

USING EXISTING GOVERNMENT STRUCTURES FOR THE INTEGRATION OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

1.0 OVERVIEW

The African Youth Alliance is a partnership programme between United Nations Population Fund (UNFPA), the Programme for Appropriate Technology in Health (PATH) and Pathfinder International aimed at contributing towards the improvement of adolescent sexual reproductive health (ASRH) in four African countries – Uganda, Tanzania, Botswana and Ghana.

The partnership is a unique initiative drawing expertise from the three organizations to reduce the incidence and spread of HIV/AIDS and other sexually transmitted infections (STIs) through collaboration with governments, non-government organisations (NGOs), community-based and youth-serving groups.

AYA aims to make a difference in young people's lives by providing resources and support to encourage their healthy behaviour while lobbying for a stable and conducive legal and policy environment. The programme reaches young people aged between 10 and 24 with an emphasis on 10 – 19 year olds. Its overall goal is to help the four programme countries:

- Reduce rates of HIV/AIDS, other STIs, and pregnancy among young people.
- Promote the delay of sexual debut among already sexually active youth, promote the use of condoms and other contraceptives.
- Eliminate harmful traditional practices.
- Eliminate the incidence of forced or coerced sex.

In all four countries AYA uses a range of strategies to:

- Foster a more **supportive environment for ASRH programming**.
- Improve **knowledge, skills and attitudes of young people** so they can adopt safer sexual practices.
- Increase use of **quality, youth-friendly ASRH services**.
- Integrate ASRH into existing **livelihood** programmes.
- Strengthen **organizational capacity** to better sustain ASRH outcomes.

- Establish and strengthen **coordination and dissemination** mechanisms to improve ASRH partnerships.

In addition, the above programme objectives the design and implementation of AYA, is based on “crosscutting” practices and principles to:

- Establish partnerships for effective integration.
- Maintain active and meaningful participation of young people.
- Address gender equity and sexuality (including ASRH rights).
- Increase sustainability of programme outcomes.
- Scale up and reach broader numbers of young people by institutionalizing effective programmes.

1.1 AYA Tanzania

In Tanzania, the AYA project inaugurated in 2001 has worked with multiple partners – the government, NGOs and private sectors – in 10 districts with a total population of 5,398,060, 32% of which are adolescents (10-24 years). According to the AYA baseline survey (2002) and a remedial baseline study (2004), young people’s sexual and reproductive health needs in the 10 sites have not been priority issues.

According to AYA’s rapid assessment exercise (2001) and a remedial baseline study, none of the 10 AYA districts had implemented or even incorporated ASRH in the comprehensive health plans. None of the districts fully understood the rationale behind prioritizing ASRH, thus reproductive and family planning programmes did not target youth.

All 10 municipal and district councils acknowledged the absence of ASRH activities in district development plans. Various NGO-managed projects are being implemented with local government authorities as mere facilitators and not partners in planning, implementing, monitoring and evaluating such initiatives.

1.2 WHY PARTNER WITH THE GOVERNMENT?

Partnering with the government is anchored on the following reasons:

- To enable AYA implementation be in line with on-going government reforms.
- To operate within existing government structures to spearhead ownership and sustainability.
- To promote public-private partnerships, a strategy in the government reforms programme.

- To facilitate attainment of AYA’s objective of scaling up of ASRH.
- To acknowledge government’s integral role in creating an enabling policy and legal environment.
- To demonstrate the strength of partnerships in implementing ASRH programmes.

2.0 BUILDING ASRH COORDINATION MECHANISMS – THE PROCESS:

2.1 MoU with the Government

AYA partner agencies in Tanzania signed a Memorandum of Understanding (MOU) with the government on 18 January 2001 that stipulates in part *“In implementing this initiative, the United Republic of Tanzania will work in collaboration with the African Youth Alliance. ...the government hereby agrees to let “AYA” provide technical assistance and resources to facilitate the scaling up and mainstreaming of adolescent sexual and reproductive health initiatives in Tanzania as stipulated in the project document.”* The MOU has provided the foundation for AYA activities at both national and district level.

