

YouthNet

End of Program Report

**Taking Action:
Recommendations and Resources**



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YouthNet is a five-year program funded by the U.S. Agency for International Development (USAID) to improve reproductive health and prevent HIV among young people. The YouthNet team is led by Family Health International (FHI) and includes CARE USA and RTI International. This publication is funded through the USAID Cooperative Agreement with FHI for YouthNet, No. GPH-A-00-01-00013-00. The information contained in the publication does not necessarily reflect FHI or USAID policies.

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Executive Summary

YouthNet's *End of Program Report – Taking Action: Recommendations and Resources* describes the results achieved and the recommendations developed through the five-year YouthNet program (2001-2006). The U.S. Agency for International Development (USAID) awarded YouthNet to Family Health International (FHI) and partners as a global leadership program to improve the reproductive health (RH) and HIV prevention behaviors of youth 10 to 24 years old. YouthNet achieved this goal by conducting research on critical information gaps; improving and strengthening youth programs, services, and policies; disseminating and promoting information, tools, and evidence-based approaches at national, regional, and international levels; and promoting and scaling up innovative projects.

This report focuses on ten major results achieved by YouthNet and recommendations for taking action. Resources related to the results are contained in the annotated descriptions of publications in Appendix C. The conclusion of the report contains a master set of all 37 recommendations and points to the challenges ahead in building on the YouthNet work.

- 1. High Quality Curriculum-Based Programs Change Risky RH/HIV Behaviors** YouthNet's global review of 83 evaluated curriculum-based sex and HIV education programs found that about two-thirds of the programs that met the study criteria changed sexual behaviors in positive ways. Characteristics of successful programs were identified by the YouthNet desk review, and additional characteristics based on implementation experiences were added at a follow-up consultation meeting. The resulting 24 standards for curriculum development were published and disseminated.
- 2. Answers Emerge on Peer Education Effectiveness and Provide Guidance for More Rigorous Research and Program Implementation** YouthNet research in Zambia and the Dominican Republic identified the core components of quality peer education programs. YouthNet worked with the United Nations Population Fund (UNFPA) and the Youth Peer Education Network (Y-PEER) to develop a five-part toolkit to improve the quality of peer education programs; YouthNet also expanded and strengthened the Y-PEER network in Africa.
- 3. Youth, Especially Those at Greatest Risk, Need Integrated RH/HIV Services** YouthNet research on various types of HIV and RH services provided to young clients found that more attention to contraception was needed. In addition, studies in Africa and the Caribbean demonstrated the feasibility of reaching youth who are at greatest risk of pregnancy and HIV with integrated services and education.
- 4. Youth-Adult Partnerships Build Alliances to Address Needs of Youth** The development of the *Youth Participation Guide* responded to a demand for a comprehensive resource on approaches and training in youth participation. In addition, YouthNet demonstrated

how advocacy can increase youth participation and leadership, working with others in leading the “YouthForce” at the International AIDS conferences in 2002 (Barcelona), 2004 (Bangkok), and 2006 (Toronto).

5. Effective Systems of Synthesizing and Utilizing Information Contribute to Improved Programs

To synthesize resources and research findings in this growing field and to meet the diverse needs of different audiences, YouthNet developed five publication series, major new tools and curricula, and innovative dissemination strategies. The program emphasized utilization of the information and tools through meetings, an online forum, and partnerships with other organizations.

6. Media Shape Youth Norms, Opinions, and Discourse YouthNet supported and evaluated the 2002 *Staying Alive* campaign of MTV Networks that reached 800 million homes worldwide. The evaluation documented how the campaign increased interpersonal communication and positively influenced individual beliefs. Locally relevant print publications were found to help youth personalize information and make positive changes.

7. Community-Based Initiatives Stimulate Supportive Actions YouthNet conducted participatory assessments and capacity building activities among community-based organizations that addressed sexuality and RH/HIV issues among youth. Several of these initiatives resulted in the engagement of Christian and Muslim leaders and the development of a three-part family life education series from a faith perspective. In addition, a technical consultation led by YouthNet synthesized information globally on the impact of community involvement.

8. Policy Development and Advocacy Draw Attention to Youth Needs YouthNet helped to strengthen youth RH/HIV policies and strategic plans in several countries, as well as to facilitate the repositioning of family planning activities targeting youth in West Africa. Furthermore, YouthNet collaborated with the POLICY Project in compiling policies worldwide and developing an internet tool for interactive sharing – www.youth-policy.com.

9. Addressing Social and Gender Norms Facilitates Changes in Risky Behaviors YouthNet research in Tanzania clarified strategies for “faithfulness” interventions, and research in Jamaica and Uganda explored possible links between unintended pregnancy and sexual coercion. In addition, YouthNet successfully adapted a gender training manual for boys and young men in Tanzania.

10. Capacity Building and Community Involvement Are Key to Successful Country Programs YouthNet’s involvement of local partners and capacity building in its country programs laid the groundwork for sustainable work with youth. The Tanzania program reached more than four million youth and one million community members. YouthNet’s global leadership and country experiences provided mutually enriching guidance to improve approaches to youth programming.





Introduction and Overview

In the early 1990s, USAID authorized a new ten-year global program focusing on youth reproductive health under its “Improving the Health and Well-being of Young Adults” results framework. This authorization resulted in the award of the FOCUS on Young Adults Program to Pathfinder International and its partners (1995-2001), and the award of the YouthNet Program to Family Health International and its partners (2001-2006). This end of program report describes the results achieved and the recommendations developed through YouthNet.

YouthNet was a global program committed to improving the reproductive health (RH) and HIV prevention behaviors of youth 10 to 24 years old. YouthNet conducted research on critical information gaps; worked to improve and strengthen youth programs, services, and policies; and disseminated and promoted information, tools, and evidence-based approaches at national, regional, and international levels. The program was organized around four intermediate results:

- expanded evidence base on youth programs
- increased use of accumulated knowledge, practices, and tools
- met country-level needs for improving youth RH/HIV prevention
- promoted and scaled up innovative programs

These intermediate results were reflected in YouthNet’s research agenda, publications and tools dissemination, country program implementation and technical assistance to the field, and scale-up of innovative programs in partnership with others.

Family Health International implemented YouthNet, working with partners. The original partners were Margaret Sanger Center International, Deloitte Touche Tomatsu/Emerging Markets Group, CARE International, and RTI International. CARE and RTI remained as YouthNet partners through the end of the program.

YouthNet funding consisted of core funds from the USAID Office of Population and Reproductive Health (US \$20.2 million); Office of HIV/AIDS (US \$2.8 million); Office of Health, Infectious Diseases, and Nutrition (US \$300,000); the Bureau for Africa (US \$1.0 million); the Bureau for Europe and Eurasia (US \$300,000); and field support funds (US \$12.3 million). The large majority of field support funds were HIV/AIDS funds from the President’s Emergency Plan for AIDS Relief. Additional Education and Reproductive Health field support funds were received from several missions. (This funding list does not include additional funding provided through YouthNet to support youth-related activities initiated by FHI’s IMPACT Project.)

USAID charged YouthNet with providing global technical assistance and developing large country-based intervention programs through bilateral funding. YouthNet provided global leadership through its four intermediate results and guided a large-scale, multiyear program in Tanzania, as well as smaller country activities in Namibia, Zambia, Ethiopia, and elsewhere (for a complete listing of countries where YouthNet has worked, see Appendix A). YouthNet's on-the-ground program implementation and global technical leadership activities were mutually reinforcing. The in-country activities took advantage of worldwide research and program experiences, while simultaneously informing those global research and program agendas.

YouthNet implemented global technical leadership in the field of youth RH/HIV prevention through its research agenda (for summary research results, see Appendix B) and its development and dissemination of publications, tools, and curricula (see Appendix C). In addition, YouthNet convened numerous technical consultations, regional forums, workshops, and meetings that helped to build capacity among youth-serving institutions in the United States and abroad and to synthesize and disseminate state-of-the-art research and programmatic results in the field of youth RH/HIV prevention. Also, USAID/Tanzania asked YouthNet to coordinate youth RH/HIV activities among various cooperating agencies working with youth in that country.

This end of program report does not seek to report in detail all of YouthNet's results over the past five years. Instead, it focuses on ten major results achieved by YouthNet and provides recommendations for taking action with each result. The ten results are presented by category, not in order of magnitude. The first two results deal with educating youth through curriculum-based and peer-based programs. The third result addresses services provided to youth. The fourth reports on youth-adult partnerships, while the fifth focuses on synthesizing and utilizing information. Results six through nine discuss results achieved under the general theme of supportive and enabling environments – through initiatives in the areas of media, community-based initiatives, policy, and social and gender norms. The tenth result addresses YouthNet's country programs. YouthNet's achievements through the Tanzania program are included throughout the report, as the Tanzania program was multi-pronged in nature and contributed to many technical areas.





High Quality Curriculum-Based Programs Change Risky RH/HIV Behaviors

YouthNet research showed that RH and HIV education programs, especially those based on a written curriculum and taught among groups of youth in schools and other settings, are a promising type of intervention for reducing adolescent sexual risk-taking behavior. Some curriculum-based efforts reach both in-school and out-of-school youth. Translating clear guidance from research into country program settings remains challenging, given inadequate teacher training, varying levels of funding, sensitivities to subject matter, and other barriers. YouthNet has worked in RH/HIV education for youth through its research, technical assistance, and country-based programs.

Two-thirds of programs reviewed changed behavior in positive ways

YouthNet sponsored the first comprehensive review of programs in developing and developed countries that provided RH and HIV education using a written curriculum among groups and that have been evaluated. Doug Kirby of ETR Associates led the project. Of the 83 studies that matched the study criteria, 18 were in developing countries: Belize, Brazil, Chile, Jamaica, Kenya, Mexico, Namibia, Nigeria, South Africa, Tanzania, Thailand, and Zambia. All of those in developing countries had a positive impact on sexual risk-taking behaviors; none had a negative impact (see table, page 10). The results were published as Youth Research Working Paper No. 2. A longer version of the report and data on each of the 83 studies are available on the YouthNet Web site.

Two-thirds of the studies found a significant positive impact on one or more of the sexual behaviors or outcomes measured, and one-third had a positive impact on two or more behaviors or outcomes. For example, 22 programs showed significant delay of initiation of sex, of the 52 programs that measured this impact (42 percent). About one-third of the programs found a reduced number of partners (12 of 34 programs that studied this). Almost half led to an increase in condom use (26 of 54 programs). The programs were effective in all settings and countries, and among both males and females of varying income levels. The interventions did not promote earlier sexual debut or more frequent sexual activity among those already sexually active.¹

Characteristics of successful programs identified

An analysis of the curricula that were shown to have a positive effect on one or more behavioral outcomes resulted in the identification of 17 common characteristics of the curricula and their implementation. A large majority of the effective programs had most of these characteristics. Also, programs that incorporated these characteristics were more likely to change behavior positively than programs that did not incorporate many of them. Five of the 17 characteristics involve the development of the curriculum, eight involve the curriculum itself, and four describe the implementation of the curriculum.

“A curriculum-based initiative is an important component of a more comprehensive goal to improve youth reproductive health and prevent HIV infection.”

Standards for Curriculum-Based Reproductive Health and HIV Education Programs (YouthNet, 2006)

Field experiences added to research findings through technical meeting

To ensure dissemination of these results and to anchor this research with field experiences, YouthNet sponsored a two-day meeting in January 2006 in Washington, DC. The first day provided an opportunity for Kirby of ETR Associates to present his study results, along with others who provided results from studies in Chile, China, and Kenya. Also, representatives of country programs addressed such “on-the-ground” issues as teacher training, scaling up, quality, gender, and others.

The second day was a technical consultation with invited participants. The consultation sought to provide context to the characteristics of effective curricula identified in the Kirby research, to consider tips and lessons learned that could help translate the characteristics into workable standards, and to suggest additional experience-based issues that should be considered in developing standards. Twenty of the 24 standards that emerged are adapted from the 17 characteristics from the research; four of the standards were new. The 24 standards are designed for adapting, developing, and scaling up curriculum-based education in developing countries.

Number of Programs Reporting Effects on Different Sexual Behaviors

	DEVELOPING COUNTRIES (18)	DEVELOPED COUNTRIES (65)	TOTAL (83)
Initiation of Sex			
Delayed initiation	6	16	22
No significant impact	8	21	29
Hastened initiation	0	1	1
Frequency of Sex			
Decreased frequency	2	7	9
No significant impact	3	16	19
Increased frequency	0	3	3
No. of Sexual Partners			
Decreased number	3	9	12
No significant impact	5	16	21
Increased number	0	1	1

Source: Kirby D, Laris BA, Roller L. *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*. Youth Research Working Paper No. 2, 2005, p. 17.

Standards for curriculum development published, disseminated

The publication *Standards for Curriculum-Based Reproductive Health and HIV Education Programs* provides guidance for developing and strengthening curriculum-based RH and HIV programs in developing countries. UNICEF distributed it to more than a dozen countries working with curriculum education, and other international groups are using it in multiple countries on education projects.² The booklet includes tips and examples of how to use the 24 standards, which are grouped in three sections:

- Development and adaptation: Six standards address involving stakeholder perspectives, conducting assessments, and considering community norms.
- Content and approach: Ten standards address focusing on clear health goals and specific behaviors, targeting risk and protective factors and using multiple activities to change them, and using participatory approaches.
- Implementation: Eight standards address involving gatekeepers, selecting and training educators, and establishing a monitoring system.

Teacher training resources and radio curriculum training developed

Among the many challenges in administering a successful RH/HIV education curriculum are those related to teacher training. YouthNet synthesized the existing information on the topic in *Teaching Training: Essential for School-Based Reproductive Health and HIV/AIDS Education: Youth Issues Paper No. 3*, focusing on sub-Saharan Africa. The paper assesses teacher training curricula, includes a checklist on teacher selection criteria, and offers eight recommendations to build on successes described in several short case studies.

At the country level, YouthNet funded and provided training to an innovative curriculum-based effort using radio to reach rural and marginalized urban youth in Zambia. This Interactive Radio Instruction (IRI) Program, sponsored by the Ministry of Education, with assistance from the U.S.-based Education Development Center and USAID, reached some 20,000 children ages 7 to 17 and attending grades one through five. Community mentors facilitate classes of 45 to 50 students, based on daily radio broadcast lessons. YouthNet assisted the writers, producers, and mentors to incorporate HIV prevention and life skills sessions into the existing curricula, and trained master trainers among ministry staff members, who in turn trained 400 IRI community mentors in HIV issues, life skills, and participatory learning methodologies.

Together with IRI stakeholders, YouthNet worked to develop and pre-test a standardized community mentor training manual and supporting audiotapes in 18 pilot districts. During the pre-testing process, an additional 352 mentors were trained. At the same time, stakeholders worked with local education officials in the selected districts to ensure that they understood the purpose and value of the program and would set aside funds in successive annual budgets to support annual mentor trainings and other local costs associated with the IRI program.

Recommendations

1. Because curriculum-based RH and HIV programs reach large numbers of youth and can help them to make positive changes in sexual behaviors, they should be an important component of larger, multifaceted initiatives to reduce sexual risk-taking behavior.
2. *Standards for Curriculum-Based Reproductive Health and HIV Education Programs* should guide the development and adaptation of curriculum-based RH and HIV programs.
3. Programs must train and motivate teachers to teach about RH and HIV/AIDS, especially the sensitive parts of a curriculum, and to use participatory methods, as these topics and methods are not familiar to many teachers.³
4. Programs should consider innovative ways to reach rural and marginalized urban youth with RH and HIV/AIDS information, such as the Zambian radio project.⁴

Two-thirds of the RH and HIV education programs reviewed found a significant positive impact on one or more of the sexual behaviors or outcomes measured, and one-third had a positive impact on two or more behaviors or outcomes.

Answers Emerge on Peer Education Effectiveness and Provide Guidance for More Rigorous Research and Program Implementation



In contrast to curriculum-based approaches, peer education programs often use more informal approaches with youth and community members in an effort to increase knowledge, affect attitudes, and change risky behaviors. Youth peer education has grown exponentially in recent years, but a lack of standardized tools and training materials means that quality is uneven and coordination of similar projects remains a challenge. Also, knowledge on the impact of peer education has been limited.

