (Questions and Answers) newsletter seemed to match these IEC needs. Teachers agreed to create student editing groups in which health professionals and teachers provided technical input and students formulated the answers. For the first edition, more than 100 people spent at least 2 hours arguing about SRH and youth. Official dignitaries agreed to support public acceptance of this communication process.

In fact, the Governor himself is pictured demonstrating the use of a condom to his 15-year-old daughter. The interactive production process created a great deal of self-confidence and pride among all involved, even prompting the Governor to ask why publication was delayed. The delay was, however, due to the wait for national-level clearance. After all, as this is the first mass publication at provincial level in Cambodia, it was advisable to have national approval.

Non-school youth is more difficult to reach. Due to a lack of economic power, they take on several different jobs, entailing long working hours and allowing little scope for social gatherings. Government staff tends to lack the flexibility it needs to address this target group (e.g. working hours).

Thus, support was given to a committed group of unemployed young teachers, and a well-respected elder, to plan and build up a youth centre as a basis for a peer education network.

Due to limited funds, the initial idea of establishing the centre in a house was dropped in favour of a houseboat serving as a youth centre. Now, with the refurbishing of the boat well in progress and enthusiastic adolescents volunteering for smaller jobs, the initiators are looking forward to having a youth centre that is mobile, since this will be able to serve youth concerns along the entire river, including the squatter-like areas at both ends of Kg. Thom City.

RESULTS AND EXPERIENCES

This very young project still has to evaluate its impact on the target group. However, surprising innovative capacities have already been generated at provincial level. If it succeeds in overcoming the fears of losing power caused by the delegation of design tasks to interested target groups and if it monitors output quality, it will not only increase its range of impact, but create a valuable management asset that will help increase service efficiency.

OUTLOOK

The newsletter will have to identify a responsible publisher committee that will increasingly delegate tasks to students. Then, provincial health promotion could free capacities to focus on rural SRH and try to involve this target group, e.g. unhappy family planning users, in a communication process with peripheral health services.

It is still uncertain just how much confidence the youth NGO will gain and whether or not it will generate substantial support among the target group. The question is: has this post-war generation recovered sufficient social bonds for a successful peer project?

André Stuelz

BACKGROUND

There are around 20 million adolescents in West Bengal (aged 10-19) comprising almost one quarter of the population whose health-to-health information needs are usually overlooked or expected to be integrated into services for children or adults. A study that looks specifically at adolescent girls attending a gynaecological outpatient clinic in Calcutta suggests that one in eight adolescents complaining of leucorrhoea suffer from some kind of sexually transmitted disease. While various studies point out that more young people are becoming sexually active in their teens, they consistently reflect a disturbing ignorance both of sexually transmitted diseases and HIV/AIDS.

Given the poor nutritional status of the average Indian girl, menarche occurs later than in other parts of the world, but marriage and consequently sexual activity and fertility occur far earlier. Indeed, some 10-15% of all births occur to women in their teens, i.e. before they are physically fully developed. The incidence of other complications of pregnancy, including obstetric fistulae and eclampsia, are also more common in adolescent girls. Not only does early childbearing further deplete the already malnourished adolescent, but it can also result in severe damage to her reproductive tract. Statistics show that twenty-five percent of all rape victims are under sixteen and 20% of all sex workers in India are adolescents.

In its policy, the government health programme on Reproductive and Child Health does provide for adolescent health issues through government structures. In practice, however, the supply of iron and folic acid tablets to adolescent girls through schools is the only input in this vein that has been attempted through this system. The health needs of adolescent boys on the other hand remain in the shadows. Adolescent health measures are largely confined to local and international NGOs.

Some highly professional non-governmental organisations have refocused or are in the process of refocusing their activities in the area of reproductive and child health on adolescent health needs, including CARE West Bengal, Save the Children Fund and the Child In Need Institute, indeed, the latter has set up an "Adolescent Resource Centre".

India

Basic Health West Bengal

Project Number

97.2049.1

Date

November 2001

Contact

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PROJECT APPROACH

Bearing in mind the extent to which activities in the area of adolescent health are already being implemented by other partners, the project concentrates its activities on identifying and harnessing existing resources (personnel, know-how, organisational capacity).

The measures to date can be grouped under "Knowledge Management" and "Promotion of Pilot Activities", whereby the emphasis is on supporting existing initiatives.

Information Collection and Knowledge Management

- ***Sensitising and informing District Health Officials.*** Here the project has:

- sponsored participation of its district partners at the "South Asian Conference on Adolescent Health" held in Mumbai to develop a common understanding on the subject as well as to gain an overview of the current international discussion.
- developed and distributed a yearly diary for Basic Health Workers containing relevant service information and key health messages, including adolescent health. The diary was distributed to 20,000 Bengali basic health workers.

- ***Promoting exchange and cooperation between government and non-governmental organisations.*** Here the project has:

- organised talks on adolescent health at state level in order to share the Mumbai conference experiences; organisations actively involved in implementing adolescent health in the state of West Bengal were invited to attend.
- invited government and non-governmental organisations, including teaching institutions, to discuss adolescent health issues and to submit proposals for pilot interventions to the project as well as related government support programmes.

