

TAKING AYA TO SCALE

Introduction

In the field of adolescent sexual and reproductive health, the African Youth Alliance (AYA) programme is unique – both in terms of approach and scale. Since 2000, AYA and her partners have integrated multiple strategies to reach young people in sub-Saharan Africa. During this time a solid programme foundation and momentum have been built, lessons learned and significant results achieved. AYA now seeks partners to fund and expand this approach, scale up interventions for behavioural change and achieve youth health and development outcomes.

Programme Overview

The African Youth Alliance (AYA) programme is contributing to the improvement in adolescent sexual and reproductive health (ASRH) of young people ages 10 to 24 (with an emphasis on 10- to 19-year-olds) in Botswana, Ghana, Tanzania and Uganda. The programme is implemented by a partnership of the United Nations Population Fund (UNFPA), the Program for Appropriate Technology in Health (PATH) and Pathfinder International (PI).

As a partnership, AYA works to improve adolescent reproductive health by integrating a range of strategies in one programme:

- Advocating with policymakers and community leaders to ensure support for ASRH
- Working with young people to develop the knowledge, skills and attitudes needed for behaviour change
- Increasing the availability of youth friendly services to ensure youth have access to quality health care that meets their needs
- Integrating ASRH into livelihood programmes
- Building national capacity and expertise to address ASRH and sustain successful programmes
- Coordinating (within national frameworks) at all levels to ensure synergy and maximize sustainability of results

Activities began towards the end of 2000, with an award of a \$57 million grant from the Bill and Melinda Gates Foundation. AYA devoted 2000 and 2001 to establishing the programme's foundation. In 2002, AYA developed an effective and sustainable platform – especially with regard to improving infrastructure and cultivating a skilled and trained cadre of personnel – to reach the youth. This is a necessary step to establish and eventually scale up programmes for youth in the four AYA countries. In 2003, through this “programme platform” AYA reached all categories of stakeholders; governments, community leaders, religious leaders, service providers, teachers, journalists, parents and the young people themselves. Programme activities in 2004 continue to expand AYA's reach and impact.

Key Programmatic Successes

The AYA concept and strategies rely on research which indicates that the achievement of a young person's well being should be based on health promotion, social change and behaviour change theories. In each AYA country, a range of activities conducted in six programme

component¹ areas have produced promising results indicating that broad-based and sustainable progress is being made.

At the policy level, AYA's work to foster an enabling environment is country-specific, determined by the prevailing policy environment and focused on "catalysts of change". Policymakers (executive, legislative, religious and traditional) at national and district levels, are now supporting and making commitments to ASRH programmes:

- In Tanzania, a Youth Development Policy for Zanzibar is being developed while that of the mainland is being amended to include ASRH.
- In Uganda, the Anglican Church has signed a declaration in support of ASRH service provision to young people and reviewed the pre-nuptial counseling guidelines to incorporate VCT. Similarly, the Orthodox Church has signed a declaration in support of ASRH programmes and has developed a 3-year ASRH advocacy strategic plan. The Moslem community has developed policy guidelines on ASRH programming and institutionalized youth committees in the Uganda Moslem Supreme Council.
- In Ghana, AYA-supported paralegals are now a pressure group for the rights of women and adolescents and at the national level, discussion has begun to formally integrate paralegals within alternative dispute resolution channels.
- In Botswana, a national condom promotion campaign mobilized the church, communities and young people. President Mogae personally endorsed the campaign and he now appears on condom promotion material.

A ground swell of demand for ASRH education, information and services has begun, fuelled by AYA's multiple behaviour change and communication strategies:

- In all countries AYA has reached over 9000 young people (both in and out of school) with life planning skills education and counseling. This has been followed by various supportive strategies including enter-educate (44,000 reached), peer education (16,000 reached) and mass media (over 2 million reached).
- In Botswana, the interactive and entertaining jam sessions, local dramas, dance troupes, radio shows and mass media campaigns have contributed to keeping ASRH prominent on the national agenda and making young people more comfortable to talk about ASRH issues with their parents, teachers and service providers.
- AYA has also worked to have its LPS curriculum institutionalized within national education programmes. In Zanzibar, the Government Vocational Education Policy now states that LPS is to be conducted in government and private vocational education training institutions.