Research identified core components of quality peer education programs

Little is known about youth peer education (YPE) program elements that are necessary for effectiveness and sustainability. To address this gap, YouthNet conducted a two-phase study. The first phase sought to identify core components of YPE and standardize the criteria and tools by which programs could be evaluated. It examined programs in the Dominican Republic and Zambia by reviewing data on program activities, costs, and sustainability and by utilizing in-depth interviews and focus group discussions with all YPE program stakeholders (peer educators, staff, parents, donors, policy-makers, and community leaders). This phase identified core components that were similar across programs and culturally diverse countries. Peer educator retention, motivation, and productivity depended upon the quality of youth-adult partnerships, close attention to gender issues during training and implementation, gatekeeper and community commitment, donor and policy-maker support, and solid technical components (training, administrative support, clarity of program goals, etc.). These findings led to the development of eight checklists for measuring core components and a field manual for assessing YPE programs, part of the peer education toolkit discussed in the next section.

The second phase, conducted in Zambia only, involved a comprehensive effectiveness study, measuring specific programs in six catchment areas using the checklists and a review of activities and costs. In addition, the programs' exposure and outcomes were measured using population surveys and patient questionnaires at seven clinics within the catchment areas. The surveys were a component of the *2005 Zambia Sexual Behavior Survey* carried out in partnership with the government of Zambia, USAID/Zambia, and the Measure Evaluation program. The survey results helped to determine the relationship between YPE exposure and knowledge, attitudes, and risk behaviors related to RH, HIV, and sexually transmitted infections (STIs). Anonymous patient data were used to measure the relationships between YPE exposure and referrals to services, such as HIV testing sites. These three components allowed the study to triangulate program data with survey and clinic data. The study found an association between peer education and greater HIV knowledge, intention to use condoms, condom use, and highly vulnerable youth seeking RH and STI health services.⁵

“Training with the team ... gives me support. It is helping me free myself from the bad groups, where I was using a lot of bhangji (marijuana) and alcohol.”

Tony, 15, IDYDC football league with peer education program, Tanzania

Research evidence and program experiences integrated into Peer Education Toolkit

Working with UNFPA and Y-PEER, YouthNet developed a five-part *Peer Education Toolkit* for Y-PEER and global distribution. The kit includes two training tools, a set of standards, a performance improvement tool for managers, and an assessment tool based on the checklists used in the YouthNet two-part research project. The tools are based on the Y-PEER experience, YouthNet research, gaps and needs identified by nongovernmental organizations (NGOs), and a technical meeting on standards sponsored by UNFPA.⁶

Y-PEER strengthened and expanded

In 2001, UNFPA developed Y-PEER in Eastern Europe and Central Asia as a way to strengthen the institutional capacity of NGOs to improve the quality of youth peer education programs. It began to strengthen networks with stakeholders, make tools and resources available for translation and adaptation, sponsor international meetings and trainings, and foster youth participation and partnerships with adults. Between 2002 and 2005, more than 300 NGOs joined the network, and 29 countries adopted and adapted Y-PEER tools. More than 7,000 peer educators were trained using more consistent tools, reaching some four million young people. Networks are linked by a Web site, www.youthpeer.org. YouthNet has worked with UNFPA to monitor this rapid expansion, to assess the need for better tools, and to assist in expansion in other parts of the world. Also with UNFPA, YouthNet developed *CyberPeer*, a computer-based learning tool for peer educators.

In 2005 and 2006, Y-PEER expanded its coordination role to include a dozen countries in the Middle East, North Africa, and East Africa with support from UNFPA and YouthNet. YouthNet took the lead in developing new Y-PEER coordinating systems in Tanzania and Kenya. In Tanzania, more than 20 local NGOs that implement youth peer education met to launch the coordinating group, along with the Ministry of Labor, Youth, and Sports and the Ministry of Education and Culture.⁷ The Y-PEER networks in both Tanzania and Kenya have drawn on the *Peer Education Toolkit* to enhance the quality of peer education programs.

Global consultation identified consensus and current challenges

In January 2006, FHI/YouthNet and USAID sponsored an international consultation in Washington, DC, “Taking Stock of Youth Reproductive Health and HIV Peer Education: Progress, Process, and Programming for the Future.” An overarching theme of the consultation was that peer education as an approach to reaching young people is here to stay and that it should be treated seriously. “Peer

Peer Education Valuable Asset in Zambia

Students Partnership Worldwide (SPW) uses young people in the classroom, functioning as peer educators who are slightly older than the students. YouthNet supported SPW training of 120 peer educators for 150 rural schools in Zambia, leading to regular RH/HIV prevention information and related learning activities for 70,000 youth. The project combines classroom activities with resource centers, community events, anti-AIDS clubs, and capacity building within the schools. “Students are now learning to be assertive, to say no, and to understand the consequences of getting pregnant,” said a ninth grade teacher during a YouthNet evaluation of the project. “Before, there were many pregnancies. Since the peer educators have been here, there has been only one.”

Peer Education Key Strategy in Tanzania

Many of the agencies in Tanzania receiving small grants and large competitive awards through YouthNet utilized peer education as a primary approach. With YouthNet funding, the Iringa Development of Youth Disabled and Children Care (IDYDC) expanded its support to 700 football (soccer) teams, 100 in each of the region's seven districts. During football practices, trained educators, peers, or coaches provide education on youth development, HIV prevention, the dangers of alcohol and drugs, and other information, based on two booklets. "The books are useful," says Neema Sanga, 19, a single mother and former drug user. "They give me information about my health, drugs, and sexual partners. I like playing football more than my previous life." The project drew on a Kenyan sports model, where research found that participants have changed their behavior and contributed to substantial community improvements.

With YouthNet funding, peer educators traveled throughout two rural districts of the Iringa region (Ludewa and Njombe), representing Community Concerns of Orphans and Development Association (COCODA). The peer educators are from these regions and have been trained in the use of television, video, small generators, fuel (if needed), and educational materials they carry with them. Each team covers two to four villages a day and reaches most of the 281 villages. They show Swahili adaptations of two videos that discuss adolescent growth, sexuality, reproductive health, and STIs/HIV/AIDS. They fill gaps that many rural school districts have, where a thorough RH/HIV education curriculum is not available.

On a holiday in May 2006, some 200 youth gathered to watch the videos in a tiny village school. "Reproductive health lessons are taught in school in biology and civics, but that is theoretical, not practical," says John Mwabena, an assistant to the school headmaster. An estimated 80,000 people have attended life skills sessions facilitated by COCODA, with another 41,000 attending the video shows in villages.

A group in the Makete district of Iringa region, Support Makete to Self-Support (SUMASESU), also works through the schools. "We train teachers on facilitation skills, working with the district education officers," says project director and founder Egnatio Mtawa. "We do follow-up with the teachers, sit in their classrooms, check up on them." Mtawa's philosophy is to "start with what you have, not wait for someone else to do something for you." This supports the popular SUMASESU "edutainment" project – using dance, drama, and theater with educational messages. The 25-person theater group, developed with YouthNet funding, organizes and conducts community sensitization visits throughout the rural district. In one skit, a group of hunters tracks the illusive figure of HIV and kills it. Then, they touch their weapons together in unity and call out, "Jamii tubadili tabia" (the community must change its behavior).

education has been stuck in a cycle of unseriousness for 30 years,” said Charles Deutch of Harvard University, who is working with partners in South Africa to develop a national peer education program. “We don’t understand the inputs, so there is no way to understand the outputs.” The ultimate goal is for peer education to have maximum impact on behavior change.

The consultation objectives were to:

- provide an update on youth peer education experience
- better understand where and how youth peer education has been used
- examine its successes and failures objectively
- explore specific issues related to successful peer education efforts

Participants focused attention on what we know about peer education through research results and program experience, what we do not know, and what is needed to move peer education strategies forward. The last large international consultation on peer education was held in 1999 and encompassed many types of interventions, rather than focusing on youth. This meeting provided important new information, including data on evidence that YPE can affect behavior change, all summarized in *Youth Peer Education in Reproductive Health and HIV/AIDS: Youth Issues Paper No. 7*.⁸

Recommendations

1. Peer education programs need to focus on youth-adult partnerships, gender issues, community and parent involvement, training, and supervision in order to increase youth seeking HIV-related services and reduce risky sexual behaviors.
2. Peer education needs to be designed rigorously, with careful planning and adherence to standards, monitoring, and supervision. Programs should draw on the *Peer Education Toolkit*, which outlines good standards for planning, recruitment and retention, training and supervision, management and oversight, and monitoring and evaluation.
3. Where resources are limited and rigorous RH and HIV/AIDS education curricula and teacher training are not available, well-trained peer educators should be used to reach rural in- and out-of-school youth.
4. More research and monitoring activities are needed to understand which youth peer education program characteristics have the greatest impact on youth seeking HIV-related services and reducing risky behaviors.

“I have learnt about the disadvantages of sex by seeing the video [from COCODA peer educators]. We have often been told that if we attempt to do two things at once that we might end up losing one. Now I know that I must concentrate on my studies.”

Shukrani Mkombo, 17,
a female student, Tanzania

Youth, Especially Those at Greatest Risk, Need Integrated RH/HIV Services



Young people, especially those who are sexually active, need access to a variety of RH and HIV services including, but not limited to, contraception, STI and HIV testing and treatment, pre- and postnatal care, obstetrical care, and postabortion care. Frequently youth seek out services only when there is an acute illness or problem – such as a symptomatic STI or pregnancy – and do not typically seek prevention services such as contraception to avoid pregnancy. A related challenge is the predominance of “vertical approaches” to RH and HIV service delivery that offer only one service and refer for – or ignore – other RH and HIV needs. Yet, many young people are at risk for both pregnancy and STIs/HIV, highlighting the need for integrated services. YouthNet research on services issues focused on these two themes: the needs of high-risk youth and integrated services. Other service delivery issues important to youth include training efforts to make services more youth-friendly and work with pharmacies and other private-sector providers.

Research in Kenya on PMTCT services found that only 28 percent of the young female clients reported that the provider discussed contraceptive methods with them.

RH/HIV services for youth need more attention to contraception

YouthNet’s research on services included studies on prevention of mother-to-child transmission (PMTCT) of HIV, youth voluntary counseling and testing (VCT) services for HIV, postabortion care (PAC) and counseling for young women, and data analysis on the use of maternal and child health (MCH) services.

Research in Kenya on PMTCT services found that only 28 percent of the young female clients reported that the provider discussed contraceptive methods with them. Moreover, whereas most of the clients wished to wait two or more years before becoming pregnant again, 94 percent of the younger clients had never previously used a contraceptive method. The study highlighted the need in PMTCT settings for better counseling and services that address both HIV and pregnancy prevention. Stigma and fear of testing were barriers to PMTCT services among youth, findings showed. The study recommended that programs develop strategies to meet young women’s postpartum family planning needs and work to reduce HIV-associated stigma (or perception of stigma) at the local level. The study was conducted at four antenatal care clinics with PMTCT programs in four regions of Kenya.⁹

Youth VCT clients in Haiti and Tanzania had high levels of unmet need for contraception. In the Haiti VCT study, only about two-thirds of female VCT clients received condom messages as part of their counseling, and only 45 percent received pregnancy prevention messages. The study recommended that VCT centers implement screening of VCT clients for risk of unintended

pregnancy, include contraceptive counseling and provide contraceptives in the VCT session where feasible, and increase the use of a personalized risk reduction plan.¹⁰

An operations research study conducted in four public hospitals in the Dominican Republic sought to assess and improve PAC counseling and services for young women. A pre-intervention assessment of providers found that a majority had no PAC training, one-third had blaming or judgmental attitudes toward PAC patients, one-quarter did not assess pregnancy intentions, and one-quarter did not tell clients how soon they could become pregnant again. Only 20 percent of the providers had accurate information about when the woman could become pregnant again. Based on the assessment, a three-day training intervention was designed and implemented to improve PAC counseling for youth, including a provider guide, patient brochure, and poster. A six-month intervention followed, and a checklist was developed to monitor the PAC counseling. An assessment was then conducted using exit interviews with clients. Before the intervention, no clients were receiving contraceptive methods prior to discharge. After the intervention, 40 percent of adolescents were discharged with a contraceptive. The benchmark for success of this intervention was 60 percent of adolescents discharged with a contraceptive. To reach this goal, researchers concluded that the facility operation needed flexibility so that commodities were available on all shifts.¹¹

An analysis of MCH services from 15 developing countries (using *Demographic and Health Survey* data) compared adolescents and older women in their use of prenatal care, delivery care, and immunization services (for the infant). Results varied widely by country. In Bangladesh, India, Indonesia, Nicaragua, and Peru, adolescents were less likely than older women to use MCH services. In African countries, no significant differences were revealed between younger and older women with the exception of Uganda, where infants born to adolescents were consistently less likely to receive immunizations. The most consistent difference by age across countries occurred for immunizations, among the MCH services analyzed. The study found a need to target adolescents for MCH services in particular in Bangladesh, India, Indonesia, Nicaragua, and Peru, while efforts should be made across regions to increase MCH services regardless of age.¹²

Youth Center in Tanzania Offers Education, Services, and Recreation

The Mwananyamala Youth Center, in a densely populated, poor area of Dar es Salaam, Tanzania, is a two-part youth services center – a clinic offering integrated RH/HIV services and a recreational area. At the center on a steamy afternoon, teenage girls are playing basketball, boys are practicing karate, and two youth dance groups with drummers are rehearsing. Next door, counselors are on hand for HIV counseling and testing and contraceptive counseling. Kassimu, a middle-aged social worker, addresses the often-voiced concern that boys tend to use such youth centers that feature recreational areas more than girls.

“We have worked at getting girls to come,” he says, pulling out records of clinic visits. In December 2001, only 47 females came to the clinic compared to 110 males, but by February 2006, 109 females came for counseling compared to 94 boys. The theater groups and the basketball games for girls have helped attract more girls to the clinic facilities, he says. Also, the center does community outreach, using the performing groups and other educators to attract youth to the multiple services. Everyone who uses the recreational area, including the dance groups, has to go through the life skills education training first.

“I come here everyday,” says one 19-year-old, taking a break from the basketball game, where she plays in a team jersey provided by the center. The most important lesson she remembers from the life skills training was “to be assertive with boys.”

Feasibility of reaching youth with integrated services and education demonstrated

The YouthNet studies discussed above – conducted in the Dominican Republic, Haiti, Kenya, and Tanzania – found high levels of need for integrated services and also demonstrated the feasibility of reaching at-risk youth through service delivery sites that integrate RH and HIV services and education. The VCT studies in both Tanzania and Haiti found that many of the clients who perceived

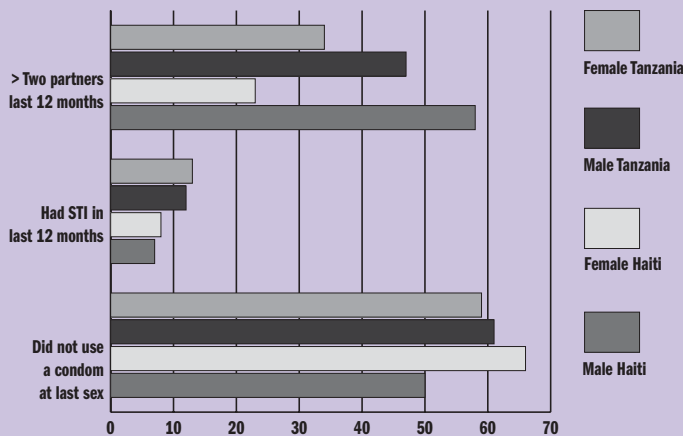
themselves as being at “low” or “no” risk of HIV were classified by the studies “at risk” for HIV based on objective criteria related to their sexual behavior.

Consultation meeting and other activities synthesized resources on youth-friendly services

In November 2003, YouthNet convened a meeting of global experts working in the field of youth-friendly services, where representatives of the World Health Organization (WHO), PATH, Save the Children, African Youth Alliance, Population Services International, and others discussed their program experiences and resources regarding youth-friendly services. From the meeting, YouthNet compiled an annotated guide to existing curricula, tools, and job aids on youth-friendly services, available on the YouthNet Web site. This guide is the only available one-stop “shopping” place for a range of tools for promoting youth-friendly services.

