

**Title: Making Integration Meaningful: Approaches and Opportunities for Success**

**Description:**

A review of strategies and approaches, based on integration, that have promoted healthy behaviour amongst young people. STI treatment, counselling, referral, outreach, community acceptance and stigma highlighted in case studies from sub-Saharan Africa.

AYA will be partnering with IPPF for this event. AYA works with the IPPF affiliates in the four AYA countries. The affiliates either: integrate the three core program interventions as in the case of Ghana and Tanzania; or, they implement a program component that is part of AYA's integrated program as in the case of Botswana and Uganda. This therefore provides a good basis to study integration.

**Rationale:**

While there are several issues that are currently "hot topics" with regard to integration, in this presentation the following three issues (which AYA can substantially contribute to and are also of interest to IPPF) will be highlighted:

1. Stigma  
Stigma impedes various programmatic efforts: testing and disclosure are difficult because of stigma; prevention is hampered as condom use or discussing safe sex are considered "immoral" and thus are stigmatised. Adult community members often stigmatise young people for their immoral, risky sexual behaviour. Young people, afraid of the stigma, do not seek the information and services that they need. Their insufficient and inaccurate knowledge combines with fear of death and disease to perpetuate incorrect beliefs on HIV transmission (e.g. a person can be infected from touching an HIV+ person).
2. Outreach  
It is generally agreed that services (including education and counselling) in most cases are not reaching all those in need of a service. The typical clinic client is a young pregnant woman seeking antenatal services. Young men do not traditionally attend clinics. Conversely, the typical client at a youth centre is a young man, 20-24, years old, who comes to play football or surf the internet. Young women do not typically visit youth centers. It is clear that what is called for are multiple strategies to reach diverse groups of young people
3. Referrals  
To optimise clinical or outreach efforts it is necessary to create functioning and accessible referral links. While it is possible to reach young people in diverse settings with such outreach strategies as peer education it is however not possible to provide a full range of services in all settings. Referral is therefore crucial to inform, educate and motivate a young person to seek the service that they need

**Outline:**

Based on the above, the presentation will address integration from two perspectives (both of which have the promotion of healthy behaviour amongst young people as the goal). It will describe AYA's experience in using a 1) **broad-based integrated**

**design** for an ASRH program, which 2) **integrates RH and HIV/AIDS** prevention with particular reference to **stigma, referrals and outreach**.

AYA and IPPF will undertake case studies in the 4 AYA countries to highlight what approaches/strategies were used and what the experience has been addressing these issues **within the context of an ASRH program**. The studies will review:

- The issue of **stigma** and its ramifications on the program. The focus will be on the various obstacles stigma presents (from the perspective of young people and adults) and appropriate responses (particularly education, community acceptance, addressing the policy-related and cultural contexts which put young people at risk)
- AYA's **outreach** strategies to the diverse groups of young people at risk
- How an integrated design has facilitated the **referral** component of AYA's program (with particular emphasis on STI treatment and VCT) and how this has complimented the outreach effort

For each issue (based on the AYA experience) promising approaches will be identified e.g. encouraging young men to accompany their partners on FP or antenatal visits during which they can be exposed to HIV prevention interventions (educational messages, condom distribution, offered testing, treatment, counselling or be referred accordingly)

It is intended that video documentation will be part of the case studies. Interviews of young people, policy makers, community leaders, service providers, etc will be conducted to substantiate issues presented and to provide a human face and perspective to the presentation.

### **Session Flow**

Kevin Osborne will review the issues and introduce the presenters (15 mins)

Each PTO/CC will present the case study findings specific to their program area (20 mins each) with video presentation for each program area (5 mins)

Q&A (20 mins)

Audrey Elster will provide a synthesis of the presentations, discuss the promising approaches and close (15 mins)

### **Presenters:**

1. Naomi Achimpota, African Youth Alliance, Tanzania, Program Technical Officer, Youth Friendly Services
2. Robert Mensah, African Youth Alliance, Ghana, Country Coordinator, Ghana
3. PATH/PTO
4. Kevin Osborne, International Planned Parenthood Federation, London, Senior Advisor: HIV/AIDS
5. Audrey Elster, African Youth Alliance, New York, Program Manager