- ***Making existing IEC materials available beyond West Bengal.*** Here the project has organised the presentation and display of existing IEC material developed in West Bengal at the International Book Fair in New Delhi.

- ***Implementing and promoting pilot initiatives.*** In partnership with CARE West Bengal, the project has supported the development and distribution of teaching materials for basic health service providers active in the field of adolescent health and related aspects. The materials address issues such as nutritional needs and the functioning of the reproductive tract both in women and men. Signs and symptoms of high-risk pregnancy and high-risk children were developed as a ready reference for the service providers.

RESULTS AND EXPERIENCES

Rather than have the project claim the role of coordinator, its activities are focused on information and knowledge sharing, thus facilitating and catalysing GO/NGO cooperation and coordination. The project has met with a good response.

Providing NGOs and government bodies with a platform on which to present their views on the topic is one of the measures that have been appreciated most and it is planned to extend these state-level activities to the district level. However, in the case of health talks, the follow-up mechanisms need to be further refined in order to keep the process alive.

During visits to the districts, and in discussions with district health authorities, the project receives frequent requests for a new edition of the "Basic Health Workers' Diary", along with specific suggestions as to which additional topics and pieces of information should be included. This feedback indicates that the diary is actually being used and referred to.

Key concerns revolve around the danger of duplicating efforts and wasting scarce resources in developing IEC materials and in maintaining the quality and applicability of these materials.

A major obstacle regarding information sharing on IEC strategies and materials is the fact that most of these materials are never published, but distributed to the target population directly. By organising the presentation of existing IEC materials during book fairs and other related fairs, the project helps overcome this obstacle. Some of the participating organisations have subsequently received requests from visitors to their exhibition stand.

OUTLOOK

Currently, several activities geared to adolescent health issues are in the pipeline, amongst them:

- Framework agreement with an inter-active drama group to facilitate IEC activities by selected NGOs working in the field of sexual health upon their request;
- Support and development of materials demonstrating how the human body functions, and related aspects, in cooperation with district science centres (museums on scientific phenomena for literate adults and children and those that are unable to read or write), specialised NGOs and district health authorities;
- At popular request, an update of the "Health Workers' Diary" is planned, including background information on adolescent health needs.

Heide Richter and Alexandra Plüschke

Mongolia

Joint Mongolian-German Reproductive Health Project MoH-GTZ

Project Number

2001.2170.7

Date

November 2001

Contact

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BACKGROUND

With the end of the socialist system in 1990, family planning in Mongolia became legal, but the health services are still insufficiently prepared to cope with the increasing demand. To date 30% of all pregnancies are terminated voluntarily and over-regulated clinical procedures impede the efficient control and prevention of the increasing number of sexually transmitted infections.

When the socialist cooperatives dissolved, many Mongolian families resumed the traditional semi-nomadic life as livestock breeders and can no longer take full advantage of mainly hospital-based health services. Information and communication networks among the mobile herder's families have only recently been understood sufficiently to be used to channel health information and outreach services.

PROJECT APPROACH

The area of the "Joint Mongolian-German Reproductive Health Project" includes 13 rural and 4 urban areas with a total population of 270,000 and approximately 90,000 people aged between 14 and 24. The project seeks to reduce maternal mortality, abortion and STD rates and to increase the use of contraceptives. To further consolidate the "National Programme of Reproductive Health", the project is offering training and assistance in all clinical aspects of reproductive health services, as well as in management, counselling, communication techniques and in the improvement of the health information and logistics system. Furthermore the capacity of the Ministry of Health (MoH) is strengthened to network local initiatives with and for adolescents and youths and supervise the quality of the production of IEC material.

In 1998 the Mongolian Ministry of Education introduced a "Health and Sexuality Education Programme" to secondary schools, targeted at age 14 to 17, which was developed by the Margaret Sanger Centre International (MSCI), an international NGO with UNFPA funding. The result is an excellent training programme with teacher's guide, a student's book, visual aids and a training programme for schoolteachers.

Unfortunately, the selected pilot areas for the Health and Sexuality Education Programme did not coincide with the project areas.

In 1999 a postgraduate student from the University of Alberta, Canada, developed with substantial technical assistance of the project a School Peer Education Programme, complementing the formal School Health and Sexuality Education Programme. In early 2000 the Mongolian Armed Forces and the Mongolian Border Police asked for an information module on the prevention of HIV for its staff.

RESULTS AND EXPERIENCES

In the following only activities related to adolescents and youths will be listed from the wider range of SRH-related activities of the project. In the project areas 21 Biology and Sport teachers in 14 secondary schools received the introductory training for the "Health and Sexuality Education Programme" according to the requirements of the Ministry of Education and the recommendations of MSCI. The same training was offered to 36 interested members of NGOs mainly from rural areas of the project.

From over 100 secondary students in these 14 secondary schools 78 were selected and trained as "school peer educators". Since 1999 they have reached approximately 6.500 students with messages on partner relationships, affection and love, on relevant information of human anatomy, physiology and sexuality and on how to prevent STDs, HIV and unwanted pregnancies.

27 Trainers of the Mongolian Armed Forces and 25 of the Mongolian Border Police were prepared to offer a 2 day motivating and informative programme on sexuality, partnership and the prevention of STDs, HIV and unwanted pregnancies twice a year. They have reached ca. 150 recruits of both institutions since August 2001.