Other key resources developed on services for youth include a manual for providers on HIV counseling and testing for youth. This popular tool emphasizes integrated services and includes counseling guides, HIV testing models, contraceptive information, information on life skills, and resources. It was translated and distributed widely in English, Spanish, French, Swahili, and Arabic. YouthNet summarized information on the issue of social franchising of youth services in *Applying Social Franchising Techniques to Youth Reproductive Health/HIV Services: Youth Issues Paper No. 2* and addressed various services issues, including work with pharmacies, in *YouthLens* Nos. 3, 5, 11, 12, and 17. Also, for the USAID Global Health Technical Briefs series, YouthNet contributed briefs on contraceptive needs of youth and family planning for married adolescent girls. Finally, several modules of a new USAID e-learning course on youth, developed by YouthNet, addressed service delivery issues.

Youth VCT Clients' Risk Factors for STIs/HIV, Tanzania and Haiti



Source: Thomsen S. YouthNet research on FP/HIV integration in VCT and PMTCT services. Presentation at YouthNet End of Program Meeting, Washington, DC, September 19, 2006.

Recommendations

1. Programs offering PMTCT should counsel pregnant adolescents about family planning options and try to reduce stigma associated with HIV testing.
2. Counseling for youth seeking VCT services should enhance risk perception, emphasize risk reduction planning, and offer contraception to those who are sexually active or refer them to other services if contraceptives are not available on-site.
3. All adolescent PAC clients should receive family planning counseling and be offered contraceptive methods. Providers need training on the special needs of unmarried adolescents who have had an abortion, because many providers have judgmental attitudes about these young women.
4. MCH services, such as infant immunization programs, should offer family planning options to young mothers who want to postpone another birth.



Youth-Adult Partnerships Build Alliances to Address Needs of Youth

YouthNet has placed youth participation at the center of its program activities whenever possible, based on the belief that programmatic and professional outcomes are strengthened by the inclusion of young people in program design, implementation, monitoring, and evaluation. Anecdotal evidence suggests that youth participation in the RH/HIV field benefits both youth and program outcomes. More rigorous research from the development field shows that youth involvement improves young people’s knowledge, skills, and confidence, while also improving program outcomes, in some cases.¹³ Youth, in partnership with adults, offer a valuable resource in advocating for their own RH and HIV-related needs and provide policy-makers and program managers with much-needed youth perspectives. Thus, YouthNet has developed advocacy tools and strategies that show the value of youth involvement in programs and has broadened the impact of youth leadership in the RH/HIV prevention field.

Development of *Youth Participation Guide* met demand and filled gap

The *Youth Participation Guide* responded to demands for a comprehensive resource on approaches and training in youth participation, providing a conceptual overview, institutional assessment tool, training curriculum, and other resources – all under one cover. Training of trainers workshops for the guide have occurred in East and Southern Africa (participants from 10 countries), Latin America (participants from six countries), Bulgaria (participants from six countries), and Jordan. Translations are underway or completed in Spanish, Swahili, Arabic, and Bulgarian. Following its launch, the guide was the third most downloaded document on the entire FHI Web site and was recognized by USAID as one of its “ultra-fabulous” tools. Anecdotal evidence from multiple programs indicates that the training increased sensitivity to youth needs and youth participation in programming.¹⁴

In collaboration with WHO and USAID, YouthNet conducted a technical consultation on issues related to assessing, monitoring, and evaluating the impact of youth involvement projects. The meeting provided guidance on how to conduct more rigorous research in the future by focusing on questions centered on: assessing organizational capacity to implement youth participation, measuring the process of participation, and measuring the effects of participation.

Advocacy activities increased youth participation and leadership

The collaborative “YouthForce” activities at the international AIDS conferences in 2002 (Barcelona), 2004 (Bangkok), and 2006 (Toronto) – in which YouthNet played a leading role – led to a substantial shift in youth participation from being outside the mainstream conference to being institutionalized

“I know more about the YouthForce than anything else [at the Toronto International AIDS Conference].”

Peter Piot, director, UNAIDS

Youth-Led Assessment Provides Guidance to Tanzanian Officials

“We need to involve the group we are trying to help, to know their needs and their hopes,” explained YouthNet/Tanzania Project Director Matthew Tiedemann to Tanzania government officials and others gathered to hear the results of a formative assessment for the most vulnerable children. The report was designed to enrich the national plan of action being developed by the Ministry of Health and Social Welfare.

At the Tanzania Episcopal Center in Dar es Salaam, 10 of the young people who helped gather data through a month-long participatory assessment process presented their findings. The data came from focus group discussions and in-depth interviews with nearly 500 vulnerable children in two districts of the Morogoro region. Alice Ijumba, youth involvement coordinator at YouthNet/Tanzania, and Andrew Mchomvu of the Tanzania Institute of Social Work facilitated the process, which involved training the youth, data gathering, data analysis, and preparation for dissemination. The representative from the ministry listened as the young people shared results of the participatory learning and action process, including pictures of the family that the young people drew during workshops, pictures of social networks, and lists of problems they encountered. The government official responded enthusiastically, saying they would take these youth views into account as they developed their national strategic plan for most vulnerable children.

“These children face many difficult circumstances,” said Mchomvu. “They have mental handicaps, are orphans, are neglected children living on the streets, and are absolutely poor.” Saidy, a 14-year-old boy whose father had died, said, “There is no money to pay school fees. So I do not go to the school. I stay at home. Education is most important.”

in formal conference planning and participation. This resulted in increased visibility and press coverage on youth issues, greater youth-adult partnerships at the meetings, and in Toronto, 344 concrete programmatic and financial commitments made to youth by Peter Piot at UNAIDS, Anders Nordstrom at WHO, and others. For example, Nordstrom wrote, “I commit to allocate WHO resources and priorities to make information and knowledge available to young people” (see <http://youth.aids2006.org> for more examples).¹⁵

The chief youth rapporteur of the 2006 conference, who worked closely with the YouthForce, focused on the YouthForce key messages in her closing presentation to the plenary session; these messages and recommendations will inform the planning for the 2008 Mexico City conference. The 2006 YouthForce had six donors, four key coordinating agencies, and more than 100 partner organizations, illustrating the important leveraging ability that YouthNet – as a cofounder of the YouthForce in 2002 – has brought to this process.

Youth involvement incorporated at many levels

YouthNet projects involved youth in research, policy development, institutional advisory groups, and program activities. Young people were trained as interviewers for a household, population-based survey in the Iringa region of Tanzania. These young people provided a valuable asset in administering the survey with youth at their homes. Youth were trained as joint leaders of three participatory assessments in Ethiopia, Namibia, and Tanzania. These are discussed in Result 7 on community-based initiatives. With funding from UNFPA, YouthNet led a pilot project in Botswana and Thailand designed to promote youth participation in national responses to RH and HIV/AIDS issues. The projects formed teams of youth with adult mentors to develop a recommended national response from a youth perspective. The report from the Thailand team recommended youth call centers, youth-friendly health centers especially for vulnerable groups such as HIV-infected youth, and other approaches. Youth also provided guidance on national policy issues related to orphans and other vulnerable youth with information from a youth-led participatory assessment in Tanzania (see box, this page).

At the institutional level, a total of eight young people (in four youth slots) served on the YouthNet Technical Advisory Group (TAG), which provided guidance to YouthNet at annual meetings. The Tanzania project included a 15-person Youth Executive Committee (YEC); this group provided similar guidance and input at the country level. YouthNet sponsored an annual internship program, training young professionals from developing countries in RH/HIV technical and programmatic issues and helping ensure that a youth perspective was integrated into all YouthNet technical and programmatic areas. About 30 youth participated, and nearly all of them are now working in organizations related to RH/HIV issues. The YouthNet Tanzania project also initiated an internship program, hosting internships in conjunction with the University of Michigan, the University of North Carolina, and local programs.

Recommendations

1. **The *Youth Participation Guide* offers a tool found valuable by many groups in assessing and institutionalizing youth participation and in promoting greater youth-adult partnerships. Programs can draw on those who have been trained to use the guide.**
2. **Youth advocacy and involvement should be used to strengthen programs' ability to respond to the needs of youth. Approaches include leadership at international events, substantive roles in implementing activities, internships, and membership on advisory groups.**

In Ethiopia, 51 youth leaders were trained in the participatory learning and action process and then conducted assessments among 800 youth and many adult stakeholders in every region of the country. The youth analyzed the assessment data, synthesized the information, and led regional and national dissemination workshops to share and validate the findings. The youth leaders also created a *National Youth Charter* and a three-year *Plan of Action* that was presented to the Ministry of Youth, Sports, and Culture at a national youth event. The Synergy Project described the project and its results in its 2004 publication, *Going to Scale in Ethiopia: Mobilizing Youth Participation in a National HIV/AIDS Program*. "I was amazed!" said one youth participant. "I was part of this process and ... now after seeing this introduction and the material produced, I feel really proud of having helped." Another added, "If the products of this consultation are made practical, then the youth will show behavior changes within a short period of time."

Youth Lead Ethiopia Assessment, National Youth Charter Project

Effective Systems of Synthesizing and Utilizing Information Contribute to Improved Programs



The attention to youth RH/HIV prevention activities has grown enormously since the 1994 International Conference on Population and Development. A vast increase in reports, interventions, research studies, electronic notices, and Web listings has resulted – in short, an exponential increase in knowledge has occurred. Yet, few coordinating systems exist regarding knowledge on youth RH/HIV prevention. Policy-makers and program managers at the country level lack easy access to information. Many USAID missions are concerned about youth and must proceed with programming decisions, yet lack information on best and promising programming approaches. To address such issues, YouthNet synthesized key information from this growing volume of sources, determined where there were knowledge gaps, collaborated with many organizations, and disseminated the most helpful lessons learned in useful and practical formats. Developing these systems facilitated the utilization of information and increased the use of accumulated knowledge, best practices, and tools.

“We have been able to use the *YouthLens* publications to reach out to a cross-section of youth in school and out of school.”

Masila Syengo, Youth Coordinator,
International Centre for
Reproductive Health, Kenya

Program resources and research findings synthesized and disseminated

YouthNet developed five publication series and innovative dissemination strategies, successfully meeting the needs of different audiences, according to an electronic survey of users.¹⁶ Most of the YouthNet materials were designed for adults – program managers, donors, policy-makers, and others working with youth issues – rather than for youth themselves. A list of all YouthNet publications is in Appendix C, and most are on a CD-ROM available from FHI.

- 1. YouthLens.** Each four-page research summary (a total of 18 were published in English, Spanish, and French) synthesized research findings and program evaluations, providing the field with easy access to the latest information and thinking on key youth topics. These were distributed to about 6,000 people or institutions through YouthNet electronic and print mailing lists.
- 2. Youth InfoNet.** This monthly online publication provided the only global youth-focused summary of new program resources and research articles, with Internet links or abstract summaries (research articles), reaching up to 120,000 readers through listserv dissemination. Twenty-seven issues included summaries of 300 new program resources, 298 research articles from peer-reviewed journals, and other features.
- 3. Youth Issues Papers.** The first paper synthesized the review of intervention studies from the FOCUS on Young Adults end of project report. The other six papers examined topics of growing importance to the field that had not been explored thoroughly, including out-of-school youth, global youth culture and a global mass media campaign, teacher training, orphans and vulnerable youth, and peer education.

4. YouthNet Briefs. These two-page summaries of YouthNet projects provided summaries of key YouthNet research results, country projects, and technical leadership.

5. Youth Research Working Paper Series. These reports on YouthNet research projects covered many of the key research areas described in Appendix B. These were disseminated to small targeted audiences, focusing on researchers.

In 2005, the YouthNet monitoring and evaluation coordinator conducted an electronic survey of those receiving electronic announcements of YouthNet materials. Of 3,806 e-mail records, 355 indicated they would be willing to complete the survey, and 207 did so (a good return rate in this type of study). About seven out of 10 respondents were from developing countries, with 49 countries represented. About two out of five respondents from developing countries were women. Nearly all respondents had a college education or higher. At least one-third of the respondents reported that they found “most useful” approximately two-thirds of the *YouthLens* (nine of 14) and *Youth Issues Papers* (three of five) – the scale included most useful, highly useful, somewhat useful, and not useful. The study found that e-mail is the primary method in both developed and developing countries for learning about YouthNet materials.

Evidence-based program resources provided guidance and new information

Needs assessments identified gaps in information and resources that led to the development of new tools, curricula, standards, and manuals, which are discussed in other sections of this report. Other resources included two Web-based learning tools: a) the *Reproductive Health of Young Adults* module (English, Spanish, and French) with slides, notes, references, a self-test, and b) an online training course on youth reproductive health, part of the USAID Global Health e-Learning Center. YouthNet developed three USAID Global Technical Briefs on family planning for married adolescents, contraception for youth, and abstinence or delayed sexual initiation. YouthNet also participated in many publications with other organizations including WHO, Johns Hopkins University, and UNFPA. YouthNet/Tanzania developed a series of briefs and success stories and created a page on the YouthNet Web site highlighting project activities and links with other country resources.

Regional forums, technical consultations, online forum facilitated utilization

In 2004, in collaboration with the Pan American Health Organization, the Nicaraguan Ministry of Health, the NicaSalud NGO Consortium, and others, YouthNet developed a regional forum in Nicaragua with more than 100 participants from eight Latin American countries. A mini-university format allowed for sharing technical information on various tracks with plenary sessions and an

Online Forum Provides Guidance, Connections, Hope

Forum participants indicated that the exchange of global guidance and local experiences was extremely fruitful. A school counselor in India said, “Participating in the discussions helped me to continue my work with renewed energy and enthusiasm, knowing that I am not alone in facing challenges.” From Cameroon, a youth program director posted, “The resources and/or practices discussed in the forum have made a real impact on the growth of new initiatives as I continue to develop similar models around my daily work.” Another survey respondent said, “I gained some new insights in behavior communication strategies.” Another added, “We have just done the baseline survey for our peer education program. I used much (from) the issues raised.”

information fair. Country plans were developed at the meeting, but resources and focused attention were not always available to follow up on proposed ideas. In 2006, with WHO and the Population Council/Frontiers Project, YouthNet sponsored a regional forum in Tanzania, with 120 people from eight African countries. It included an overview plenary; working tracks on services, education, and enabling environments; a session on monitoring and evaluation issues; and working sessions on future programming.

Tanzania Group Shares Information, Addresses Gaps, Collaborates on Tools

To address the need for more coordination among projects working with youth in Tanzania, YouthNet developed a mechanism to share technical information and plan ways to collaborate and avoid duplication. Called the Coordinating Committee for Youth Programs (CCYP), it includes representatives from government ministries, donors, other international NGOs, and local NGOs. "The CCYP has been a good forum for bringing people together, to get to know what others are doing, sharing information and avoiding duplication. It has also been a good effort at capacity building," says Neely Iteba, UNFPA/Tanzania. "We need to strengthen the government partnership and be more focused on specific outcomes and scale up our efforts. But it has been a good beginning." At the quarterly meetings, YouthNet staff and others have led sessions on HIV counseling and testing, gender, and other topics. The 50 to 90 regular attendees are developing an analysis of gaps in available tools for working with youth, formal strategic objectives, and a training needs assessment tool to help facilitate more coordination and focused programming. A similar and related effort is the development of a network of partners working on youth issues related to abstinence and partner reduction and faithfulness. CCYP is also coordinating a compilation of the various educational materials being used to work with Tanzanian youth.

In other meetings, researchers and program managers shared knowledge about research results, programming experiences, and possible new directions:

- In 2003, the first global technical meeting on sexual coercion was held in India, cosponsored with WHO and the Population Council. Papers from experts were compiled into *Sex without Consent* (Zed Books, 2005). Key findings were distilled into a widely disseminated packet of a *YouthLens* issue and three briefs from the Population Council.
- In 2003, YouthNet and the Population Council cosponsored "New Findings from Intervention Research," where researchers discussed findings from a Frontiers four-country study and research from Tanzania, Côte d'Ivoire, South Africa, and other countries.
- With USAID and the Institute for Youth Development, YouthNet sponsored a 2003 meeting on HIV prevention for youth in developing countries that included presentations of technical background and program models, and small group discussions.
- Other meetings are summarized in technical areas of this report: youth services (2003), policy (2004), repositioning family planning (2005), community involvement (2005), sex education (2006), and peer education (2006).