2.2 Consultations with Government

AYA held quarterly consultative meetings with the government through jointly set structures. The Country Management Team (CMT) main roles were to assist in the selection of implementing partners, provide guidance on resource allocation and selection of AYA sites/districts. The CMT brought together representatives from government ministries namely Ministry of State, Planning and Privatization, Ministry of Labour, Youth Development and Sports, Ministry of State, Finance and Economic Affairs (Zanzibar), Ministry of Health (Mainland and Zanzibar), Ministry of Youth, Employment, Women and Children Development (Zanzibar). The National Technical Advisory Committee (NTAC) and the Monitoring and Evaluation (M&E) Committee all of which were responsible for providing technical assistance based on expertise and local experiences in project implementation, provide guidance on policy and advocacy issues and ensure maximum use of data for programming.

The committees draw experts from government ministries, higher learning institutions and NGOs. The coordination at the government level was agreed upon and sought by the project’s In-Country Partners Council (ICPC), the heads at country level of AYA’s partner agencies – UNFPA, PATH and Pathfinder International.

2.3 Rapid Assessment of AYA sites

Coupled with formation of coordination structures at national level, the AYA technical team conducted a rapid assessment of ASRH in the 10 districts. The exercise was also aimed at introducing the project to the district leadership, identify other ASRH stakeholders and map out areas of intervention. This was part of AYA’s community entry exercise.

2.4 Selection of District Coordinators:

AYA in collaboration with the Planning and Privatization Commission, President's Office and the 10 district authorities selected District Coordinators for the project who participated in almost all AYA meetings and workshops including the strategic planning meeting in 2001. The AYA coordinators are District Planning Officers whose input has informed the project's interventions as well as in the identification of partners at district level.

2.5 Orientation of District Coordinators:

The AYA District Coordinators (District Planning Officers) were oriented on the AYA project and on their roles and responsibilities as per the MOU in the advancement of ASRH in their respective districts. The MOU states:

“In line with the spirit of the Local Government Reform, project activities in the programme will be internalized in the plans and programmes of respective districts. Although no specific management committees will be established at district levels, project coordination and monitoring will be performed within structures established under the reform programme.”

2.6 Capacity Building for District Coordinators:

The coordinators participated in all AYA Annual Review and Planning Meetings making presentations on their efforts in promoting public-private partnerships towards improved ASRH. They were also actively involved in AYA-sponsored capacity building workshops on programme management issues and in technical skills training in the areas of Policy and Advocacy; Behaviour Change Communication (BCC) and Youth Friendly Services (YFS).

