

## Section I: Contact Information

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## Section II:

Title: Integrating Multi-Sectoral ASRH Programs: From Theory to Practice

Designated Presenter: Emmanuel Boadi

Type of Session: Panel

Proposed Theme: Health-Related Development Issues for Youth

Topic: Access to Health Information and Services

### **Learning Objectives:**

Participants attending this session will be able to:

1. Identify the challenges associated with integrating multi-sectoral components of adolescent sexual and reproductive health (ASRH) programs.
2. Describe critical elements of the integration process.
3. Apply lessons learned from AYA's efforts to integrate multi-sectoral ASRH to other programs.

### **Background:**

The African Youth Alliance (AYA) is a five-year program, formed through a unique partnership among UNFPA, PATH and Pathfinder International, in Botswana, Ghana, Tanzania and Uganda. Research indicates that youth development programs should

integrate health promotion, social change and behavior change theories for maximum effectiveness and reach. AYA applies these research findings to contribute to improved sexual and reproductive (SRH) among young people, aged 10-24, through six key program components:

- Enabling and supporting environments for ASRH.
- Improving knowledge, skills and attitudes of youth.
- Increasing access to youth friendly services.
- Integrating ASRH into livelihood programs.
- Strengthening coordination and dissemination mechanisms.
- Strengthening organizational capacity to implement ASRH activities.

Each Alliance partner implements two of these components, based on their areas of expertise. The critical challenge in implementing this unique partnership is to effectively integrate these components, and not implement vertically, to create synergy and achieve desired program outcomes.

**Partners:** UNFPA, PATH, Pathfinder International and implementing partners in the four AYA countries

**Conclusion:**

Based on lessons learned to date, AYA has identified the following processes as critical to integration of program components:

1. Development of program component results frameworks in which intermediate results common to all partners are identified.
2. Joint strategic planning meetings to sequence activities and plan for jointly implemented and monitored activities.
3. Selection of implementation sites based on location of clinical services.
4. Selection of implementing partners based on capacity to implement activities across program components.
5. Use of a single contracting mechanism to award grants to implementing partners, which includes a single work plan, regardless of the number of program components to be implemented.

By applying these processes AYA has learned that:

1. Building strong inter-component linkages reinforces integration and impact on intermediate results.
2. Implementing out of sequence significantly reduces potential to achieve results and is an inefficient use of resources.
3. Addressing integration when selecting implementation sites and partners reduces the management effort required to integrate program components.
4. Vertical contracting mechanisms for each component are inefficient, time consuming, and frustrating for implementers.
5. A joint work plan is an effective management tool to sequence activities, identify joint activities, promote an efficient approach to monitoring and build capacity of implementing partners.

6. It is important to analyze and address externalities that impinge on the program's ability to integrate.

**Additional Authors:** Ugo Daniels, Deputy Program Manager/African Youth Alliance, and Tayla Colton MPH, HIV/AIDS Associate /Pathfinder International