In 2005, YouthNet collaborated with Johns Hopkins University/INFO Project and the WHO Implementing Best Practices (IBP) project to sponsor an online global forum on youth and reproductive health. The forum reached more than 650 people from 86 countries, with a total of 129 postings from 87 people representing 32 countries, 28 of them developing. It included a weekly introduction by a global expert on a specific topic, with summaries distributed daily in a combined single e-mail. An evaluation included a survey with an 11 percent response (73 out of 654) and in-depth interviews with seven developing country participants (see box, page 23). Virtually all were satisfied with the content, and more than half downloaded electronic materials shared during the forum.

Recommendations

1. Programs need to continue to synthesize the latest information on key topics in research briefs (like the *YouthLens* series) and disseminate the latest program resources and published research (like the *Youth InfoNet* series).
2. Organizations should collaborate to facilitate substantive technical meetings where presentations on the latest research and program results and interactive exchanges can move the field forward. Printed materials can serve as backup resources.
3. Use electronic forums, an effective and inexpensive tool, to facilitate the sharing of materials and discussions of program approaches between global experts and persons working in the field. However, efforts must be made to simplify the electronic process to ensure wide readership and participation.
4. When technical meetings include the development of country-specific action plans, designated funding, country-level buy-in, and technical support are required to ensure that these plans are implemented.

“[The YouthNet publications] are of fundamental importance for program directors ... and will be of use in our daily activities.”

Martha Isabel Icaza,
UNFPA program director,
Panama



Media Shape Youth Norms, Opinions, and Discourse



In an evaluation of the 2002 *Staying Alive* campaign, FHI/YouthNet found clear evidence that this massive global campaign had significant impact on interpersonal communications about HIV/AIDS and also affected social norms in some cases.

Awareness of an issue and communication about it are important steps that can lead to behavior change, both by individuals and communities. Using the media to provide information and address social norms is an attractive way to reach large numbers of youth and community stakeholders. Mass media is playing an increasingly major role in developing countries, transforming the ways information is shared and social attitudes are formed. Youth in almost every country are increasingly exposed to television programs, radio, movies, the Internet, and music via new technologies. YouthNet worked at both a massive global scale and with individual media projects in Tanzania and West Africa. The global effort resulted from an opportunity to work closely with the MTV Networks' (MTV) 2002 *Staying Alive* campaign, which expanded the reach of HIV prevention messages beyond any level ever attempted. YouthNet helped to bring an awareness of developing country values in the campaign messages and to undertake a research project to assess the campaign's impact. At the local level, radio, print media, local television stations, and community fairs provided important outlets for shaping awareness and influencing social norms.

Media campaign increased interpersonal communication and positively influenced individual beliefs

The 2002 MTV *Staying Alive* campaign (see box, page 27) presented a rare but challenging research opportunity. No study had ever attempted to analyze the impact of a global media campaign on HIV/AIDS. The social diffusion model of media effects addresses how to influence culturally engrained behaviors, such as those associated with sexuality and HIV. An intervention must first influence social and cultural norms and attitudes about those behaviors. Norms change, in part, as a result of interpersonal communication. The research used cross-sectional, population-based household surveys among youth ages 16 to 25 at baseline and post-campaign in three diverse urban areas: Dakar, Senegal; Kathmandu, Nepal; and São Paulo, Brazil. Exposure rates among youth ages 16 to 25 in each city were: 12 percent (32,000) in Kathmandu, 23 percent (400,000) in São Paulo, and 82 percent (220,000) in Dakar. Exposure in general was related to economic status and use of "new" media technologies, but the campaign also reached a wide variety of youth. In fact, the majority exposed to the campaign had not used the Internet.

The analysis found that exposure to the campaign in all three countries was associated with increased interpersonal communication about HIV prevention. Also, campaign exposure and interpersonal communication were associated with positive beliefs about HIV prevention. These similar findings in three diverse sites provide ecological validity of the findings that *Staying Alive* promoted interpersonal communication and influenced young people's beliefs about HIV prevention in a positive way, evidence for the potential of a global media campaign to have an impact on social norms.

In response to concerns that the content of a global campaign might not be well understood across countries, focus group discussions were held in the three survey sites plus Nairobi, Kenya, after showing the *Staying Alive* public service announcements (PSAs) and the documentary to groups of young women and young men. Young people in all sites found the documentary emotionally involving and were particularly moved by the story of a young Cambodian woman who had been faithful to her partner but whose partner was not faithful to her. Viewers were able to connect with the long-format documentary stories regardless of their cultural background. The PSAs were also mostly well-received by viewers in all sites, although there was some resistance to these short-format messages. The documentary stories allowed more time for the viewer to identify similarities with the character and relied less on the visual, cultural cues of the PSAs for information. On the basis of these findings, MTV changed its strategy for subsequent global campaigns, focusing more attention on long-format programming and leaving PSA production to their local stations.¹⁷

Media campaigns at global, regional, and local levels reached millions of people

YouthNet worked with MTV to promote the 2002 *Staying Alive* campaign beyond the reach of the worldwide MTV station network with low- or no-cost programming. Stations reaching almost 800 million homes broadcast the campaign, including China, which represented 64 percent of total television households worldwide. The campaign was aired by 44 of the 50 countries most affected by HIV/AIDS, primarily because MTV offered the programs rights free and because MTV, YouthNet, and other partners worked to disseminate the programs widely. Throughout its five years, YouthNet continued to provide

The campaign sought to promote more favorable HIV-prevention attitudes, knowledge, and skills; to elevate the level of personal concern among youth about HIV/AIDS; and to empower youth to take concrete action for themselves and their community. It included:

- a global forum on HIV/AIDS at the 2002 International AIDS Conference in Barcelona
- an expanded section of the forum with Bill Clinton called “Clinton Uncut”
- a documentary with in-depth stories of youth from Senegal, Latvia, and Cambodia, plus interviews with others
- a concert program with clips from two music concerts, plus interviews with the performers about HIV prevention and stigma reduction
- public service announcements
- an online campaign that primarily targeted youth who had access to television, but expanded its reach by adapting segments for radio, the Internet, and other community-based activities in a few countries, such as Senegal and Kenya

In Senegal, a local committee formed by FHI adapted the campaign to radio and community activities. Radio stations shifted HIV/AIDS coverage from a medical approach to interviews with young people, women, people living with HIV/AIDS, nurses, and doctors. Plays about the virus, often performed in a village square or during a sporting event, were broadcast over the radio as well. For six months, 32 radio stations in Senegal were talking about HIV/AIDS several times a week, which had never happened before. In Kenya, FHI and YouthNet launched the *Staying Alive* campaign at a meeting with representatives from the major television stations, the Ministry of Health, and NGOs working in HIV/AIDS. Four of the television stations in Kenya carried the campaign, and one group produced a two-part *Youth in Dilemma* program, using panelists who answered questions from an audience of youth. “I was totally changed,” a 20-year old Kenyan said, after seeing artist Sean “Diddy” Combs visit people in South Africa living with HIV/AIDS on one of the campaign’s broadcasts. The young Kenyan then visited his cousin in the hospital – he had previously shunned her – before she died of AIDS.

MTV Staying Alive 2002 Campaign

Local Media Change Youth and Community Members

“I can say without a doubt that *Si Mchezo!* has helped me change my behavior,” said one letter to the editor. A recent issue has a large picture of a young man named Nehemia with the statement, “Nimeachana na ngone” (“I am abstaining from sex”). He tells the story of how his earlier sexual activity after his parents died was a mistake. “Many youth think it’s impossible to abstain, especially if you’ve already started having sex, but this is wrong,” a youth wrote after reading the story. “We should follow the example of people like Nehemia. Thank you, *Si Mchezo!* for giving him room to speak.” One issue included a poster called “ABC mpaka Z” (“Beyond ABC”), which presented ways for young people to protect themselves from HIV, with more choices than just the message of abstinence (A), be faithful (B), or use condoms (C).

technical assistance to MTV, focusing on behavior change communication message development, gender, and pregnancy prevention. For example, the program helped MTV prepare a briefing document on women and HIV/AIDS, which served as the global theme of the 2005 campaign. The document went to MTV creative directors throughout the world and inspired PSAs for specific cultural audiences in Eastern Europe, Brazil, Africa, and China. In 2005, YouthNet assisted MTV in designing a weekly program for its 100th station worldwide, MTV Base Africa. YouthNet funded a media assessment to see what programming would best fit the audience and learned, for example, that sexually explicit messages would make the audience feel uncomfortable and could further enhance the perception that safe sex is a taboo topic. Based on such results, YouthNet worked with MTV in developing the first programs for MTV Base Africa to better meet the needs of African youth.

In Tanzania, YouthNet has reached large numbers of youth and community members through major fairs and festivals that included small media interventions. Working with Iringa community groups, YouthNet organized Youth Week, an annual October celebration in Tanzania, where more than 35,000 youth ages 10 to 24 participated in sports competitions, meetings with parents, and many public events with edutainment and other activities. YouthNet distributed T-shirts with the “J6” message that refers to six Swahili words beginning

with the letter “j” saying things like protect yourself and love yourself. Teachers, parents, and other community stakeholders participated in the many activities. At a similar Youth Week festival in another region, Tanzanian President Benjamin Mkapa said to FHI: “Let me shake your hand. Good job.” Similar gatherings occurred on World AIDS Day and at major launch events for YouthNet. For example, in April 2006, some 5,000 youth packed into a football stadium for dancing, theater, talks, and awards to the new YouthNet competitive grant winners.

Locally relevant publications helped youth to personalize information and make positive changes

YouthNet worked with a Tanzanian media-based group called Health Information Project, supporting a bimonthly magazine in Swahili called *Si Mchezo!* (“no joke!”) and 10 episodes of the television program “Femina Talk Show.” Anecdotal evidence showed that personal stories and testimonials from field settings in *Si Mchezo!* promoted community dialogue about reducing sexual risk-taking behaviors. The magazine reaches youth as well as parents, religious leaders, teachers, and other community members, providing one of the few written resources that both adults and youth read and use for discussions. The topics for the Femina talk shows came from a planning process with youth, key stakeholders, and Health Information Project staff. The 10 programs

covered gender, girls' education, HIV risk and marriage, voluntary counseling and testing, gender-based violence, contraceptive methods, and other topics. The shows often involved a panel of field people from rural regions, such as one that focused on contraceptive methods and included a nurse and five youth. As many as 700 text messages (mobile phones are common in Tanzania) came in after each show, indicating that youth are interested and want more information. The Health Information Project also operates an urban magazine called *Femina*, a Web site, and other outreach activities.¹⁸

Recommendations

1. Just as global media campaigns have successfully focused on HIV/AIDS, such efforts should address pregnancy prevention and sexual risk-taking.
2. Local programs should take advantage of rights-free programs developed for a global audience, using radio, discussion groups, and videos of long-format documentaries.
3. Local print media help influence social norms about youth and should highlight young people's personal stories and target circulation to community outlets.
4. Youth festivals and similar events should be used to offer educational messages, thereby increasing exposure to positive health norms.¹⁹



Community-Based Initiatives Stimulate Supportive Actions



Community involvement can create the sense of ownership necessary to sustain behavior change beyond the life of an externally funded program. Involving both youth and adults is particularly important for youth RH/HIV prevention programs. In most societies, it is impossible to reach young people without at least the cooperation of the adults responsible for their physical and social development. Moreover, because young people and adults in a community often have different perspectives, involving both age groups is important. Adult involvement can enable adults to provide more effective support for youth, improve communication between adults and young people, and increase community ownership and sustainability of youth RH/HIV prevention efforts. Young people's participation in planning, implementation, monitoring, and evaluation helps ground programs in the actual needs of youth and develop the support systems that youth will use. This participation can help make interventions more relevant to their intended beneficiaries. YouthNet focused its community-based initiatives on youth-led participatory assessments, faith-based interventions and materials, and a compilation of global resources and research.

Community assessments built capacity and improved programs

YouthNet participatory assessments in Ethiopia, Namibia, and Tanzania, and capacity building activities in Tanzania led to many community-based organizations (CBOs) – including faith-based organizations (FBOs) – addressing RH/HIV issues among youth. The assessments used participatory learning and action techniques to help young people talk about themselves, their bodies, their neighborhoods, their families, and their perceptions of risks for pregnancy, STIs, and HIV. The projects trained young people to work with adults in planning and conducting the assessments, as well as to analyze and share the findings with the community. In this approach, youth and community needs are identified by the target population, rather than by only adults or outside planners. The projects led to important new programmatic steps, including a national youth charter, a new curriculum for youth, and new and expanded faith-based initiatives. YouthNet produced a guide to participatory assessments with a youth-centered approach.²⁰

In Namibia and Tanzania, the participatory assessments worked primarily with faith-based organizations. In Namibia, 59 trained youth led 28 assessments involving more than 600 youth ages 8 to 16 and facilitated group discussions with 84 adults. In Tanzania, 48 youth leaders and adults from Muslim and Christian groups in the Iringa region involved more than 1,100 youth and adults in the assessments. The project led to the expansion or initiation of work by faith groups on issues identified during the assessments, with YouthNet providing workshops to build capacity among the groups to design and implement youth projects. Focusing on organizational development with FBOs helped to build staff confidence and improve skills in program planning, administration, monitoring, and financial management. (For more on the Ethiopia assessment, see box, page 21.)

Engaging faith leaders led to new faith-based RH and HIV/AIDS materials that filled a significant gap

YouthNet's work in Tanzania and Namibia and with regional FBOs and other organizations indicated that parents and other adults did not have a curriculum to work with youth on RH/HIV issues from a faith perspective. YouthNet addressed this gap by developing a series of three global family life education (FLE) materials. Two were designed to teach adults to communicate with youth, one each from a Christian and a Muslim perspective. Both manuals contain six workshops and a participant handbook adapted for Christian or Muslim audiences. Participants practice communication skills and learn factual information, using religious teachings and appropriate Bible and Qur'an verses as a context for reflection on the public health information. Both tools were field-tested in Tanzania, where Christian and Muslim leaders helped identify appropriate verses. Endorsement by the World Council of Churches Ecumenical HIV/AIDS Initiative in Africa illustrates the wide interest among multicountry FBOs. In addition to these tools, YouthNet adapted curricula developed in Namibia for a global audience. This tool aims to educate youth about RH and HIV/AIDS issues by providing adult facilitators with evidence-based information and activities to help discuss these issues. The manual contains 12 sessions covering topics regarding sexuality, healthy relationships, values, communication, and related topics. Because these tools were developed near the end of YouthNet, FHI will continue to promote their utilization beyond the end of the program, working with FBOs who have expressed interest.²¹

In addition to these global tools, YouthNet's work in Namibia demonstrated that it is feasible to work with traditional denominations to build young people's RH and HIV/AIDS knowledge and skills. Collaborating with the Evangelical Lutheran Church in Namibia (ELCIN) and the German Evangelical Lutheran Church (GELC), YouthNet developed a new youth RH/HIV educational curriculum, now translated into three languages. More than 2,000 parents from participating parishes have been introduced to the program, and master peer educators, trainers, and church mentors have been trained to use the curriculum.

Namibia Assessment Leads to Greater Church Involvement

Namibia is one of the five countries in sub-Saharan Africa most affected by HIV/AIDS. It also has an active church community that has participated in HIV care and treatment activities, but not prevention or education. An assessment of youth projects in Namibia, conducted by YouthNet at the request of USAID/Namibia, concluded that FBOs had a strong potential to provide guidance about RH/HIV for young people. The first major activity was a participatory assessment (see page 30), coordinated by YouthNet with a local FBO called the Change of Life Style (COLS) Project. Findings from the assessment showed that Namibian youth ranked churches very low as places to seek counseling on HIV/AIDS and related issues. A major recommendation was to develop a comprehensive curriculum that FBOs could use in youth HIV prevention activities. COLS shared the findings with the Council of Churches and other groups and got support for the curriculum. "The findings were a real eye-opener for the pastors," says Clive Willemse, COLS director. A series of workshops with COLS staff, volunteers, and pastors led to the development of the curriculum. Thirty church leaders participated in a master training-of-trainers workshop on using the curriculum; they have now trained some 90 additional church leaders. Using the curriculum, these faith leaders have reached some 1,500 youth ages 8 to 16. In addition, forums of pastors have discussed how to work with youth and how to improve parental communication with youth to prevent early sexual debut and its consequences.