2.7 Resource Allocation for District Coordination Activities:

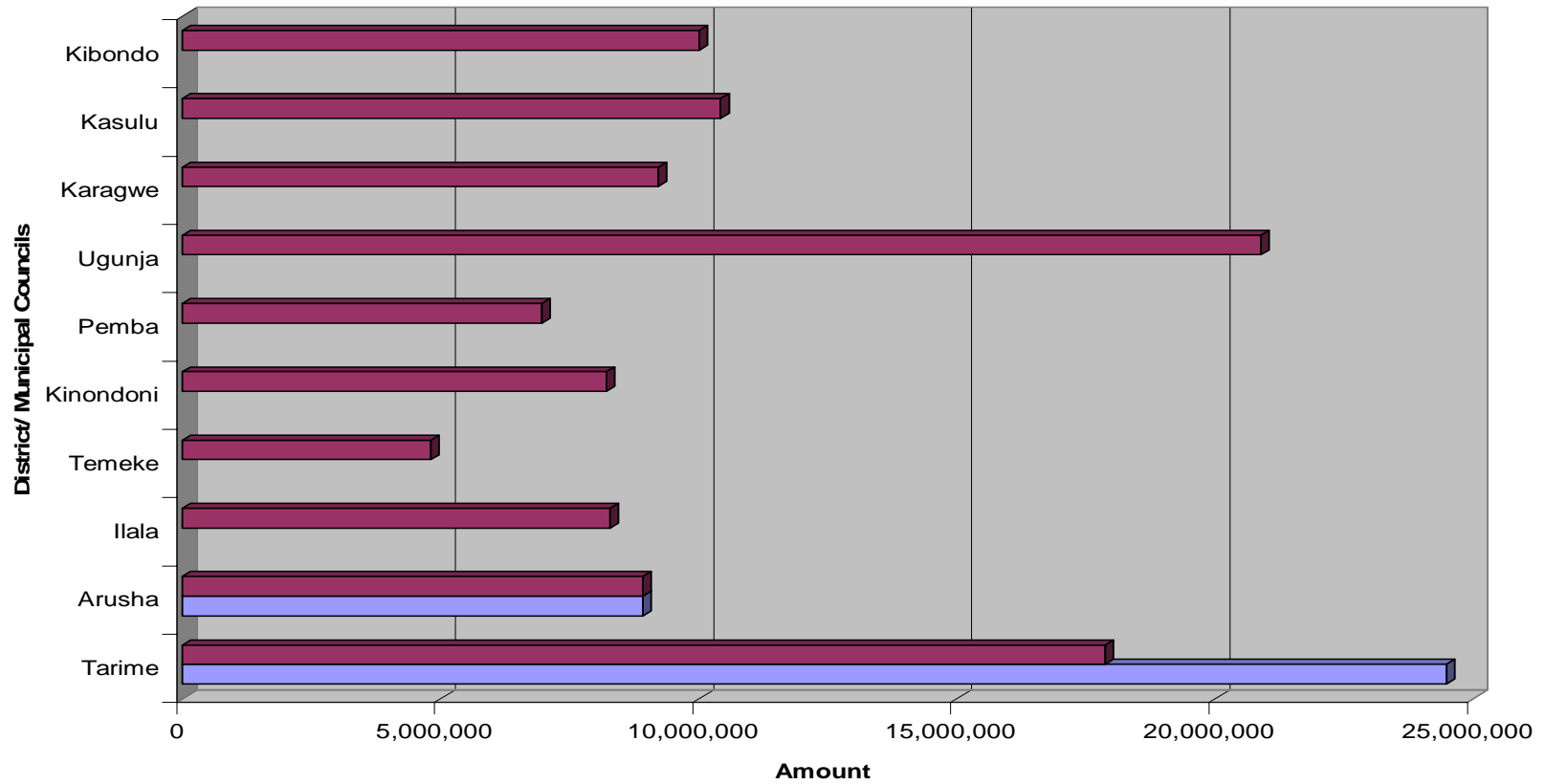
The AYA project through its Coordination and Dissemination Component (C&D) provided resources to the District Coordinators to run sensitization, planning meetings for leaders and ASRH actors. This was part of their lobbying for community and leadership support as they broadened the latter's understanding on ASRH issues and rights. This in turn, helped in strengthening public-private partnerships.

2.8 The district coordination of AYA project that also facilitated smooth community entry of AYA IPs, laid the ground for ASRH integration into district development plans. ASRH was not part of such plans in all the 10 AYA districts.