On the "supply-side", AYA is partnering with over 350 facilities (static and outreach) to improve the quality of youth-friendly services (YFS) and increase their use by young people. Clinic and outreach utilization is increasing remarkably and these trends are the basis for optimism:

- In Uganda, approximately half of the clients seen at AYA-supported clinics are new clients and 2/3 of all clients are out-of-school. This strongly suggests that the programme's service delivery points are succeeding in reaching disadvantaged youth and are still attracting large numbers of new clients. The number of young people accessing

¹ AYA programme components include: Policy & Advocacy, Behaviour Change Communication, Youth Friendly Services, Institutional Capacity Building, Livelihoods, Coordination and Dissemination

VCT services has steadily increased while condom distribution through outreach has increased 67%. In Tanzania, emerging trends show more girls accessing services.

- AYA has worked extensively to strengthen the health information management systems in each country. 2003 marks the first year that data is available by age group. In Botswana, clinics are currently using the new data collection tool and sending the data for analysis at the national level.
- While improved reporting systems will undoubtedly contribute, such dramatic results are also attributable to the extensive work AYA has carried out with over 1000 service providers to make their services youth-friendly, as well as AYA's "demand-creation" activities (mass media, peer education, community mobilization). AYA has also used alternative channels to increase the demand for YFS. In Ghana and Tanzania, football has provided an entry point for activities to involve all community members. In Ghana, the national "Challenge Cup" project was launched with full participation of Government Ministers. The launch involved processions, durbars and a football gala during which intensive peer outreach efforts and distribution of IEC materials and condoms was done. In both countries, such outreach activities will continue at all football games.

Promising Approaches and Responses

AYA's programmatic achievements have been underpinned by a methodology of sustainable programme approaches. Primary amongst these is designing programmes based on evidence (research, lessons learned, success stories) and then taking successful "models" to scale; this is critical to achieving and sustaining impact.

AYA's model for scaling up identifies that broad partnerships should be established and coordinated within national and district health and development frameworks. AYA is currently working with over 60 diverse organizations and district coordinating committees. Key to this arrangement has been managing the partnership and implementing integrated ASRH interventions at a scale that reaches large numbers of beneficiaries.

Synergy achieved as a result of successfully integrating AYA's programme components has reinforced and accelerated programmatic successes. In all countries, advocacy and communication activities that have reached not just the young people, but all categories of stakeholders and gatekeepers, contribute to the dramatic increase in numbers of young people accessing services.

From implementing an integrated ASRH programme, at scale, AYA has learnt that a considerable investment of resources (money, staff, time) must be committed to technical and organizational capacity building of partners to ensure their competence to sustain the ASRH outcomes achieved.

- It is estimated that approximately 50% of AYA's resources have been devoted to capacity building. AYA considers this essential to scaling-up. As testimony of AYA's effort, in the 2003 mid-term assessment, AYA partners, across the board, reported that the capacity building received from AYA, has been their greatest benefit from involvement in the programme.

Coordination of AYA activities within the larger ASRH national and district mechanisms has brought recognition for the programme, but more importantly has mobilized modest resources for ASRH activities.

- In Uganda, Soroti district, working with AYA, included a budget for young people in their development plans and Kitara Kingdom mobilized resources for ASRH from the private sector to complement AYA support. Other partners have responded in kind; the national government provided equipment to facilitate the work of 2 partners, the Buganda Kingdom provided complimentary radio airtime to cover ASRH issues, and the national VCT programme will train AYA partners and provide VCT kits in Kampala.
- In Tanzania, districts where AYA is operating have devoted resources, from basket funding, for ASRH activities to compliment AYA's efforts.
- In Botswana, AYA is a member of the national HIV Response Information Management Systems of the National AIDS Coordination Agency as it considers AYA's monitoring systems lay a solid foundation for overall programme evaluation in Botswana. At the district level, the AYA-supported district multi-sectoral AIDS committees have now integrated ASRH activities into their annual plans. This integration is significant, as it ensures ASRH activities are coordinated within district plans; the local government allocates funds for ASRH activities and it demonstrates commitment to ASRH; and enhances the sustainability of these activities

The Way Forward

In the second phase of AYA, for which resources are currently being mobilized, the objective is to take to scale, in an incremental manner, integrated ASRH interventions by effectively utilizing AYA's broad and multi-sectoral programme foundation and infrastructure. This integrated approach and programme infrastructure are AYA's unique assets, providing AYA's comparative advantage to reach the young people in the region with good quality ASRH interventions, contribute to behaviour change and ultimately to sustained reproductive health outcomes.