FBOs Develop Greater Capacity, Increase Involvement

Technical consultation synthesized information on impact of community involvement

In November 2005, a technical consultation examined the existing research and program models on community involvement in youth RH/HIV programs, identified gaps in empirical evidence, and suggested ways to build on and strengthen impact research and program evaluation. About

10 organizations were involved in planning the meeting, including the Adventist Development Relief Association, the Centre for Development and Population Activities, and CARE USA. A literature review was prepared for the meeting, and presentations discussed projects and research from Bangladesh, Burkina Faso, Georgia, Egypt, India, Mozambique, Nepal, and Zambia.

Two faith groups that won large awards from YouthNet/Tanzania were a Catholic group called Family-Based Health Care Promotion Program (FABAHECA) and the Evangelical Lutheran Church of Tanzania (ELCT) in the Mufindi district. FABAHECA program coordinator Severine Njelekela attended several YouthNet capacity building workshops. FABAHECA has reached some 37,000 youth and community members, working through Catholic priests, councils, and schools, using peer educators as well. “I learned how to prepare a proposal, how to develop behavior change communication materials and messages, how to evaluate our activities, and how to explain to coworkers about money management,” says Njelekela. “Now we have the capacity to conduct trainings for peer educators.” They utilize the “Stepping Stones” curriculum with 15 topics, where youth learn skills like using “I” statements to take responsibility and not blame other people. The project focuses on faithfulness for married youth and abstinence for unmarried youth. “But we give facts about condoms. The Bishop has accepted this. The condom is just an object. It is a person’s habit that destroys him, not the condom.”

The ELCT leaders, who also participated in the capacity training, focused on training pastors, choir leaders, youth leaders, and trainers of trainers, using a marriage-teaching manual. “We want to emphasize to couples to stick with the relationship and with the family, to bring up a healthy family,” said the late Rev. Nathanael Mnyalape, project manager. “Couple communication is a key.” In February 2006, the project reported providing HIV information to nearly 1,000 youth through schools, almost 500 couples through the 26 churches in the district, and more than 800 parents through community and church activities.

Meeting participants generally agreed that future research and program efforts should focus on developing conceptual frameworks that more clearly define the relationships between community involvement and RH/HIV and other program outcomes. The field needs to be clearer in developing goals and outcomes for community involvement. Which stakeholders should be involved, and do they change over the life of the project? Such questions and frameworks need standardized yet flexible indicators of the impact of community involvement. Other related questions include the role of youth-adult partnerships and specific strategies to include marginalized youth. More research and rigorous program evaluation are needed to strengthen the evidence base and address knowledge gaps in this field, along with improving program and process documentation about community involvement in youth RH/HIV projects. Three reference documents were grouped into a set of *Youth Community Involvement Resources* – a report of the technical consultation, a review of the literature on the topic, and an annotated guide to technical resources. Also included in this collection of resources was the guide to participatory assessments with a youth-centered approach.²²

Recommendations

1. Youth programs should put youth and adults at the forefront of participatory assessments by using participatory learning and action techniques. This process helps to raise awareness, increase knowledge and skills, promote the involvement of parents and community members – especially faith-based leaders, and provide opportunities for youth to contribute to their own and their community's development.
2. Organizational development with FBOs and their staff should be used to help build confidence in working with youth and improve skills in program planning, administration, monitoring, and financial management.
3. The Christian and Muslim family life education manuals are new and unique resources that can be used by parents and other adults in working with youth.
4. Although program experience and some research have shown that community involvement has an impact on youth RH/HIV program outcomes, more research and analysis are needed.



“Before [field-testing of the Muslim family life education curriculum], I was ashamed to talk in front of parents about sexuality. But I was converted. The more you hide by not talking about sex, the more people die. In my mosque, I say these things ... and I talk about condoms.”

Sheikh Juma Marijebi,
coordinator of mosques and
Muslim education schools
in a district of Tanzania

Policy Development and Advocacy Draw Attention to Youth Needs



Clear policies articulated by government documents can contribute to a more enabling environment for youth reproductive health and HIV prevention programs among governments, donor groups, faith institutions, and international NGOs. Policies can range from national laws and ministry guidelines to position statements from faith institutions. While policies are important, they are only the first step. Policies need to be implemented through concrete advocacy and programs. In many cultures, youth sexuality remains a taboo topic in policy circles. Family planning institutions may still emphasize services only for those who are married, creating barriers for unmarried but sexually active youth to receive pregnancy or HIV prevention services. Ministries may develop an ambitious charter for youth but have no funding for implementation. YouthNet addressed such policy and advocacy challenges through two general approaches: specific activities on select topics in specific countries and global technical assistance through a searchable database of policies and resources.

Youth RH policies and strategic plans strengthened

YouthNet engaged stakeholders and advocated for more focus on the needs of young people through policy development in Ethiopia and Zambia, the repositioning of family planning activities in West Africa, and policy development for vulnerable children affected by HIV in Tanzania and global forums.

In Ethiopia, YouthNet worked with the Ministry of Health and stakeholders to develop the new *National Adolescent and Youth Reproductive Health Strategy*. The policy sought to support an enabling environment for investment in youth and vulnerable groups, to increase access to quality services, to increase the awareness and knowledge of youth about reproductive health issues, and to design Ethiopia-specific programs. The process involved an advocacy day, a multisectoral committee, regional consultations, and input from multiple donors and international NGOs. Locating the new policy in the ministry office gave it legitimacy. Challenges ahead include the development and implementation of actual plans based on the policy.

At an African regional policy workshop led by YouthNet and partners in 2004, Zambian participants developed a work plan that led to follow-up YouthNet funding for the Zambia Interfaith Networking Group on HIV/AIDS (ZINGO). With a membership of 14,000 local faith groups, ZINGO worked to focus new attention on youth RH/HIV prevention through Christian, Muslim, and Baha'i leaders. The project conducted a situational analysis of youth RH/HIV perceptions, attitudes, and needs, and of youth RH/HIV information and services offered by FBOs. From that,

it developed guidelines for advocacy within the faith groups, which the organizations endorsed. Next steps are utilizing such tools as the Christian and Muslim family life education manuals developed by YouthNet.

As part of the USAID effort to reinvigorate family planning in the environment of increased attention to and funding for HIV/AIDS programs, YouthNet led efforts to advocate for youth needs, focusing on West Africa. A collaborative group of partners held a one-day youth advocacy event in Ghana, piggybacking on a repositioning meeting, which led to increased focus on youth as a priority in 12 of 15 countries attending and action plans in several countries. YouthNet funded a pilot project in Mali and Cameroon, which included advocacy and training with education leaders and training for peer educators.

YouthNet also worked within the global community, advocating for orphans and vulnerable youth to ensure that the needs of adolescents were addressed. This included developing strategy documents and producing a youth issues paper and *YouthLens*.²³

Policies worldwide compiled and Internet tool developed

Working with the POLICY Project, a nongovernmental project based in Washington, YouthNet compiled policies worldwide into an Internet tool (www.youth-policy.com). This Web site has been a source of information for NGOs and governments developing youth policies and offers an interactive sharing mechanism. Launched in 2004, the site has more than 2,000 visitors a month. In Botswana, the Ministry of Health relied on the Web site when developing a similar country-based data system. In Haiti, an NGO developed new policy language on VCT for youth, using the database of policies. Other youth initiatives have had similar success stories when using the site. The site offers a way to analyze or develop policies through a framework of issues, including reducing harmful cultural practices, and avoiding unplanned pregnancies. The site also provides links to technical resources and organizations working in the field.²⁴

Recommendations

- 1. Governments and NGOs should use the process of developing a governmental, faith-based, or other institutional policy on youth RH or HIV/AIDS as a way to build stakeholder interest and support for youth.**
- 2. The repository of information on youth policies (www.youth-policy.com) should be used by programs and governments in developing and refining their policies.**
- 3. Advocacy and focused attention are needed to keep youth a priority in repositioning family planning in the current environment, where great emphasis and resources are devoted to HIV/AIDS.**
- 4. Those working with youth who are orphaned and vulnerable due to HIV/AIDS need to ensure that the unique needs of these adolescents are met, including their RH needs.**

In Botswana, the Ministry of Health relied on the Web site [www.youth-policy.com] when developing a ... country-based data system. In Haiti, an NGO developed new policy language on VCT for youth, using the database of policies.

Addressing Social and Gender Norms Facilitates Changes in Risky Behaviors



Some traditional gender norms contribute to unintended pregnancy, STIs, HIV/AIDS, sexual violence and coercion, early marriage, and other harmful outcomes. In many cultures, gender norms for females include submissiveness, deference to male authority, dependence, virginity until marriage, and faithfulness during marriage. Norms for men, in contrast, are built around power and control, independence, not showing emotions, risk-taking, using violence to resolve conflict, early sexual activity, and having multiple sexual partners. A growing body of evidence shows that the more gender considerations are integrated and explicitly addressed within programs, the greater likelihood of improved health outcomes for both young men and women. YouthNet addressed gender in all major publications and tools, in many of its research studies, in staff training, and in building the capacity of local partners. In addition, YouthNet had two research projects focusing largely on social and gender norms, a project in Tanzania addressing young men's gender attitudes, and a project in Zambia focusing on girls' safety related to education.

Research clarified strategies for faithfulness interventions

YouthNet research in Tanzania found that youth understand the concept of being faithful to one partner if the term is clearly translated and related to sexual activity and agree that the message is relevant to them in terms of HIV prevention. It also found that simplistic slogans like “be faithful” may not translate well into another language and may not help youth understand how to change specific behaviors.²⁵ The conclusions were based on focus group discussions with more than 120 male and female adolescents, grouped by sex and by ages 14 to 16 and 17 to 20, including urban and rural youth and married youth in the older group. The groups followed a pre-tested guide, which covered knowledge and attitudes about HIV prevention; messages related to A (abstinence), B (be faithful), and C (use condoms) strategies; and pregnancy prevention. Other issues included the context of youth relationships, the meaning of faithfulness and partner reduction, and issues related to faithfulness.

Youth understood the B message, when explained as related to a romantic relationship and carefully translated, as the need to be monogamous with one partner, preferably one who has had an HIV test. The groups had mixed opinions about how easy or hard it is to be faithful, in both premarital and marital relationships. They had a significant mistrust of condoms for HIV prevention, but less so for pregnancy prevention. While condoms were given as the primary method for pregnancy prevention, faithfulness usually was seen as precluding condom use. In fact, condom use was considered by many as evidence of a lack of faithfulness. Consequently, condoms for HIV prevention

within faithful relationships were rarely considered an option, even though almost all youth recognized that condoms can prevent HIV. There were a variety of opinions about these interrelated issues, with contradictions within and between groups, indicating that attitudes toward faithfulness, condom use, pregnancy prevention, and HIV intervention are often conflicting or contradictory among youth. Linked together, these are hard topics for youth to address.

Despite these challenges, the vast majority of the groups felt the faithfulness message was important and relevant to unmarried youth for HIV prevention. They recognize that the application of faithfulness is complex and are not sure how to negotiate faithfulness, particularly in relationships that are unequal (e.g., differential power or financial resources). Faithfulness and condom use are often seen as mutually exclusive, raising challenges for introducing condoms for HIV or pregnancy prevention into faithful relationships. Thus, youth need life skills education on establishing and maintaining healthy, respectful relationships, as well as more complementary messages about condom use within faithful relationships. Youth also want more information on other methods of contraception. Finally, an underlying cynicism about not being able to avoid HIV infection suggests the need for programs that promote self-efficacy.

Research addressed possible links between unintended pregnancy and sexual coercion

YouthNet research in Jamaica and Uganda found that many young women felt significant pressure to have sex early in adolescence, had had a wide range of sexually coercive experiences, and often did not think about their pregnancy risk as part of their sexual experience. The first phase of the study, conducted in both countries, included focus group discussions with young women ages 15 to 17 and a series of in-depth interviews among pregnant and never pregnant, sexually active women (12 pregnant and 14 never pregnant in Uganda; 15 and 15, respectively, in Jamaica).

All study participants in both countries said that the male partner initiated first sex, and most wished they had waited until they were older. Most of the pregnant women did not plan the pregnancy and said it had not been the right time in their lives to be pregnant. While a number said they wanted their first sexual experience, further probing showed that for many it really was coerced, indicating that their first sexual experience was not a choice. Experiences of sexual coercion were common. There were misconceptions and a lack of knowledge about contraception.

Programs need to pay more attention to education for girls and boys about sexuality, gender equality and respect for partners' rights, and communication and negotiation skills, including teaching youth that sex should be a shared decision wanted by both partners. Also, more intensive education about contraceptives and more support to help pregnant girls continue their education are needed. Programs supporting gender equality and mutual respect could be a focus for primary prevention with younger youth (ages 10 to 14) before sexual debut. The study recommended that pregnancy and HIV prevention programs address gender-based violence and the special needs of adolescents.²⁶

The second phase of the study, conducted only in Jamaica, sought to determine the associations among early sexual debut, sexual violence, sexual risk-taking behavior, and unintended pregnancy – comparing pregnant adolescents and never pregnant, sexually active adolescents. Quantitative interviews with a case-control design were used, with 250 pregnant women (cases) and 500 never pregnant women (controls). Data for this study are being analyzed. Preliminary results indicate that about a third of pregnant and never pregnant respondents experienced coerced sex.

... the vast majority of the groups felt the faithfulness message was important and relevant to unmarried youth for HIV prevention. They recognize that the application of faithfulness is complex and are not sure how to negotiate faithfulness, particularly in relationships that are unequal ...

Women's Experiences of Sexual Debut and Violence

Women in focus group discussions in Jamaica and Uganda described sexual debut in this way:

Program to change gender norms among boys and young men adapted cross-culturally

YouthNet worked with Instituto Promundo, an NGO in Brazil, to adapt the Program H gender training manual for young men in Tanzania ages 15 to 24. The participatory curriculum, developed in Latin America, focuses on sexuality and RH, fatherhood, violence, emotions, and preventing and living with HIV/AIDS. Small groups of young men attend weekly workshops that promote reflection about the “costs” of traditional gender norms and harmful aspects of masculinity, offer an alternative male peer group, and allow for discussion and rehearsal of positive male attitudes

and behaviors. The adaptation involved revising the curriculum in two week-long workshops, field-testing 26 activities with 130 young men, applying a pre- and post-test, collecting facilitator reflection reports, and conducting focus group discussions with 30 young men.

Preliminary findings from the pre- and post-tests demonstrated positive attitude changes about men's and women's roles and responsibilities in relation to RH, and showed a positive impact on young men seeking HIV testing. For example, the portion of young men who agreed that it is a woman's responsibility to avoid getting pregnant decreased from 33 percent to 10 percent; similar changes occurred with a statement that women who carry condoms are “easy” (from 23 percent to 4 percent), and with related types of statements. At pre-test, less than 10 percent had received an HIV test, but at post-test, this number rose to nearly 40 percent. Anecdotal evidence also indicated that a number of young men were prompted to seek STI treatment and care as a result of participating in the workshops.

Adapting the manual in Tanzania demonstrated a successful model for replicating an effective program from a different cultural setting. The process also showed the importance of establishing links between the workshop and services in the local community, including those related to livelihoods and health care. It also validated the need to carry out sensitization activities with community stakeholders on the health and development of young men and indicated that a complementary program for young women is needed. These results will be included in the implementation of Program H in Tanzania over the next five years, as part of the new UJANA project (see box, page 41).

“I was still young – I should have been older than that – maybe 18 or 20 years – by then I would have become a real girl who is grown up.”

16-year-old married, pregnant Ugandan, first sex at age 14

“It wouldn't be bad to abstain, but boys can force you.... We as girls would try it (abstain), but the boys force us.”

Focus group of never-pregnant women in Uganda

“My grandmother said she does not have money, so we have to care for ourselves.... No [I didn't want sex]. I wanted money to buy books. If I had books, I would not have sex.”

16-year-old unmarried, pregnant Ugandan, an orphan living with her grandmother, first sex at age 14

“I was there alone. He forced me to have sex, and I didn't want to. Maybe he would have hit me or something. I am afraid of him. He is very tall.”