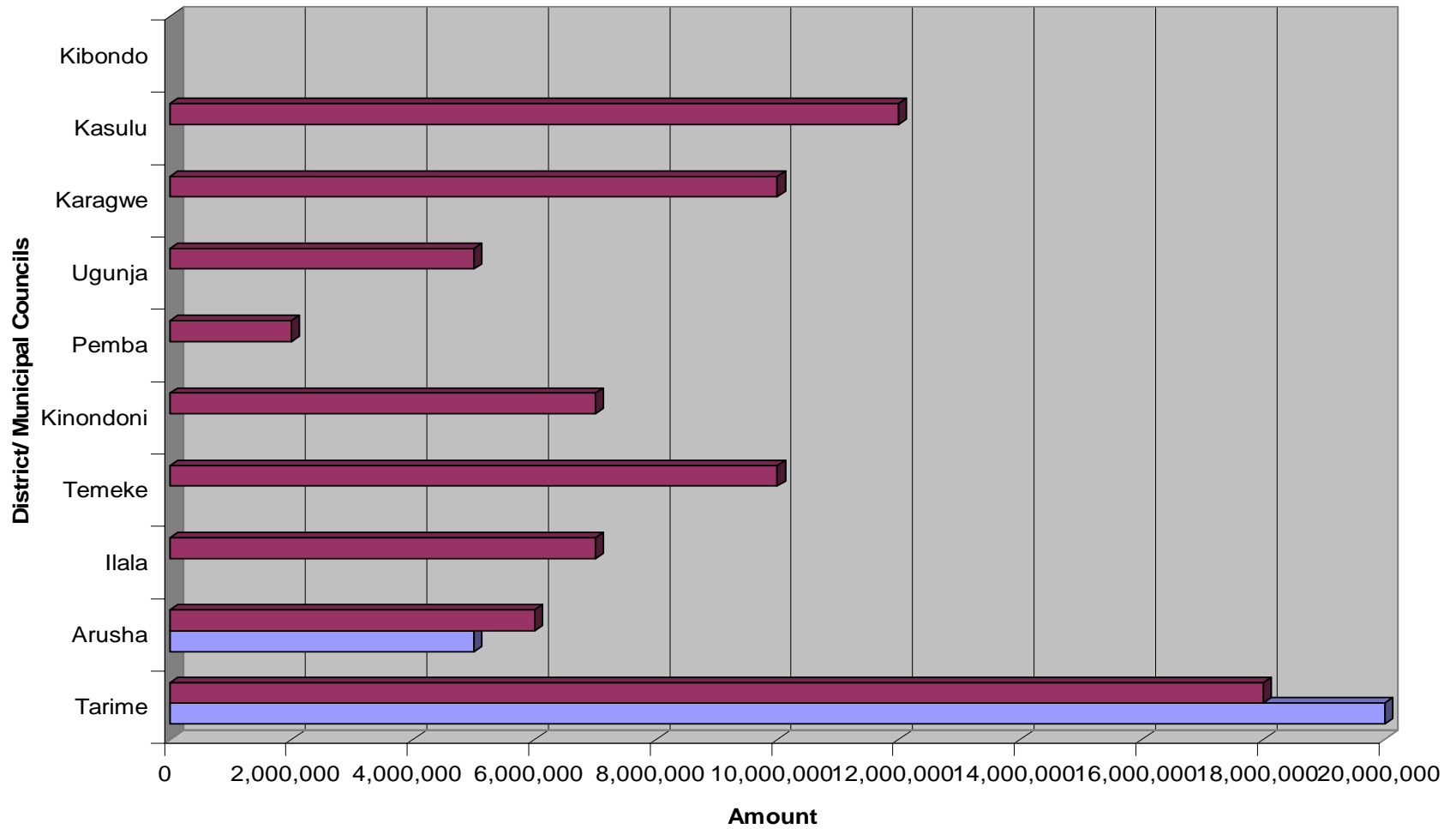
3.0 RESULTS

All the ten AYA sites took necessary steps in support of ASRH activities. Some sites committed staff time, equipment, transport, space for AYA IPs, while other sites allocated funds to support ASRH initiatives. ASRH has become an agenda in the ten districts with most leaders in the districts leadership underscoring the need for prioritizing adolescent health issues.

Support offered to Districts/ Municipal Councils in Kind between Years 2003 & 2004



Support offered to Districts/ Municipal Councils in Cash between years 2003 & 2004



Apart from establishing clarity in the area of ASRH and identifying the various actors and competencies in the implementation of ASRH activities, all 10 districts have recorded strong commitment towards improved adolescent health. Sensitization, planning and lobbying meetings at district level came up with impressive results as reflected in the following excerpts from reports and policy makers comments.