Encouraged by the positive response in schools and the Armed Forces, the project team trained 18 young commercial sex workers in communication and negotiation skills for condom use and behavioural strategies for violent situations or requests for risky sex practices as part of a "survival training course". A similar training course was offered to members of a young "Mongolian Gay and Lesbian Rights Group". A WHO sex education guide for out-of-school youths is being translated and adapted to Mongolian conditions.

A telephone hotline in the national capital and in two major provincial urban centres receives 600 relevant calls every week. In July 2001, the Mongolian Youth Federation with assistance of the project and other agencies mobilised in Ulaanbaatar 3,500 people for a marathon under the slogan "Race for Life - Prevention of STIs and HIV/AIDS".

The school peer education programme is much appreciated by the school directors and the teachers, since it complements the official School Health and Sexuality Education Programme and facilitates the introduction of the subject. The peer educators themselves are enthusiastic and request more training especially in person-to-person counselling. This can however not replace professional counselling, which is feared by the health and teachers teams.

Some peer educators report difficulties to cope with information on sexual abuse and violence confidentially communicated to them by classmates. A good psychological support will be needed for victims and school peer educators.

The school peer education programme was evaluated in July 2001 and is revised in December 2001 before the peer educators will receive a re-fresher training and new ones will be trained. The higher ranks of the Mongolian Armed Forces and the Mongolian Border Police offer all possible support to the programme, which will be jointly evaluated in May 2002. The Mongolian health authorities recognise the importance of sexual information, education and preventive measures with and for adolescents and young people. Activities have however mushroomed and it is to be feared that the increasing quantity of IEC products and initiatives might lack the required quality and that the existing "Steering Committee for Reproductive Health" will no longer be capable to monitor all existing activities.

OUTLOOK

At the beginning of 2002 a new "Sub-committee for Youth and Adolescent Sexuality and Reproductive Health Activities" will start to coordinate the many initiatives and identify the best ones for further assistance.

The peer school programme will be improved according to recommendations by an external evaluation, active peer educators will be retained and the programme expanded to new schools in the project area. In May the information programme of the Mongolian Armed Forces and the Mongolian Border Police will be evaluated and improved. In May or June 2002 a consensus workshop of all local players will define the future Adolescents and Youth Health Strategy for Mongolia.

Wolf Wagner

BACKGROUND

In most remote hill areas of Western Nepal, 539 out of every 100,000 women who deliver a child die due to complications in labour and delivery. Because 40% of women bear their first child before they are 19 years old, the reproductive health of adolescents is of particular concern for the country's well being. Additionally, adolescents comprise more than one fifth (22%) of the total population. Due to the high total fertility rate (TFR) and low contraceptive prevalence rate (CPR), 4.5 and 30.1% respectively, the adolescent population is expected to grow dramatically. Problems that adolescents in Nepal often encounter include poor nutrition, early marriage, teen and unwanted pregnancy, abortion and STDs/HIV/AIDS. Yet these issues often go hand in hand with social problems such as illiteracy, dropping out of school, child labour, substance abuse, rape, violence and other abuses, including girl trafficking and prostitution. Many of these problems affect not only the physical and mental health of adolescents, but their long-term emotional, economic and social well being as well.

Nepal, as a signatory of the ICPD Programme of Action, is committed to improving the reproductive health of its people. In 1998, the government developed the National Reproductive Health Strategy, in which adolescent reproductive health was identified as a critical component and thus an important indicator of the nation's overall health status. Nonetheless, current provisions within the legal system do not adequately address—or protect—adolescents, particularly adolescent health. For example, rape, violence and/or forced abortion continue to be silenced within communities and courts alike. The current challenge now revolves around how to make various stakeholders understand the special needs of adolescents and thus provide safe and supportive environments for instituting adolescent-friendly services.

Such provisions call for policy advancements and an improved legal framework in order to increase responsibility and ownership of adolescent health and development issues.

As such, in June of 2000, the Ministry of Health/Family Health Division developed the National Adolescent Health and Development Strategy as a guideline to address the overall needs of this vital population and to prompt line ministries to assist, protect and improve adolescent living conditions.

Nepal

Health Sector Support Programme / Reproductive Health

Project Number

2000.2015.6

Date

November 2001

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Before the International Conference on Population and Development (ICPD) in 1994, minimal adolescent-specific services were active in Nepal. Currently, several NGOs have ongoing or planned programmes that address adolescent reproductive health. Most of these programmes focus primarily on peer-education, either through creating support groups, hosting hot lines and radio shows, forming Youth Information Centres, training peer educators, instituting literacy classes and/or managing reproductive health training sessions.