Never-pregnant Jamaican

Program increased safety and security for girls in secondary school

In 2002, the Foundation for African Women Educationalists in Zambia (FAWEZA) launched the Ambassador Girls Scholarship Programs to assist girls who require financial and peer support to attend secondary school. USAID/Zambia and FAWEZA asked YouthNet to conduct an assessment of the project and recommend strategies to strengthen it and add an HIV prevention component. The assessment found that students often commute some 50 kilometers each way and that during the commute, girls were frequently subjected to sexual harassment, coercion, and violence. Similarly, the girls who rented housing near schools were often forced to live in unsafe compounds and to get jobs to afford food and shelter. The scholarships had inadvertently placed young recipients at increased risk of physical and psychological harm.

To address these unintended consequences, YouthNet assisted FAWEZA in implementing a pilot program with eight schools and their communities, which included building dormitories for students living far from schools and hiring housemothers to supervise existing female accommodations. Also, the project worked with Students' Alliance for Female Education (SAFE) Clubs to teach the girls critical life skills and provide information on RH/HIV prevention through mentors. Finally, the project developed an appraisal instrument to assess the safety and security risks of scholarship recipients to assist the scholarship program.

Recommendations

- 1. To help youth practice faithfulness, programs need to include education and skills training directed toward building trust, negotiating fidelity, and addressing gender equity in their relationships.**
- 2. Programs must address social and cultural norms that contribute to nonconsensual sex, which in turn may contribute to unintended pregnancy, STIs, and HIV/AIDS.**
- 3. Gender inequity must be addressed through interventions for boys and young men that allow them to understand their actions through a gender lens. Successful models of gender training for males can be adapted across developing regions through a South-to South process that will improve RH and HIV/AIDS outcomes for both males and females.**



Capacity Building and Community Involvement Are Key to Successful Country Programs



YouthNet conducted eight formal country youth assessments at the invitation of the missions in (alphabetically) Burundi, Ethiopia, Kenya, Namibia, Nepal, Nicaragua, Paraguay, and Tanzania. As a result, YouthNet country programs developed with mission funding in Tanzania and Namibia, and other substantial technical assistance occurred in Ethiopia, Kenya, and Zambia. YouthNet worked in more than 20 countries during the program, providing technical assistance and reporting on model programs. In addition, YouthNet facilitated new youth projects in India and Jordan, administering USAID funds for AIDS-prevention projects designated for FHI's IMPACT project. For example, FHI/Jordan decided to translate two YouthNet tools (*HIV Counseling and Testing for Youth* and *Youth Participation Guide*) into Arabic and conduct training with the tools. Many of the YouthNet country activities are discussed in the other results sections and the accompanying sidebars. Below is a summary of the major thematic results learned from YouthNet's experiences, focusing on the large Tanzania project (see box, page 41).

Local partner involvement and capacity building laid foundation for sustainable work with youth

Involving local partners, especially FBOs, and building the capacity of these organizations led to the development of program capacities that can continue beyond YouthNet. A central tenet of YouthNet was to build the capacity of community-based implementing agencies and others working with youth in-country. The implementing agencies included various types of local organizations anchored in the areas where youth live, worship, attend school, and work. Multiple workshops have helped individuals and organizations develop the knowledge, confidence, and technical abilities to plan and implement projects, monitor and report on them, adapt and develop (when necessary) simple materials, and manage grant funds.

In Namibia, the capacity-building activities focused on FBOs, working with several major denominational groups. This included technical trainings of trainers in using the Christian family life education materials for youth and other activities (see page 31 for more).

In Tanzania, the capacity-building efforts included participatory assessments using participatory learning and action techniques and behavior change communication workshops for newly funded implementing agencies. Findings from the assessments led to recommendations for program interventions, including focusing more attention on rural populations, using radio, and working through FBOs. The field-testing of global Christian and Muslim family life education curricula also contributed to capacity building, as faith leaders took part in designing and refining the manuals. Other such efforts included youth-adult partnership trainings, networking meetings of the agencies, monitoring and evaluation trainings, and peer education workshops to form a Y-PEER network in Tanzania. (For more details, see Result 2 on peer education and

Result 7 on community involvement, with the accompanying sidebars on YouthNet-funded community groups in Tanzania.)

Tanzania program reached six million youth and two million community members

During the three-year project, YouthNet/Tanzania had more than 6 million contacts with youth ages 10 to 24 and another 1.9 million contacts with community members, with information or services on RH and HIV/AIDS. The project also trained more than 15,000 people. Of the youth contacts, most were outside of school through youth rallies, at churches and mosques, at community events, through football teams, and at other events. Reaching such large numbers of people was done through the work of approximately 60 implementing agencies and YouthNet/Tanzania's direct community efforts. Working with so many agencies requires constant attention to capacity building that incorporates continuous quality improvement. Program components included mass media and interpersonal communication interventions, peer and school-based education, youth participation and leadership, integrated services, technical leadership, and national coordination (discussed in the other results sections).

The challenge is translating these contacts into behavior change among youth and community members. Programs need to focus on ensuring quality interventions that build the skills of youth to protect themselves. They also need to focus more resources on measuring the impact of reaching so many youth.

Working in partnership with global technical assistance proved mutually beneficial

YouthNet global leadership and country experiences provided mutually enriching guidance to improve approaches to youth programs. Areas that benefited from this

YouthNet/Tanzania – Structure, Strategy, and Results

Following the 2003 YouthNet assessment of youth RH/HIV programs in Tanzania, USAID/Tanzania invited YouthNet to submit a proposal, which it funded. YouthNet/Tanzania began in 2003, working in conjunction with the Tanzania President's Office/Planning and Privatization. Working closely with USAID/Tanzania and the government of Tanzania, the project decided to focus on two regions, Iringa and Dar es Salaam, and later added a third, Morogoro. In 2004, YouthNet conducted a population-based survey of youth ages 13 to 24 in the Iringa region, a mostly rural area of 1.5 million, interviewing about 4,700 youth at households in all Iringa districts. The results provided an in-depth view of the knowledge, attitudes, and behaviors of youth about HIV and RH issues.

In 2005, a nationwide behavioral change communication campaign called Ishi became part of the FHI/YouthNet project. Ishi uses mass media, youth rallies, community mobilization, and other activities, operating through the Tanzania Commission for AIDS (TACAIDS).

YouthNet/Tanzania focused on five strategic areas: behavior change communication, capacity building for faith-based organizations, access to youth services, youth participation and leadership, and technical leadership and coordination. Three underlying themes cut across all program areas: capacity building, global technical assistance, and community involvement. The first-year budget was US \$1.5 million, with a third of that being population funds. The last year of the project had a US \$4.3 million budget, all of it HIV funding, and 90 percent of that being in the category designated "A/B" (abstinence and being faithful). An evaluation of the project found that:

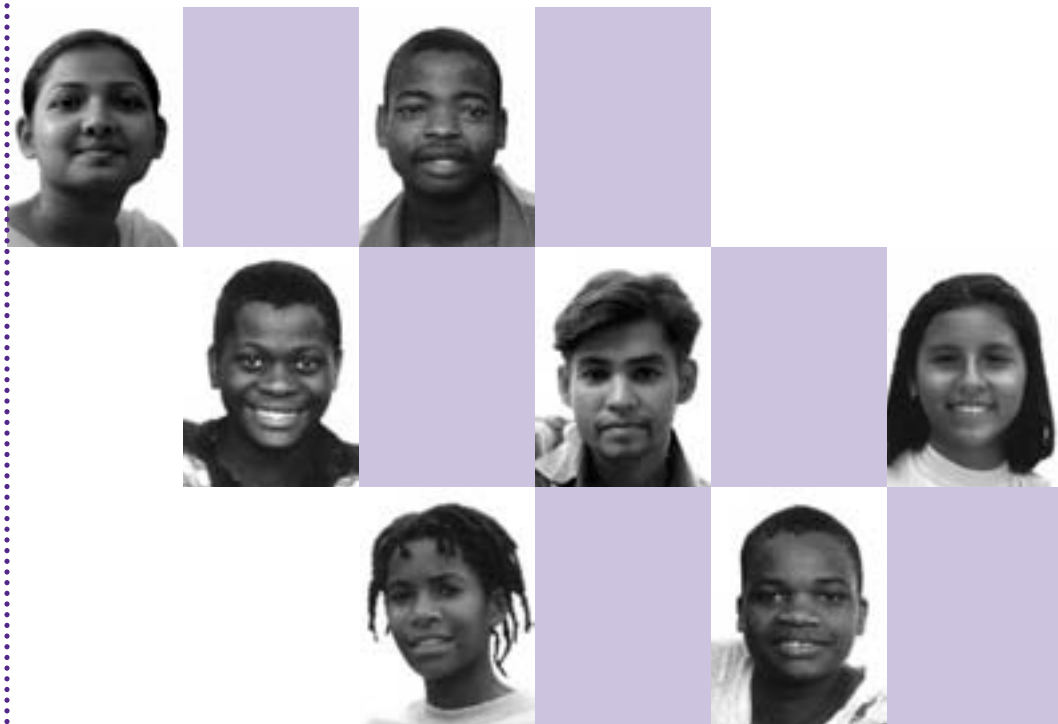
- Capacity and technical skills among youth-serving organizations have increased.
- Youth-adult partnerships have strengthened, leading to improved communication among organizations, youth, and parents.
- Trainings of NGOs have led to a shift from information and educational materials to a behavior change communication approach.
- Improved coordination and communication among youth organizational leaders has occurred.

FHI will continue to strengthen youth activities in Tanzania through a five-year award from USAID/Tanzania made in 2006 for up to US \$25 million. The new project is called UJANA, meaning youthfulness.

“cross-pollination” included behavior change communication, information programs, capacity building, gender, and youth participation. Core staff and resources from a global leadership program were continually available to help guide country project activities with new evidence, best practices, and global experts. At the same time, the country experiences had a natural path to move into global synthesis and dissemination of new information – from research, field-testing of curricula, and peer education models and experiences.

Recommendations

1. Investments in building the capacity of local organizations must be made if youth programs are to have a lasting impact.
2. Activities for youth should take a broad, holistic approach, rather than focusing on a single issue such as service delivery, with a strong overall emphasis on community involvement.
3. Programs should focus more resources on measuring the impact of reaching large numbers of youth. In addition, programs should document how they have reached youth, including experiences on the most successful strategies.
4. Country programs for youth should be aware of and utilize both local lessons learned and technical guidance from the global level.



Conclusion and Recommendations

The YouthNet program leaves a legacy with its research findings, publications and tools, technical assistance in countries, and scaled-up innovative programs such as the collaborations with MTV and Y-PEER. YouthNet's work led to the 10 major results discussed in this report. While this work has certainly advanced the field of youth reproductive health and HIV prevention, much remains to be done.

YouthNet's research produced a number of useful findings but some of them raised questions that require additional investigation through operations research and other methodologies. For example, several studies found that integrating contraceptive and HIV services is needed for high-risk youth. But more research is needed to understand the potential impact of such efforts and to test possible program models for achieving the goal of integrated services. While YouthNet addressed issues related to peer education, many questions remain, including issues related to cost-effective and sustainable strategies.

The resources created by YouthNet need to be utilized and implemented in a broader fashion than FHI can do alone. Others will need to take leadership in tapping the potential of the important new tools developed. For example, the Christian and Muslim family life education tools are unique resources for working with local faith-based institutions to improve communications between influential adults – especially parents – and youth, which can lead to reduce unintended pregnancies, STIs, and HIV.

Lessons from Tanzania, Namibia, Zambia, and other countries provide useful guidance. For example, YouthNet demonstrated in Namibia the importance of working with communities to strengthen and expand youth HIV prevention and RH work, particularly through faith-based institutions. The Tanzanian project illustrates the importance of comprehensive programming and building the capacity of local NGOs, rather than focusing on a single need such as clinical services or school-based education. New and expanding youth programs have the opportunity to build on lessons learned.

YouthNet's work led to 37 recommendations for action, grouped under the 10 major results. YouthNet also developed resources that can assist with recommendations (see Appendix C). The recommendations build on a solid base of evidence and field experience, and they identify the many tasks ahead.

Those working with youth, especially in the areas of reproductive health and HIV prevention, will no doubt view these recommendations as both illuminating and challenging. Perhaps that is the best legacy that YouthNet could achieve – to offer information, guidance, and resources while at the same time inspiring us all in meeting the tasks ahead.





Recommendations

High Quality Curriculum-Based Programs Change Risky RH/HIV Behaviors

1. Because curriculum-based RH and HIV programs reach large numbers of youth and can help them to make positive changes in sexual behaviors, they should be an important component of larger, multifaceted initiatives to reduce sexual risk-taking behavior.
2. *Standards for Curriculum-Based Reproductive Health and HIV Education Programs* should guide the development and adaptation of curriculum-based RH and HIV programs.
3. Programs must train and motivate teachers to teach about RH and HIV/AIDS, especially the sensitive parts of a curriculum, and to use participatory methods, as these topics and methods are not familiar to many teachers.
4. Programs should consider innovative ways to reach rural and marginalized urban youth with RH and HIV/AIDS information, such as the Zambian radio project.

Answers Emerge on Peer Education Effectiveness and Provide Guidance for More Rigorous Research and Program Implementation

5. Peer education programs need to focus on youth-adult partnerships, gender issues, community and parent involvement, training, and supervision in order to increase youth seeking HIV-related services and reduce risky sexual behaviors.
6. Peer education needs to be designed rigorously, with careful planning and adherence to standards, monitoring, and supervision. Programs should draw on the *Peer Education Toolkit*, which outlines good standards for planning, recruitment and retention, training and supervision, management and oversight, and monitoring and evaluation.
7. Where resources are limited and rigorous RH and HIV/AIDS education curricula and teacher training are not available, well-trained peer educators should be used to reach rural in- and out-of-school youth.
8. More research and monitoring activities are needed to understand which youth peer education program characteristics have the greatest impact on youth seeking HIV-related services and reducing risky behaviors.

Youth, Especially Those at Greatest Risk, Need Integrated RH/HIV Services

9. Programs offering PMTCT should counsel pregnant adolescents about family planning options and try to reduce stigma associated with HIV testing.
10. Counseling for youth seeking VCT services should enhance risk perception, emphasize risk reduction planning, and offer contraception to those who are sexually active or refer them to other services if contraceptives are not available on-site.
11. All adolescent PAC clients should receive family planning counseling and be offered contraceptive methods. Providers need training on the special needs of unmarried adolescents who have had an abortion, because many providers have judgmental attitudes about these young women.
12. MCH services, such as infant immunization programs, should offer family planning options to young mothers who want to postpone another birth.

Youth-Adult Partnerships Build Alliances to Address Needs of Youth

13. The *Youth Participation Guide* offers a tool found valuable by many groups in assessing and institutionalizing youth participation and in promoting greater youth-adult partnerships. Programs can draw on those who have been trained to use the guide.
14. Youth advocacy and involvement should be used to strengthen programs' ability to respond to the needs of youth. Approaches include leadership at international events, substantive roles in implementing activities, internships, and membership on advisory groups.

Effective Systems of Synthesizing and Utilizing Information Contribute to Improved Programs

15. Programs need to continue to synthesize the latest information on key topics in research briefs (like the *YouthLens* series) and disseminate the latest program resources and published research (like the *Youth InfoNet* series).
16. Organizations should collaborate to facilitate substantive technical meetings where presentations on the latest research and program results and interactive exchanges can move the field forward. Printed materials can serve as backup resources.
17. Use electronic forums, an effective and inexpensive tool, to facilitate the sharing of materials and discussions of program approaches between global experts and persons working in the field. However, efforts must be made to simplify the electronic process to ensure wide readership and participation.
18. When technical meetings include the development of country-specific action plans, designated funding, country-level buy-in, and technical support are required to ensure that these plans are implemented.

Media Shape Youth Norms, Opinions, and Discourse

19. Just as global media campaigns have successfully focused on HIV/AIDS, such efforts should address pregnancy prevention and sexual risk-taking.
20. Local programs should take advantage of rights-free programs developed for a global audience, using radio, discussion groups, and videos of long-format documentaries.
21. Local print media help influence social norms about youth and should highlight young people's personal stories and target circulation to community outlets.
22. Youth festivals and similar events should be used to offer educational messages, thereby increasing exposure to positive health norms.