- *The AYA ASRH project has been a catalyst towards better youth health, as a result the council will steer ahead ASRH in the District (**Kibondo District**).*
- *Immediately after launching AYA activities, a need to insert planned activities in municipal plans was taken into consideration to effect the allocation of funds for ASRH activities. The municipality has already inserted a budget for ASRH activities in its development plan (**Ilala Municipality 2005**).*
- *After AYA injected the YFS (intervention) in the municipality through the planning department, majority of decision makers are now aware of and support ASRH. The planning department participates fully in the budgeting process, coordinates and mobilizes resources of development projects helped to influence decision makers to incorporate YFS in annual plans and budgets (**Kinondoni Municipal**).*
- *“We are now informed of how youth have benefited from the AYA Programme. The Arusha Municipal Council has to find a way of helping them. They are our youth. The best thing we can do here is advice the department of health and the municipal planner to draw plans and budget that will help solve youth problems and ensure sustainability.” (**Hon Councillor Halima Mahamud Arusha**)*
- *Adolescent Sexual and Reproductive Health should be a standing agenda to be addressed at all levels of the Council; there must be a well-established network of NGOs and CBOs providing ASRH and strengthening links with youth (target). The Municipal Council will take over the activities (AYA) and incorporate them in the 2005/06 budget. (**Arusha Municipality**).*

4.0 BEYOND RESULTS

Some of the AYA sites (10 districts) have gone a step ahead with respect to sustaining ASRH programme and coalitions, youth involvement in ASRH and in the promotion of community awareness on adolescent health issues.

4.1 For example, in Kibondo District some non-AYA IPs agreed to support one or two AYA initiatives:

- **CONCERN** is determined to support ASRH district coalitions;

- Radio **KWIZERA** of Ngara, a non-AYA district close to Karagwe (an AYA site) agreed to promote awareness and to sensitize the community on the issue of early marriages. (Marriage Act, 1971)

4.2 The Arusha Municipality decided that ASRH will be sustained through the involvement of leaders at every level of the municipality.

- The council has included ASRH in the comprehensive Council Health Plan and sustain youth discussions/dialogue with community leaders and policy makers.
- Youth facility boards have been formed by some IPs to reinforce youth involvement in planning and implementation of ASRH activities.

4.3 In Ilala Municipality, Youth Friendly Services (YFS) focal persons are working closely with Municipal Health Management Teams

- The Council has set aside special hours for serving youth in youth centers.
- Youth Clubs (ASRH) in secondary schools hold regular debates and panel discussions on the rights of young people.

4.4 In Pemba Island, youth centers have been established in three districts. The government has continued to provide space and radios to peer groups.

- In 56 shehias youth are participating fully in addressing ASRH issues through discussions or as peer educators/peer providers.

5.0 CHALLENGES

- After abolishing development levy on 2003/2004, income source has gone down; subsidies from central government is insufficient and irregular – hence, limiting efforts geared at spearheading ASRH.
- Transfer of key personnel in the districts who have supported ASRH activities effects continuity and capacity levels required for sustaining ASRH.
- Divided attention given to ASRH issues among councilors in the face of the coming elections (October 2005).
- Absence of guidelines at district level to hold them accountable to implementing ASRH activities.

6.0 LESSONS LEARNED

- Involvement of government at national and district level builds strong linkages and strengthens collaboration among stakeholders implementing ASRH.

- Government involvement and participation in project implementation, ensures smooth integration within national reform programmes and instills a sense of ownership as reflected in continuous allocation of resources for ASRH.
- Using existing structures for coordination at district level is cost-effective. It would have been expensive for AYA if it were to establish coordination offices in all ten AYA sites.
- Coordination of ASRH through District Planning Offices helped to make ASRH a developmental agenda and not merely a health issue.