PROJECT APPROACH

In order to address these issues, GTZ's Health Sector Support Programme/ Reproductive Health (HSSP/RH) is assisting Nepal's Ministry of Health to implement the National Reproductive Health Strategy. The programme is currently operating in five districts throughout Nepal. The aim of the reproductive health component is to enable men, women and adolescents of reproductive age to practice preventive, promotive and curative re-

productive health. Therefore, HSSP/RH applies a life cycle approach rather than separate vertical interventions. Thus, the numerous cultural and social issues affecting adolescent reproductive health can be addressed. A two-pronged approach, i.e. social development and improving reproductive health service delivery at government health institutions, aims to encourage changes in both community and service-provider behaviour. In order to foster and sustain such changes, community-based organisations are being supported and target groups sensitised to sexual and reproductive health. Specific programmes addressing adolescent reproductive health are currently in the early planning stages. Attention will focus here on peer education, health-care provider sensitisation, and fostering community understanding of and support for adolescent-specific issues. It is hoped that through multiple approaches—such as enlisting the support and advocacy of schoolteachers, parents, health-care workers, government representatives and adolescents themselves—the overall health and development of adolescents will improve.

RESULTS AND EXPERIENCES

Because adolescent-specific projects are in their initial planning stage, outcomes are not yet available. However, baseline data gathered through Participatory Rural Appraisals (PRA) have yielded valuable information.

An urgent need to address gender discrimination, particularly in remote hilly areas, has been identified. Double standards were identified in which boys enjoyed greater freedom, mobility, education and access to information than girls.

Additionally, communication gaps within families were highlighted, thereby exposing the need to enhance the handing-down of knowledge from same sex parents to children. For example, mothers do not traditionally inform their daughters about menstruation and menstrual hygiene. PRA results also underscored the often conflicting and inaccurate information passed between peers, thus stressing the imperative need to disseminate accurate, timely and easily accessible information. Perhaps most importantly, the PRA exercises demonstrated the eagerness of both boys and girls to learn about reproductive health issues.

OUTLOOK

Equipped with the above-mentioned PRA findings, HSSP/RH plans to develop and implement strategies facilitating direct work with adolescents, community members and government health-care workers. At the district level, such strategies will primarily involve peer education that can reach both school-attending and non-school-attending youth. On top of this, awareness of adolescent-specific issues is to be raised within the community through REFLECT classes (non-formal education), Mother's Groups and various hospital and health committees. At the central level, HSSP/RH will continue to advocate policies, which buttress adolescent health and development across line ministries. On all levels, special emphasis will be given to strategies, which strengthen girls' participation in, and access to information, services, education and skill development.

Tiphaine Bonetti and Anne Erpelding

BACKGROUND

The 1994 Young Adolescents' Fertility Survey II (YAFS II) revealed that 1.8 million males and 670,000 females aged between 15-24 already had sexual relations. On average, the first sexual encounter happens at the age of 18. Of those engaged in premarital sex, 74 % do not use any contraception. One out of every five females marries by age 19. And about 5% of women aged 15-19 will become mothers before they turn 20. Pregnancies in young girls account for 30% of all births in the reproductive age group. 74 % of all illegitimate births are among 15 to 24 year olds.

Adolescents, especially the sexually active, face the risk of contracting STDs, HIV/AIDS and the long-term risk of infertility. As of May 2001, the HIV/AIDS Registry confirms that there are a total of 766 HIV seropositive children and youth, 678 or 90% are in the 20-29 age group, 44 or 6 % in the 10-19 age group and around 57% are female. Abortion is seen as an emerging issue and a public health concern. Teenage pregnancies account for 16.5% of abortion cases.

Cultural constraints exist on sex education. Open and honest discussions are rare and have been hard to come by. The challenge is to make adolescents learn and take in the fact that their rights to self-expression should be guided by ethics of responsible sexuality that enhance human dignity and do not diminish it.

The Philippine Government has passed a number of laws to protect and support children and adolescents and has recently formulated an adolescent and youth health policy. Ongoing youth activities by other parties (governmental and non-governmental organisations) vary in approaches and strategies applied. Examples include "Dial a Friend" – Phone Counselling; innovative centres providing SRH services, health promotion and education as well as peer counselling activities – face to face or through internet chatting; the promotion, advocacy and protection of children's rights through street dramas for kids, training sessions, workshops, fora; adolescent health and youth development programmes and enter-educate campaigns (multi-media campaign for young people); community-based health and FP for young adults & teen parents, life-planning education & vocational skills; teen centres.

Philippines

Family Health Management by and for Poor Settlers (FAMUS)

Project Number

99.2006.7

Date

November 2001

Contact

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PROJECT APPROACH

Youth activities have started only very recently and take place in a very conservative context under the Family Health/Family Planning Project, which will be integrated into a larger GTZ-supported health-sector reform package.

The main partners in the project primarily come from the public sector – the village midwife at Barangay Health Station, the officers and members of Sanguniang Kabataan (Youth Council) and local government units (LGUs); and from the private/NGO sectors like the volunteer health workers in community organisations and people's organisations under the "Health Plus" social franchise scheme of the pharmaceutical component. Present activities are limited to information and referral services, because adolescent SRH concerns are dealt with through the family health/family planning package under the "Health Plus" social franchising scheme, primarily through community-based, community-managed integrated ASRH activities.
Future plans under consideration include:

- Establishment of an Integrated Teen Centre – with health services for youth, peer counselling

centre/Internet cafe – counselling through internet chatting;

- Resource centre for SRH information materials– including STD, HIV AIDS.