Community-Based Initiatives Stimulate Supportive Actions

23. Youth programs should put youth and adults at the forefront of participatory assessments by using participatory learning and action techniques. This process helps to raise awareness, increase knowledge and skills, promote the involvement of parents and community members – especially faith-based leaders, and provide opportunities for youth to contribute to their own and their community's development.
24. Organizational development with FBOs and their staff should be used to help build confidence in working with youth and improve skills in program planning, administration, monitoring, and financial management.



25. The Christian and Muslim family life education manuals are new and unique resources that can be used by parents and other adults in working with youth.
26. Although program experience and some research have shown that community involvement has an impact on youth RH/HIV program outcomes, more research and analysis are needed.

Policy Development and Advocacy Draw Attention to Youth Needs

27. Governments and NGOs should use the process of developing a governmental, faith-based, or other institutional policy on youth RH or HIV/AIDS as a way to build stakeholder interest and support for youth.
28. The repository of information on youth policies (www.youth-policy.com) should be used by programs and governments in developing and refining their policies.
29. Advocacy and focused attention are needed to keep youth a priority in repositioning family planning in the current environment, where great emphasis and resources are devoted to HIV/AIDS.
30. Those working with youth who are orphaned and vulnerable due to HIV/AIDS need to ensure that the unique needs of these adolescents are met, including their RH needs.

Addressing Social and Gender Norms Facilitates Changes in Risky Behaviors

31. To help youth practice faithfulness, programs need to include education and skills training directed toward building trust, negotiating fidelity, and addressing gender equity in their relationships.
32. Programs must address social and cultural norms that contribute to nonconsensual sex, which in turn may contribute to unintended pregnancy, STIs, and HIV/AIDS.
33. Gender inequity must be addressed through interventions for boys and young men that allow them to understand their actions through a gender lens. Successful models of gender training for males can be adapted across developing regions through a South-to South process that will improve RH and HIV/AIDS outcomes for both males and females.

Capacity Building and Community Involvement Are Key to Successful Country Programs

34. Investments in building the capacity of local organizations must be made if youth programs are to have a lasting impact.
35. Activities for youth should take a broad, holistic approach, rather than focusing on a single issue such as service delivery, with a strong overall emphasis on community involvement.
36. Programs should focus more resources on measuring the impact of reaching large numbers of youth. In addition, programs should document how they have reached youth, including experiences on the most successful strategies.
37. Country programs for youth should be aware of and utilize both local lessons learned and technical guidance from the global level.



Appendix A. Activities by Country

(See Appendix B for research by country.)

Botswana	Conducted a youth assessment of the Botswana National Strategic Framework for HIV/AIDS 2003-2009 Mid-term Review process, in collaboration with UNFPA
Burkina Faso	Oversaw advocacy efforts for repositioning family planning for youth
Burundi	Conducted and disseminated an assessment of youth HIV programs in Bujumbura
Cambodia	Wrote a case study on innovative CARE/Cambodia project working with adolescent orphans and vulnerable youth
Chad	Oversaw advocacy efforts for repositioning family planning for youth
Ethiopia	Conducted a youth-led participatory assessment using participatory learning and action techniques Provided technical assistance (TA) to mobilize youth participation in a national HIV/AIDS program Conducted and disseminated a country assessment of youth RH programs Provided TA to the Ministry of Health for youth RH strategy development Provided monitoring and evaluation TA in collaboration with Save the Children/USA on its Initiative to Save Young Generation's Health Today (INSYGHT) project
Ghana	Provided TA to the USAID/Ghana Education Team and the Ministry of Education to identify effective HIV prevention education approaches Conducted a study on student perceptions of an HIV/AIDS education program Conducted an assessment of the impact of a school-based peer education program on knowledge, attitudes, and behaviors
Haiti	Wrote a case study of an innovative CARE/Haiti multisectoral youth project
Jamaica	Provided TA to develop and field-test a curriculum to improve communication between parents and their children about RH and HIV/AIDS topics Conducted capacity-building workshops for NGOs working in youth RH and HIV prevention
Kenya	Conducted and disseminated a country assessment of youth RH and HIV prevention programs Provided TA for youth RH and HIV prevention programs



	<p>Initiated a Y-PEER Network and coordinated ongoing activities</p> <p>Adapted the <i>Youth Peer Education Toolkit: Training of Trainers Manual</i> for Kenya</p> <p>Provided TA to adapt the 2002 <i>Staying Alive</i> HIV prevention campaign for Kenya</p>
Kosovo	<p>Assessed youth projects and provided TA for youth RH and HIV prevention programs</p> <p>Provided TA to establish outreach performance standards for peer educators</p>
Mali	<p>Oversaw advocacy efforts for repositioning family planning for youth</p>
Namibia	<p>Conducted and disseminated a country assessment of youth HIV programs</p> <p>Conducted a youth-led participatory assessment using participatory learning and action techniques</p> <p>Developed two Christian family life education curricula for use with youth ages 8 to 16 and 10 to 24</p> <p>Developed a strategic plan, work plan, and curriculum to integrate RH knowledge and skills into vocational education training programs</p>
Nepal	<p>Conducted and disseminated a country assessment of youth RH and HIV programs</p>
Nicaragua	<p>Conducted and disseminated a country assessment of youth RH and HIV programs</p> <p>Conducted a feasibility study for adapting a model for rural secondary school education</p> <p>Conducted a youth RH strategy planning workshop</p> <p>Provided TA to assist the Ministry of Health and its partners, particularly NicaSalud, in finalizing a youth RH strategic plan</p>
Paraguay	<p>Conducted and disseminated a country assessment of youth RH programs</p>
Senegal	<p>Provided TA for repositioning family planning for youth</p> <p>Provided TA to adapt the 2002 <i>Staying Alive</i> HIV prevention campaign for Senegal</p>
Tanzania	<p>Conducted and disseminated a country assessment of youth RH and HIV programs</p> <p>Implemented a country program, with subgrants to local NGOs, FBOs, and community organizations for multiple activities in five strategic areas</p> <p>Conducted participatory assessments with FBOs, youth, and community members</p> <p>Initiated a Y-PEER Network and coordinated ongoing activities</p> <p>Promoted youth participation and leadership in programs and policy work</p> <p>Conducted youth HIV/AIDS community mobilization events</p> <p>Provided TA and support to the Ministry of Health to disseminate and implement guidelines on youth-friendly services</p> <p>Provided capacity building and TA for implementing agencies focusing on gender, monitoring and evaluation, financial management, organizational building, and other areas</p> <p>Started and led the coordinating body for youth HIV/AIDS and RH programs</p> <p>Led a faith-based initiative to support and provide TA to FBOs</p>

- Thailand** Conducted and disseminated a youth assessment of the United Nations Common Country Assessment process, in collaboration with UNFPA
- Uganda** Provided TA on monitoring and evaluation and advocacy strategy to PROSCAD project partners
- Zambia** Provided TA to education sector to improve youth RH and HIV prevention focus for Interactive Radio Instruction (IRI) project
- Conducted multiple trainings with IRI programmers/broadcasters, community mentors, and education advocates
- Evaluated the Ambassador Girls Scholarship Program
- Provided TA in monitoring and evaluation to Students Partnership Worldwide (SPW)/Zambia and the Foundation for African Women Educationalists (FAWEZA)
- Conducted a rapid assessment of SPW/Zambia peer education program
- Provided TA on policy development on youth RH and HIV prevention among interfaith groups
- Produced advocacy and education materials on youth RH targeting faith-based leaders
- Zimbabwe** Wrote a case study on an innovative project by the Regional Psychological Support Initiative (REPSSI) working with adolescent orphans and vulnerable youth
- Regional Activities** Provided TA on peer education to multiple countries in Eastern Europe, Central Asia, the Middle East, and Africa
- Provided TA and backup support for International Youth Foundation activities in Ghana, Kenya, Uganda, Tanzania, and Zambia
- Conducted a regional youth RH and HIV/AIDS policy and program workshop in Tanzania, in collaboration with the POLICY Project
- Provided follow-up TA on youth RH and HIV/AIDS policy work to select African countries
- Cohosted a Regional Forum on Youth RH and HIV/AIDS in Tanzania
- Cohosted a Regional Forum on Youth RH and HIV/AIDS in Nicaragua
- Cohosted a one-day pre-conference workshop entitled “Repositioning Family Planning for Youth: Advocacy to Action” in Ghana



Appendix B. Summary of Research Studies

Media and Education

Countries	Title	Methods	Key findings
Brazil Kenya Nepal Senegal	Evaluation of the 2002 MTV <i>Staying Alive</i> HIV Prevention Campaign	<ul style="list-style-type: none"> Population-based cross-sectional household baseline and post-campaign surveys Focus group discussions 	<ul style="list-style-type: none"> Exposure to the campaign was high in urban areas Third-party broadcasters extended exposure to the campaign Exposure was the greatest for the public service announcements Emotional involvement was greatest for documentary stories PSAs were most susceptible to cultural resistance, though attitudes about PSAs were generally positive Across all sites, exposure to the campaign was associated with greater interpersonal communication about HIV prevention and with more positive beliefs about HIV prevention behaviors
Worldwide	Analysis of Curriculum-Based Sex and HIV Education Programs	<ul style="list-style-type: none"> Systematic review of results of evaluations of curriculum-based programs 	<ul style="list-style-type: none"> Two-thirds of programs evaluated were effective in delaying initiation of sexual behavior, reducing the number of sexual partners, or increasing condom use Program effectiveness was not related to participant sex, ethnicity, sexual experience, being school or community-based, or implementation in a developed or developing country 17 characteristics of effective curricula that are related to development, content, and implementation were identified

Countries	Title	Methods	Key findings
Dominican Republic Zambia	Productivity and Sustainability of Youth Peer Education	<ul style="list-style-type: none"> ■ Phase 1: Focus group discussions and in-depth interviews; cost and process data ■ Phase 2: Population-based household survey (part of the Zambia Sexual Behaviour Survey); clinic-based surveys; process and checklist data; cost data (Zambia only) 	<ul style="list-style-type: none"> ■ Core components of youth peer education programs were used across countries despite cultural differences ■ Sound technical frameworks, strong youth-adult partnerships, and community and parental involvement were key to productivity and sustainability ■ Youth peer education was a widely used method, and exposure was found in most demographic groups ■ Exposure to youth peer educators was associated with: <ul style="list-style-type: none"> <input type="checkbox"/> Greater use of RH services <input type="checkbox"/> HIV/STI risk-reduction behaviors <input type="checkbox"/> Being tested for HIV or STIs <input type="checkbox"/> Higher HIV knowledge <input type="checkbox"/> Positive risk-reduction attitudes and norms <input type="checkbox"/> Lower stigma and discrimination toward people living with HIV/AIDS (PLWHA)
Ghana	Evaluation of SHAPE 1: Strengthening HIV/AIDS Partnerships in Education/School-based Peer Education Program	<ul style="list-style-type: none"> ■ School-based self-administered student survey in intervention and control schools ■ Focus group discussions with peers and students 	<ul style="list-style-type: none"> ■ Girls in SHAPE schools had higher RH knowledge scores, more positive attitudes toward PLWHA ■ Girls in SHAPE schools were less likely to report ever having sex ■ Few differences emerged between SHAPE and non-SHAPE boys, raising the question of whether there is a differential effect of peer education for girls ■ Focus group participants reported a strong reliance on the media as a source of RH and HIV/AIDS information, though peer educators were respected for being specially trained

Services

Countries	Title	Methods	Key findings
Haiti Tanzania	VCT for Youth and Linkages to Other RH Services	<ul style="list-style-type: none"> ■ Cross-sectional study in VCT and RH clinics ■ Client exit interviews ■ Mystery clients ■ Provider interviews ■ In-depth client interviews ■ Analysis of referral systems ■ Cost analysis 	<ul style="list-style-type: none"> ■ VCT centers attracted high-risk youth ■ Youth VCT clients did not have an accurate perception of their risk for HIV ■ Many youth VCT clients were at high risk for unintended pregnancy but were not receiving adequate family planning counseling
Kenya	An Assessment of Services for Adolescents in PMTCT Programs	<ul style="list-style-type: none"> ■ Cross-sectional study in antenatal care services with PMTCT services ■ Client and provider interviews ■ Logbook data ■ Focus group discussions with young women in the community 	<ul style="list-style-type: none"> ■ Adolescents and older youth were equally likely to get PMTCT services, although adolescents were less likely to report receiving PMTCT messages ■ There was a clear demand for postpartum family planning among youth ■ Adolescents lacked an understanding of the probability of and how to prevent mother-to-child transmission of HIV ■ PMTCT providers demonstrated relatively positive attitudes toward adolescents, although some gaps in family planning knowledge were noted
Dominican Republic	Assessing and Improving PAC Counseling for Young Women: An Operations Research Study	<ul style="list-style-type: none"> ■ Assessment ■ Pre- and post-intervention interview with providers ■ Post-intervention only with clients 	<ul style="list-style-type: none"> ■ Before the intervention, no clients were receiving contraceptive methods prior to discharge ■ After intervention, 40% of adolescents and 45% of patients ages 20 to 35 were discharged with a contraceptive method

Contextual Factors

Countries	Title	Methods	Key findings
Tanzania	Formative Research on Promoting Faithfulness and Partner Reduction	<ul style="list-style-type: none"> Focus group discussions 	<ul style="list-style-type: none"> Majority of groups felt the “be faithful” message was important and relevant for unmarried youth for HIV prevention Faithful relationships were seen as ideal in terms of romantic expectations and HIV prevention, but youth believed that practicing faithfulness was complex and did not know how to negotiate this in their own relationships Faithfulness and condom use were seen as mutually exclusive, creating conflict when condoms were introduced for pregnancy prevention in faithful relationships Youth needed life skills and not just slogans to teach them to build trust and negotiate fidelity in their own relationships Youth needed more complementary messages about condom use for pregnancy and HIV prevention within faithful relationships Youth wanted and needed more information about modern family planning methods
Jamaica Uganda	A Comparison of Early Sexual Debut, Sexual Violence, and Sexual Risk-taking among Pregnant Adolescents and Their Peers	<ul style="list-style-type: none"> Phase 1: Focus group discussions; in-depth interviews Phase 2: Case-control survey of pregnant adolescents and never-pregnant, sexually active adolescents 	<p>Phase 1:</p> <ul style="list-style-type: none"> While many participants said they wanted sex the first time, for many it was coerced and sexual debut was not a choice Lifetime experiences of sexual coercion were common General lack of knowledge about family planning methods was widespread Most pregnant participants did not plan their pregnancies and did not think the timing was right In Jamaica, most of the respondents described their first sexual experience as unpleasant or painful <p>Phase 2:</p> <ul style="list-style-type: none"> Data analysis in progress

Appendix C. Publications

Many of the publications listed below can be downloaded from the YouthNet Web site at www.fhi.org/youthnet (click on the YouthNet Publications page). Print copies of many of the publications are still available through FHI.

Youth Peer Education Toolkit (in collaboration with UNFPA, for Y-PEER)

- The *Training of Trainers Manual*. This curriculum prepares master-level peer education trainers. The manual uses participatory techniques based on a variety of theoretical frameworks to ensure that future trainers are skilled and confident in their abilities to train peer educators and serve as informed resources for their peers.
- *Standards for Peer Education Programmes*. This manual helps program managers standardize practices in peer education programs. It includes a checklist of 52 standards in five categories (planning, recruitment and retention, training and supervision, management and oversight, and monitoring and evaluation) with tips, lessons learned, and other information for each standard. A short summary is also available for managers to take with them on site visits.
- *Theatre-Based Techniques for Youth Peer Education: A Training Manual*. This tool provides an overview of using theater in health education. It contains four peer theater training workshops, a series of theater games and exercises that can be used in trainings, and information on developing and building a peer theater program.
- *Performance Improvement: A Resource for Youth Peer Education Managers*. This tool helps managers improve the quality of their programs. It builds on quality-improvement materials from other fields, providing a tool for self-assessment, group resolution, and action planning with sample activities from the field. Also included is a section on program management basics with common examples from peer education projects.
- *Assessing the Quality of Youth Peer Education Programmes*. This series of checklists helps program managers to assess a peer education program. Developed through YouthNet's peer education research project, these evidence-based checklists can be used to gather essential information for determining how a peer education project can best function and can be compared over time and across programs.