RESULTS AND EXPERIENCES

Since activities have only just started, we cannot report any results as yet. The lessons learned presented here are based on the experience gained by other agencies currently implementing ARH/youth programmes, most of which are at the pilot stage.

Lessons learned from current initiatives by partner agencies:

- Parents, policy-makers and other influential people can be convinced of the need for adolescent programmes, if they are involved in all phases of the project;
- Be responsive to youth's needs and be willing to learn from them and their experiences;
- Peer counselling has proved to be the most effective approach;
- Involve youth in all stages of the project;
- Proper guidance for youth is essential;
- LGU involvement & partnership is critical;
- Core messages must be adapted to youth's need for information.

OUTLOOK

The following gaps, issues and areas for future development have been identified. Further studies are being done that will look at strategies that will respond to them:

- Existing efforts concerning adolescents do not explicitly address the adolescents' critical role as a segment of the population that has a tremendous capacity to influence population dynamics (population growth and other demographic concerns).

Current programmes do not pay special attention to the issues surrounding adolescent behaviour – life-coping skills (knowing how to deal with peer pressures, parent-child relations, etc.)

- Lack of adolescent health policy particularly on the provision of adolescent health services (including family planning services to non-married sexually active adolescents);
- No consideration of other critical dimensions of adolescents' health such as occupational health, violence, behaviour and life styles;
- Provision of contraceptives to adolescents;
- Need for integrated sexual education and services to young people with support of and guidance for parents;
- Enhance community acceptance of discussions on sexuality and reproductive health (especially adolescent sexuality and reproductive health).

Claude Bodart

BACKGROUND

In Viet Nam, it has always been taboo to talk about sex. Nevertheless, there have been drastic changes in the field of extra-marital sexual activity in recent years, particularly as far as younger members of the population are concerned. A good third of the Vietnamese population - some 25 million people - are aged between 10 and 24. The contradiction between sexuality as it really is and the verbal taboos has inevitably led to an increase in the number of unwanted pregnancies and, as a result, to an increase in the number of abortions performed. Prostitution and drug abuse are also spreading among young people. Both of these developments nurture a steady increase in sexually transmitted infections and HIV/AIDS.

Few of the counselling services available at present include sex-related information and family planning for youth. Socially relevant intermediary groups such as teachers, social and youth workers, health counsellors and others are rarely willing to address the topic as part of their professional activity, let alone take it up as a key area within their work.

PROJECT APPROACH

In order to bridge this contradiction between individual behaviour and social taboos, the Vietnamese-German programme has set itself the goal of sensitising and motivating these intermediary groups to include the topic in their professional sphere and, in so doing, to make a point of addressing young people.

Following an initial workshop in early 1998 attended by the institutions and groups working in the fields of health, education, youth and women in the project region, the programme selected "intermediaries" from the ranks of participating institutions and groups and trained them to inform the young people in their care about the anatomy and functions of their sexual organs and about the positive and negative aspects of sexuality, as well as gender-specific values and attitudes, and to discuss these matters with them. In addition to these key contextual areas, one-week courses were provided to give a grounding in didactics and the principles of group work, as well as the psychosocial aspects of adolescence.

Viet Nam

Promotion of Reproductive Health

Project Number

2000.2200.4

Date

November 2001

Contact

Promotion of Reproductive Health Programme
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SR Viet Nam

RESULTS AND EXPERIENCES

Human resources development constitutes an important investment in the country's future and should begin at an early age. Much time and suitable strategies are required in the field of reproductive and sexual health to change traditional patterns of thought and behaviour. Over the course of three years, the programme has exposed more than 10,000 young people to comprehensive information about reproductive and sexual health. Initial fears that conservative attitudes may hamper the task have proved irrelevant after institutional leaders were convinced of the urgent need to give adolescents the information they require.

Furthermore, youth's demand for information on family planning and reproductive health is increasing steadily and is being met well by the service providers concerned who have been trained simultaneously by the programme for their new, youth-oriented tasks. Even in a very traditional society in terms of sexual and reproductive issues, young people's needs for information and services in this field can be satisfied successfully by choosing appropriate, culturally and politically acceptable approaches and strategies. The lesson learned is that delicate issues should and can be addressed successfully in a sensitive way.

OUTLOOK

The reproductive and sexual health education programme for adolescents will continue for another 4 years as a component of the Programme for the Promotion of Reproductive Health in Viet Nam which has been ongoing since 2001 as a combination of the former projects "Promotion of Family Health" and "HIV/AIDS/STD Control". In addition, a peer-education programme for young intravenous drug users will be expanded in the programme region to promote a harm-reduction strategy geared to HIV/AIDS prevention and control.

Curt Fischer

Viet Nam

HIV/AIDS/STD Control in Viet Nam

Project Number

2000.2200.4

Date

October 2001

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BACKGROUND

"HIV/AIDS/STD Control" in Viet Nam has been working with intravenous drug users, young women and youth since its inception in 1996. As the rates of HIV and STD infections rise in young people in Viet Nam, there is a growing need for more youth-specific and youth-friendly programmes.

PROJECT APPROACH

The project started out by supporting a radio phone-in programme ("Window of Love") run by the Youth Union, which is mainly directed at young listeners who can call in and ask questions about relationships, sexuality and reproductive health. Apart from phoning in, listeners can also send letters. The project has, however, since stopped supporting the radio programme.

Using the same logo as the radio programme ("Window of Love"), the project has helped PASBs (Provincial AIDS Standing Bureau) to open "counselling areas" in two youth cafés, one in Ninh Binh province, a mostly rural area, and one in Quanh Ninh Province, a major tourist area with a busy sea port. Another café is planned in Lao Cai. At these cafés, young people can write questions anonymously on specially designed cards available at their tables. Educators trained with project support are present to answer them. Furthermore, young people can get information or individual counselling on any aspect of SRH and HIV/AIDS and have sufficient materials in Vietnamese to read or buy. In addition, special events are offered at weekends including competitions, quizzes and games. Both cafés are going well and the counselling and library facilities are popular and much appreciated.

The second year of the youth cafe in Quang Ninh province has its focus on condom promotion and supply for young people who visit the cafe.

Condom promotion is always the topic of the events led by young motivators in the cafe. Two condom boxes have been set up in the cafe, one in a corner hanging on the tree and the other near the toilets.

The condom boxes have an attractive design and are easy to use. Every week, about 200 to 300 condoms are distributed free of charge to young people.

This experience can be replicated in any other suitable youth cafe.

RESULTS AND EXPERIENCES

The cafés have proved to be a very suitable environment for young people to access information. The service-provision aspect is extremely important in youth programmes in addition to information. Face-to-face contact complements the provision of written materials and gives counsellors an opportunity to clarify misunderstandings and explore the feelings and perceptions of young people in more depth. Condom promotion and supply are key elements leading to behavioural change and safer sex amongst young people in the project areas.

Ngo Thi Khanh

PROJECT EXPERIENCES: EDUCATION AND YOUTH PROJECTS

BACKGROUND

More than half of Guatemala's population is under the age of 20 with about 57% growing up in poverty or extreme poverty. Around 1.5 million children and young people are suffering from the effects of urban poverty, and are largely excluded from socio-political participation. The number of girls and boys living on the streets is put at 6,000, with the majority living in Guatemala City. There are also a high number of children and youth who earn a living in the informal sector and who are, for the most part, exposed to serious threats to their health. In the department of Guatemala, the average age for young men's first sexual contact is 14.8 years, 42% of these with prostitutes. The government is promoting sexual and reproductive health through a special reproductive health programme for young people. At the same time, several NGOs are working in this area with adolescents.

Guatemala

Integrated Approaches in Youth Support

Project Number

2000.2163.4

Date

October 2001

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PROJECT APPROACH

The project, based in the Ministry of Education puts great emphasis on a participatory approach, taking young people as partners in the development of activities. The project's core target group are children and young people aged between 10 and 20 in marginal districts. Young people can only be influenced in their behaviour and in their attitudes toward violence, drugs, sexuality, education and work, if they are listened to, and if their needs are taken into consideration. When this is the case, they can also be motivated to respond actively to their needs by themselves.

The key terms within the project are *autoestima* (self-esteem, self-confidence) and *empowerment*. The youth themselves have always pointed out that their readiness to go to school, to acquire more education and training, or to stop using drugs depends above all on their own self-respect.

An important measure in fortifying *autoestima* is the establishment of youth groups that focus on interrelated topics such as basic education, vocational training, sexuality and relationships as well as conflicts within the family. One permanent component of youth work in Guatemala City and Escuintla concerns two small buses known as "Jovenmovil" which are equipped with games and videos and offer professional counselling. The buses are conducting a kind of street-work with adolescents, where topics like AIDS, drugs and family violence play an important role.

In cooperation with several municipalities, the project is promoting social sensitisation through participatory investigations with adolescents and is trying to discover young people's opinions and perceptions about their situation and their surroundings. Some of the main topics are personal relationships, information about reproductive health, family structures and youth participation in local institutions and organisations.

RESULTS AND EXPERIENCES

Empowering youth groups and associations is essential to project work in poor urban districts. Their capacity for self-organisation grows, these groups are enabled to conduct a wide variety of activities, e.g. to develop radio programmes for young people, organise community events and

workshops for children and youth, present educational theatre and dances in schools and public places and clear away refuse. Representatives of these youth groups participate regularly in educational programmes on several topics such as family, sexuality education and personality development. The promotion of young people and their active participation in social processes motivates them to help change their circumstances of poverty, discrimination and exclusion.

OUTLOOK

The project will continue combining the development of practical innovative approaches in preventive youth work with advice to national and local youth policy institutions which take an integrated approach to young people's health situation. Training more adolescents to become youth promoters will be one of the topics over the next few years, as this will give them an opportunity to become experts at changing their way of living.

Ute Hiller

Rwanda

Support to Youth Training

Project Number

97.2018.6

Date

November 2001

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BACKGROUND

Rwandan youth is confronted with the general kind of problems besetting young people in least developed countries (LLDCs): High population growth, lack of employment, lack of purchasing power, and therefore rather bleak perspectives for the future. Furthermore, specific to the Rwandan context are the impacts of the 1994 genocide, which are still making themselves felt very strongly. In a recent youth survey carried out by the project, 68% of the persons inquired indicated that they had lost at least one member of their household through genocide and 92% said they knew one or more traumatised young person(s) in their neighbourhood. The high rate of woman- and child-led households, as well of orphans, is another direct result of the genocide that took place.