Faith-Based Family Life Education

- *Teaching Adults to Communicate with Youth from a Christian Perspective* and *Teaching Adults to Communicate with Youth from a Muslim Perspective*. These manuals contain six workshops and a participant handbook designed for a Christian or Muslim audience. Participants practice communication skills and learn factual information as linked to religious teachings and appropriate Bible and Qur'an verses. The manuals encourage open discussion about sexuality, reproductive health, and HIV in the context of faith communities. They provide a forum to clarify Christian and Muslim values about these topics, while providing accurate technical information. They are not designed to promote religion.
- *Teaching Youth about Reproductive Health and HIV/AIDS from a Christian Perspective*. This manual includes 12 short workshops for adults to use in working directly with youth. Youth learn about communication skills, their bodies, sexual and reproductive health issues, HIV issues, and other family life education topics. Appropriate Bible verses are included to encourage open discussion in the context of a faith community. It is not designed to promote religion.

Youth Community Involvement Resources

- *Engaging Communities in Youth Reproductive Health and HIV Projects: A Guide to Participatory Assessments.* This guide outlines how to conduct participatory assessments with youth and community members for improved youth RH and HIV prevention. Drawing on YouthNet's experience in Namibia, Tanzania, and Ethiopia, it reviews youth participation, guidelines for training community participants, and suggestions for adapting the tools.
- *An Annotated Guide to Technical Resources for Community Involvement in Youth Reproductive Health and HIV Prevention Programs.* This compilation of resources includes documents, manuals, and toolkits that provide advice, approaches, and tools for involving community members, including youth.
- *The Role of Community Involvement in Improving Youth Reproductive Health and Preventing HIV among Young People: Report of a Technical Consultation.* This report of a technical consultation summarizes challenges, lessons learned from promising projects, knowledge and practice gaps, and recommendations for future practice.
- *Community Involvement in Youth Reproductive Health and HIV Prevention: A Review and Analysis of the Literature.* This literature review helped inform the technical consultation convened by YouthNet. It summarizes key terms and concepts from the literature, including issues on operations, evaluation, impact assessment results, challenges, and emerging themes.

Other Major Manuals and Tools

- *Youth Participation Guide: Assessment, Planning, and Implementation* (English, Spanish). This multipurpose guide includes a conceptual overview, 18 background handouts, an institutional assessment and planning tool, a youth-adult partnership training curriculum, and resources.
- *HIV Counseling and Testing for Youth: A Manual for Providers* (Arabic, English, French, Spanish, and Swahili). This manual includes sections on counseling youth, HIV counseling and testing, sexually transmitted infections, pregnancy prevention, life skills, and resources.
- *Standards for Curriculum-Based Reproductive Health and HIV Education Programs.* This manual provides guidance on 24 standards for developing and adapting curriculum, with tips and program examples of how the standards have been used.

YouthLens (research briefs in English, French, and Spanish)

- No. 1. *New Resources Available on Youth Reproductive Health and HIV Prevention*, 2002
- No. 2. *Sexuality and Family Life Education Helps Prepare Young People*, 2002
- No. 3. *HIV: Voluntary Counseling and Testing*, 2002
- No. 4. *Youth-Adult Partnerships Show Promise*, 2003
- No. 5. *Condoms and Sexually Active Youth*, 2003
- No. 6. *Participatory Learning and Action*, 2003
- No. 7. *Multisectoral Programs Link Intervention Efforts*, 2003
- No. 8. *Abstinence and Delayed Sexual Initiation*, 2003
- No. 9. *Information and Communications Technology*, 2003
- No. 10. *Nonconsensual Sex among Youth*, 2004
- No. 11. *Maternal Care among Adolescents*, 2004
- No. 12. *Expanding Contraceptive Options and Access for Youth*, 2004
- No. 13. *HIV-Infected Youth*, 2005
- No. 14. *New Resources on Youth Reproductive Health and HIV Prevention, 2002-2004*, 2005
- No. 15. *Early Marriage and Adolescent Girls*, 2005

- No. 16. *Boys and Changing Gender Roles*, 2005
- No. 17. *Creating Youth-Friendly Pharmacies*, 2005
- No. 18. *Adolescents: Orphaned and Vulnerable in the Time of HIV and AIDS*, 2005

Youth Issues Papers (working papers)

- No. 1. *Intervention Strategies that Work for Youth – Summary of FOCUS on Young Adults End of Program Report* (English, French, and Spanish), 2002
- No. 2. *Applying Social Franchising Techniques to Youth Reproductive Health/HIV Services*, 2003
- No. 3. *Teacher Training: Essential for School-Based Reproductive Health and HIV/AIDS Education – Focus on Sub-Saharan Africa*, 2004
- No. 4. *Reaching Out-of-School Youth with Reproductive Health and HIV/AIDS Information and Services*, 2004
- No. 5. *Using Global Media to Reach Youth: The 2002 MTV Staying Alive Campaign*, 2005
- No. 6. *Adolescents: Orphaned and Vulnerable in the Time of HIV/AIDS*, 2005
- No. 7. *Youth Peer Education in Reproductive Health and HIV/AIDS: Progress, Process, and Programming for the Future*, 2006

Youth InfoNet (monthly electronic summary of program resources and research articles)

From November 2003 through August 2006, 27 issues summarized a total of 825 resources. Most issues summarized new program resources and research published in scientific publications, with some special issues. The totals: program resources (300), research summaries from scientific journals (298), international meeting presentation summaries (77), Web sites (50). For details on each issue, go online to www.fhi.org/en/Youth/YouthNet/Publications/YouthInfoNet/index.htm.

YouthNet Briefs (brief summaries of YouthNet's work, 2005-2006)

Research Results

- No. 1. *Use of Maternal and Child Health Services by Adolescents in Developing Countries*, 2005
- No. 2. *MTV's Staying Alive 2002 HIV Prevention Campaign*, 2005
- No. 3. *Youth Need HIV Counseling When Seeking Reproductive Health Services*, 2005

Country Projects

- No. 4. *Football Teams Offer Competition and Education on HIV/AIDS*, 2005
- No. 5. *Using Radio to Keep Young People in School*, 2005
- No. 6. *Faith Groups Turn to Reproductive Health and HIV Issues*, 2005

Technical Leadership

- No. 7. *New Tool Offers Skills Building for Youth Participation*, 2005
- No. 8. *Participatory Learning and Action: A Powerful Approach with Youth*, 2005
- No. 9. *Assessing Youth Needs and Identifying Program Opportunities*, 2005

Research Results

- No. 10. *Youth Survey Provides Wealth of Data on Behavior to Inform Intervention Strategies*, 2006
- No. 11. *School-Based Peer Education Programs Popular in Ghana*, 2006
- No. 12. *Services for Prevention of Mother-to-Child Transmission (PMTCT)*, 2006

Country Projects

- No. 13. *Christian Family Life Education Program in Namibia*, 2006
- No. 14. *Si Mchezo! Magazine Educates and Entertains Rural Tanzanian Youth*, 2006
- No. 15. *National Youth Week in Tanzania Offers Opportunity for HIV Education*, 2006

Technical Leadership

- No. 16. *Internet Tool Supports Youth Reproductive Health and HIV/AIDS Policy Development and Implementation*, 2006
- No. 17. *HIV Counseling and Testing Manual for Youth Provides Valuable Tool*, 2006
- No. 18. *Youth Peer Education Toolkit Provides New Resources for Programs*, 2006

Youth Research Working Papers (reports of YouthNet research projects)

- No. 1. *Iringa Youth Behavior Survey – Findings and Report*, 2005. This paper reports on a population-based, household survey of youth ages 13 to 24 in a region of Tanzania, with 13 recommendations on protective strategies, gender norms, knowledge-behavior gaps, and services.
- No. 2. *Impact of Sex and HIV Education Programs on Sexual Behaviors of Youth in Developing and Developed Countries*, 2005. This paper discusses findings from a review of 83 evaluations of sex and HIV education programs. The analysis found substantial positive impact on sexual behaviors in more than two-thirds of the evaluations and identified 17 characteristics of the most effective curricula.
- No. 3. *Formative Research on Youth Peer Education Program Productivity and Sustainability*, 2005. This paper discusses phase one of a two-part study done in Zambia and the Dominican Republic, which identified core program elements and developed frameworks and checklists for analysis (see *Youth Peer Education Program Effectiveness* below for the report of phase two).
- No. 4. *An Assessment of Services for Adolescents in Prevention of Mother-to-Child Transmission Programs*, 2006. This report of a study at four antenatal care clinics with PMTCT programs in Kenya describes the strategies evaluated for meeting youth's HIV and reproductive health needs within PMTCT services, based on assessments of data related to HIV/AIDS, PMTCT, and contraception.
- No. 5. *Voluntary HIV Counseling and Testing Services for Youth and Linkages with Other Reproductive Health Services: Risks, Perceptions, and Needs for Youth in Tanzania*, 2006. This report describes the health needs of youth seeking VCT services, including contraceptive services.
- No. 6. *Voluntary HIV Counseling and Testing Services for Youth and Linkages with Other Reproductive Health Services in Haiti*, 2006. This report describes the health needs of youth seeking VCT services, including contraceptive services.
- 'Be Faithful' Messages in the Context of HIV and Pregnancy Prevention among Youth in Tanzania* (forthcoming). This report discusses a qualitative study in Tanzania of how youth understand and address issues related to faithfulness.
- Early Sexual Debut, Sexual Violence, and Sexual Risk-taking Behavior and Unintended Pregnancy among Adolescents in Jamaica* (forthcoming). This paper describes the findings in how these issues are linked, included the degree of association.
- Contraceptive Services for Youth in Postabortion Care: Results of an Operations Research Study* (forthcoming). This report summarizes a study in the Dominican Republic where a sharp increase in contraceptive services resulted from training and other interventions.
- Youth Peer Education Program Effectiveness* (forthcoming). This paper discusses phase two of the two-part study (see Youth Research Working Paper No. 3 for the report of phase one), summarizing the impact of peer education in Zambia.
- Electronic Media Use Patterns of Young People in São Paulo, Brazil; Kathmandu, Nepal; and Dakar, Senegal: Implications for Public Health Campaigns* (forthcoming). This report summarizes data from the 2002 MTV *Staying Alive* campaign and implications for reaching youth.

Other Publications and Tools

- *Assessment of Youth Reproductive Health Programs in Paraguay*
- *Assessment of Youth Reproductive Health Programs in Ethiopia*
- *Assessment of Youth Reproductive Health/HIV Programs in Nepal*
- *Assessment of Youth Reproductive Health/HIV Programs in Kenya*
- *Summary Review: YouthNet Program Assessment Conducted for Tanzania*
- *Assessment of Youth Reproductive Health Programs in Nicaragua* (English and Spanish)
- *Youth-Friendly Services: An Annotated Web-Based Guide to Available Resources*
- *Reproductive Health of Young Adults* (Web-based interactive training tool in English, French, and Spanish)
- *The Bangkok YouthForce – Report of Youth Activities from the XV International AIDS Conference, 2004*
- *Participatory Assessment of Reproductive Health/HIV Prevention Needs of Young People in Namibia, 2001*
- *HIV Prevention for Young People in Developing Countries* (meeting report)
- *New Findings from Intervention Research: Youth RH/HIV Prevention* (meeting report)
- *Feasibility Study: Possible Adaptation of SAT Program in Nicaragua* (Spanish only)
- *MTV: Staying Alive 2002, A Global HIV Mass Media Campaign*
- *Examining Multisectoral Approaches to Youth: Haiti Case Study*
- *Private-Sector Assessment Tool*
- *YouthNet Country Needs Assessment Tool*
- *Rapid Appraisal: Students Partnership Worldwide/Zambia*

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YouthNet/Tanzania Publications

- *Developing Community-Based Behavior Change Communication Interventions for Youth: A Participatory Assessment in Iringa Region, Tanzania, 2006.* This document summarizes the methods, findings, and recommendations from this assessment.
- *Tanzania Experience: Enhancing Youth Participation in the National Plan of Action for Most Vulnerable Children, 2006.* This report summarizes for the Tanzanian government the findings from a participatory assessment among some 500 vulnerable children.
- *YouthNet Briefs/Tanzania*
 - No. 1. *Youth Need HIV Counseling When Seeking Reproductive Health Services*
 - No. 2. *Football Teams Offer Competition and Education on HIV/AIDS*
 - No. 3. *Faith Groups Turn to Reproductive Health and HIV Issues*
 - No. 4. *Participatory Learning and Action: A Powerful Approach with Youth*
 - No. 5. *Youth Survey Provides Wealth of Data on Behavior to Inform Intervention Strategies*
 - No. 6. *Si Mchezo! Magazine Educates and Entertains Rural Tanzanian Youth*
 - No. 7. *National Youth Week in Tanzania Offers Opportunity for HIV Education*
 - No. 8. *HIV Counseling and Testing Manual for Youth Provides Valuable Tool*
 - No. 9. *Youth Peer Education Toolkit Provides New Resources for Programs*
- *YouthNet/Tanzania Success Stories*
 - National Youth Week Celebration in Singidi*
 - Youth in Dar Take the Driver's Seat in a Campaign to Protect Themselves from HIV/AIDS*
 - Makete Youth Festival: Youth Can Make Changes*
 - Youth Can Make Changes; Let's Join Hands to Make It Happen*

Publications in Collaboration with Partners

- *Achieving the Global Goals: Access to Services*, meeting report with WHO/UN agencies
- *AIDSLink*, with the Global Health Council (MTV/Senegal, Ethiopia youth participation)
- *Jwa-Phala Youth-Adult Partnership Project Report – Botswana National Strategic Framework for HIV/AIDS Mid-Term Review, 2006*, with UNFPA
- *Building a Better Future for Youth: Learning from Experience and Evidence, Africa Regional Forum on Youth Reproductive Health and HIV, 2006*
- *CyberPeer: A Computer-Based Learning Tool for Peer Educators, 2006*
- FHI Focus On (VCT, HIV and Youth)
- *Going to Scale in Ethiopia: Mobilizing Youth Participation in a National HIV/AIDS Program*, Synergy Project (report on YouthNet-led project)
- *Global Health Technical Briefs*, by USAID (abstinence/delayed sexual initiation, contraception, and family planning for married adolescent girls - Technical Briefs Nos. 8, 9, and 25, respectively)
- *Key Successes of the Toronto YouthForce and AIDS 2006 Youth Programme, 2006*
- *My Changing Body: Fertility Awareness for Young People*, with Georgetown University
- *Network*, YouthLens articles (gender/sexual coercion, ECPs/pharmacies, research/FOCUS, ABC, VCT, youth-adult partnerships)
- *PAC in Action*, Issue 8, Postabortion Care Consortium

- *Pop Reporter*, JHU/INFO project, editorial adapted from Network YouthLens article, (research/FOCUS)
- *Protecting Young People from HIV and AIDS: The Role of Health Services*, a report by the World Health Organization with other UN agencies and YouthNet
- *Putting it ALL Together: Training in Adolescent Sexual and Reproductive Health*, multimedia CD-ROM for health care providers, with PAHO and JHU/CCP
- *Sex without Consent: Young People in Developing Countries*, Zed Books, 2005, edited and produced jointly by Population Council, World Health Organization, and FHI/YouthNet
- *Strengthening Young People's Participation in the RH/HIV Response in Thailand*, 2006, with UNFPA to promote youth participation in national responses
- *www.youth-policy.com*, Web-based policy compendium, in collaboration with the POLICY Project
- *Youth Reproductive Health*, Web-based course offered through the USAID Global Health E-Learning Center, 2006
- *Zambia Sexual Behaviour Survey*, 2005, with MEASURE Evaluation and Zambian agencies; separate section on youth coordinated by YouthNet

Appendix D. YouthNet Technical Advisory Group Members

Martin Foreman, United Kingdom, chair for the entire program

Members, most of whom served two-year terms:

Hoang Tu Anh, Viet Nam

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Precious Mirriam Nthanga, Zambia (youth representative)

Samuel Oinyiaku, Maasai AIDS Prevention Network, Kenya (youth representative)

Arie Passov, Estonia (youth representative)

May Rihani, Academy for Educational Development

Joseph Robinson, ASHE, Jamaica

Roellya Tyas, West Java International Planned Parenthood Association, Indonesia (youth representative)

Reinis Upenieks, Association of Family Planning and Reproductive Health, Latvia (youth representative)

Karina Vartanova, UNICEF, Russia

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