The rate of HIV/AIDS infection in Rwanda is above the 10-% mark. Information programmes on AIDS, AIDS prevention and the dissemination of condoms are ongoing. And, in the above-mentioned survey, 80 % of young people considered condoms to be "affordable", whilst 70% stated that they knew where condoms are sold in their neighbourhood. Other answers showed that 45% had practical experience in using condoms.

On the other hand, specific questions proved that there are still a lot of prejudices (20% believe that they can see whether or not a person is infected just by looking, and 54% even think or are unsure whether having sex with an infant can cure AIDS). A specific problem to be addressed is the low age at which sexual activities start, especially among girls. AIDS is still a widespread taboo and so out of the 964 persons interviewed, only one single person admitted being infected with the virus. As there is no cure for AIDS, and since people generally do not have the means to buy expensive medicine, they are even reluctant to test for HIV/AIDS.

However, the Rwandan government now asks for the results of an AIDS test before allowing young couples to marry.

PROJECT APPROACH

The project started, as its title suggests, as a vocational training project involving social and cultural activities. Work only began on youth policy issues in 2001. This includes (1) assistance to the Ministry of Youth, Sports and Culture to develop even better targeted youth policy strategies, and (2) the refurbishment and extension of a rather large youth centre in the capital Kigali. This centre is active at a local level, but should, as of 2002, also implement activities at a national and regional level.

Apart from the Centre's usual activities (sports, vocational training etc.), targeted programmes ("solidarity summer games", "autumn programme") are also organised.

The basis for policy advice is a survey that was undertaken in 2 provinces with 964 people aged between 14 and 35. The survey addresses 18 topics, including gender, sexual behaviour, and HIV/AIDS. The first statistical results are now available (see paragraph 1).

RESULTS AND EXPERIENCES

The results of the survey clearly indicate that AIDS prevention strategies have to focus on information and the fight against prejudices. They specifically have to address children at primary-school level and young prostitutes. The reasons for the very early start of female sexual activities merit further investigation too. The results of the survey will be published, and partners will be sought for implementation.

The youth centre's targeted programmes (*Maison des Jeunes de Kimisagara*) have so far included leisure activities, sports, and also conferences. A special focus has been on generating programmes that will appeal to girls, since their participation in the centre's activities has been very low as yet. Reproductive health and STDs were treated within the summer programme via conferences and theatre. Interest in the subject proved to be high, and activities will thus be continued and extended.

"AIDS Clubs" have been created as well at the level of vocational training centres, and are treating the subject via information, sketches and presentations.

OUTLOOK

The short- and medium-term prospects may be resumed as follows:

- Finalise and publish the "youth survey"
- Develop guidelines, strategies and policies on the basis of the "survey"
- Identify partners to implement these policies and disseminate information
- Continue support to the Vocational Training Centres, establish additional centres
- Promote social and cultural activities in these centres
- Test new and innovative forms of vocational training, such as evening courses, "dual" training programmes, advanced training courses

Dirk Ullrich

BACKGROUND

Sexual and reproductive health in South Africa is extremely heterogeneous. Whilst the situation amongst the white population is comparable to that in Europe, the large majority of sexually active people in rural areas are suffering from STDs. At 30%, HIV prevalence in Kwa-Zulu-Natal is the highest nationwide.

Large differences exist between rural and urban black populations in terms of access to medical services and information. Soweto in particular, the largest township in Johannesburg, and probably the most well known internationally, has a relatively good supply of medical services and information.

As far as HIV/AIDS education is concerned, both state and non-governmental organisations operate programmes, which are essentially based on the ABC strategy (Abstinence, Be faithful, Condoms). Posters, which convey this message, are to be found in every school in Soweto.

Opinions held by public authorities which refute any relationship between HIV and AIDS - thereby contradicting the generally acknowledged and internationally expressed HIV-AIDS paradigm - and which relativise the magnitude of the epidemic, are proving very problematic. Work experience with Soweto's teachers and pupils has shown that respective statements generate uncertainty and hinder behaviour change.

South Africa

HIV/AIDS Education in Soweto's Schools

Project Number

96.2264.8

Date

November 2001

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PROJECT APPROACH

HIV/AIDS education has been incorporated into the training programme for biology teachers where it is put into the didactic framework appropriate to the given type of educational establishment.

Teacher training at primary-school level (1st – 6th grade)

- Grades 1 – 2: Theatre plays: "My friend with AIDS is still my friend". The core objective of this activity is to promote care and understanding of HIV-positive friends, pupils, parents, relatives etc.
- Grades 3 – 4: Dance-based game, which shows how the immune system works and how HIV impacts on it. It also points out how our own decisions can prevent infection. The core objective of this activity is to visualise the body's immune system and to show how it manages to keep illness at bay. HIV destroys this immune system, allowing other diseases to take hold. You can protect yourself against HIV by saying "no" clearly and unequivocally.
- Grades 5 – 6: Writing and reading out poems about the impact of AIDS and its status in society. The core objective of this activity is to enable pupils to express their feelings about AIDS.

Teacher-training at the secondary-school level

- Grades 10 – 12: In view of the fact that this age group is just beginning to make its first sexual experiences, it is at particularly high risk. And this risk of contracting HIV is making them very insecure. The core objective of activities in this age group is to visualise the seriousness and danger of the disease by simulating a situation which shows just how quickly contagious diseases, and HIV/AIDS in particular, can spread. Yet another key focus here is on educating pupils about the biology

of HIV/AIDS. This helps to promote an understanding of the relationship between HIV and AIDS. In particular, it is shown how HIV destroys the T-helper cells, thus interrupting the chain in the immune response. By illustrating HIV's cycle of propagation in the T-helper cells, pupils gain an insight into the various ways in which medication is intended to work.

These activities have, in part, already been published on the WEB page of the Science Education Centre in Soweto (www.sec.org.za).

RESULTS AND EXPERIENCES

Generally speaking, there is a high level of acceptance in the workshops in Soweto's schools. It should not be forgotten, however, that large-scale scepticism prevailed at the start of virtually every workshop; after all, the person giving the lecture was a "white nose". Mistrust towards people of other skin colours still reflects the legacy of apartheid in South Africa today. And in the HIV/AIDS debate, there are a great many reservations when it comes to advice from "whites". However, as the events progressed, it was essentially always possible to do away with these doubts. The many questions that were asked at the end of each workshop reveal just how great the level of interest is, but also the enormous uncertainty about this topic.

The workshops essentially stick to facts – an approach that has proved its worth. And even though the importance of abstinence, faithfulness and condoms was greatly appreciated, participants did not just want "to be lectured about this again", especially since no one could have provided any plausible explanations.

It has also proved a good move to prepare the information carefully on the basis of didactic principles. Whilst, in South Africa, thousands of development organisations distribute no end of brochures – that are never read because they are mostly too sterile and produced without any understanding of educational aspects, the workshops roused an equally enthusiastically response amongst teachers, government representatives and pupils alike, as well as in rural areas.

The Internet has proved a valuable tool in the dissemination of information; and decision-makers also have access to it.

In particular, the interactive test on the above-mentioned WEB page about the true facts and myths surrounding HIV/AIDS is being visited more and more frequently.

Heinrich Heinrichs

Uganda

Promotion of Children and Youth in Difficult Circumstances

Project Number

2000.2094.1

Date

1999

Contact

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BACKGROUND

Under the government of Yoweri Museveni, Uganda's political and economic situation has been consolidated since 1986. One of the most serious problems facing the country, however, extreme poverty (which affects 55 % of the population) persists. The majority of the population has no access to education or health care and no basic infrastructure. Some 50 % of the population as a whole are younger than 15, and official statistics count 1.2 million children who have lost one or both parents, and the same number again of disabled children. The number of socially disadvantaged children who are living in particularly difficult circumstances is on the rise in Uganda. This is partly a result of the civil war (collapse of traditional social security systems), and partly the result of the rising numbers of AIDS orphans (10 % of the total population is thought to be HIV-positive).

PROJECT APPROACH

The project is focusing its work on the Ministry of Gender, Labour and Social Development (MGLSD) in Kampala and in six selected districts: Katakwi, Soroti, Kumi, Mbale, Busia and Tororo.

Top priority is accorded to developing and implementing national strategies to promote children and youth in particularly difficult circumstances. The target group is made up primarily of girls and boys under the age of 18, who have lost one or both parents through AIDS or otherwise, are disabled or are living as street children. The project serves to improve the services and the coordination of the state executing organisation. The ministry is to be strengthened so as to enable it to effectively coordinate and implement the national programme to promote children and young people in the districts in cooperation with intermediary organisations.

At district and community level the staff have close contact to the target group, can appreciate and understand their problems and can thus work in a way that will be accepted by the people. The project work includes the following:

- Sensitisation of local communities to the rights of the child and pertinent legislation
- Reintegration of street children into the communities
- Family support for poor families
- Income-generating measures for groups which support children in difficult circumstances
- Non-formal vocation training for children and young people who do not attend a formal school
- Support for infrastructure measures.

The topic "reproductive health" is only an auxiliary component, which is tackled indirectly through instruction and the strengthening of "life skills". This covers developing self-esteem, developing the ability to resist group and peer pressure, the ability to make decisions, etc.

RESULTS AND EXPERIENCES

The foundations have been laid for improved children and youth work, and the opportunities that exist to improve the living conditions of orphans and disadvantaged girls and boys demonstrated in six districts by way of example. The capacity of the organisations and institutions working in the field of child and youth promotion has been expanded, and cooperation between state and non-governmental organisations improved.

Uganda has made the education sector one of its priorities and is investing on a huge scale in this sector, which will benefit all children, including the socially disadvantaged.

Nevertheless, many of these children are not yet part of this formal education sector, and more programmes with a social work component are needed for children that have already been marginalized.

OUTLOOK

The project has undergone major changes in 2001. Nowadays there is a UNFPA funded project in the MGLSD, which deals with adolescent SRH. Both projects collaborate closely but the GTZ project has since shifted its main focus to general empowerment issues of young people and advisory services to the Ugandan government in terms of youth policy development and the development of training manuals.

Jessica Wiegand and Rita Malich

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