



# AYA

ANNUAL REPORT

# AFRICAN YOUTH ALLIANCE 2001 ANNUAL REPORT

In the fall of 2000, an innovative program was conceived to address pressing adolescent reproductive health concerns in four African countries. Funded by the Bill and Melinda Gates Foundation, the five-year, \$57 million African Youth Alliance (AYA) became the first-ever program to partner two American NGOs with the United Nations Population Fund in an effort to capitalize on the particular expertise of each agency and streamline interventions for greater impact and broader effectiveness.

## An Overview of 2001 Results

After several months of planning and preparation – hiring program staff, negotiating agreements between partners and with government agencies, establishing program priorities and strategies – the work on the ground began in 2001. This report of the African Youth Alliance's first full year of operation not only highlights the accomplishment of a dedicated group of professionals, but also illuminates some of the challenges that naturally result from working at scale, and in an entirely new way. Improvements in adolescent reproductive health cannot be accomplished overnight. Shifts in personal beliefs, cultural attitudes, and governmental policy happen only over time, with consistent and meaningful engagement in the lives of young people and with the adults who guard their futures. In Botswana, Ghana, the United Republic of Tanzania and Uganda, those shifts have begun. The African Youth Alliance is working to sustain and advance that progress and create a brighter, healthier future for the youth of Africa.

The unique nature and scale of the AYA partnership required a more measured approach to implementation. While the implementation of grants to single-agency projects is generally straightforward, AYA was created with a goal of integrating every level of program development. Partners collectively review and approve program components and proposals of implementing partners in an effort to ensure the broader AYA strategy is accomplished as

effectively as possible.

Because AYA represents a unique entry into the field of adolescent reproductive health, the project has garnered considerable attention. In 2001, the project's profile was strengthened by visits from senior agency representatives and meetings with top-level government officials, by coverage in the media – including international coverage of the statement of UN Secretary General Kofi Annan highlighting the AYA initiative, and by discussions at conferences and with related agencies including WHO, UNHCR, Family Care International, Population Communication International, and the Alan Guttmacher Institute.

Building on the accomplishments of 2000 – management structures developed, internal partnership strengthened, external partnerships forged with various in-country stakeholders – AYA finalized its program design in 2001 and began to implement sustainable and participatory adolescent sexual and reproductive health (ASRH) interventions.

## THE AYA PROGRAM

The challenge accepted by the African Youth Alliance lies at the heart of Africa's potential. Without a healthy generation of youth – people with the information, skills and services to live safely and make wise decisions

about their health and their futures – the outlook for Africa itself will grow dim. While the topic of adolescent reproductive health remains uncomfortable for many and even controversial for some, the stakes for both youth and their nations have never been higher.

In seeking to create effective and sustainable interventions, AYA has brought state-of-the-art thinking to its programming strategy, while attending to the essential elements of a well-considered initiative. Fundamental to any successful development program or intervention are well-chosen implementers, reliable baseline data, strategic program planning, and a carefully crafted framework of goals and benchmarks.

## Monitoring & Evaluation

At AYA's first orientation meeting, held in January of 2001, the development of a solid program of monitoring and evaluation took center stage. In the end, the AYA team agreed to build its framework around seven key outcomes –

- fewer new incidences of HIV/AIDS and STDs
- a drop in adolescent pregnancy
- a lower number of unsafe abortions
- later age at first intercourse
- decreased occurrence of harmful traditional practices
- reduction in first or coerced sex among adolescents
- increased use of condoms and other contraceptives among sexually active youth

Country teams further agreed on outputs for AYA's key program areas and drafted indicators for output level interventions at country level. This framework provided the basis upon which the AYA countries began planning national level activities.

In keeping with principle of partnership, AYA invited a team of internationally recognized experts to form a Monitoring and Evaluation Technical Advisory Committee (TAC) for the program. Each member of the TAC boasts considerable experience with research and in monitoring and evaluation of ASRH issues and programs. A concerted effort was made to ensure the TAC is comprised of individuals with a variety of skills relevant

to AYA's program areas, its desired outcomes, and its monitoring and evaluation efforts. The members represent a range of organizations and universities that have contributed important work in the field.

Because monitoring and evaluation is a crucial component of AYA's work, many of AYA's program staff attended the FOCUS training for ASRH, which used the highly acclaimed FOCUS tool, Monitoring and Evaluating Adolescent Reproductive Health Programs. Laying the groundwork for effective monitoring and evaluation in 2001 helps to ensure AYA will remain on track as implementation moves forward.

With its focus on program implementation, AYA limits the use of resources for research. Due to the lack of good ASRH data, however, AYA engaged in selected surveys and assessments in 2001, often in collaboration with other NGOs, UN agencies, and government ministries. While not often surprising, the results of the studies help AYA determine the most effective and coordinated approach to addressing adolescent reproductive health needs.

In Ghana, a situational analysis conducted in all ten AYA regions revealed

- Adolescents are maturing and become sexually active at earlier ages.
- A majority of NGOs do not consider national policies and laws when designing programs
- Very few NGOs have national networks.
- Most district political authorities have not incorporated ASRH into their development plans

An assessment of seven AYA districts in Uganda, conducted to identify priority ASRH issues, found

- The cost of contraceptives is still unaffordable to rural young people, especially girls.
- A high drop-out rate exists among school girls due to pregnancy.
- Incidence of drug abuse can be established among urban young people.
- Parents have difficulty talking with their children about sexuality, particularly in Catholic families.
- Religious leaders are still opposed to campaigning for contraceptives and only prefer to talk about sex after marriage and abstinence.

Using knowledge gained from baseline studies and

other assessments, AYA began determining districts for interventions and approving proposals for implementation. In Botswana, 21 implementing partners and 10 districts have been selected for AYA activities, while in Tanzania, 13 partners were selected through a process that included visits to all AYA districts. To enhance the likelihood of successful partnership, the Country Team in Tanzania conducted an orientation to familiarize implementing partners with AYA's strategic framework and operational procedures, emphasizing the development of strategies for youth involvement and encouraging linkages with related organizations. Staff in Ghana have identified five focal regions for AYA – Greater Accra, Ashanti, Eastern, Central, Upper West – and have included selected implementing partners in strategic planning workshops.

## **Policy & Advocacy**

In 2001, AYA formally launched in its program countries, with most ceremonies including senior government officials and politicians, community and opinion leaders, members of the NGO community, and, of course, youth. At several events, youth played a key role in the festivities – an important principle in AYA's strategy at all levels – and media coverage launched the project into the public awareness. As a result, the project has received a number of offers of support and collaboration from government ministries, NGOs, and UN agencies.

One of the first tasks for AYA's policy and advocacy component was a review of existing laws and policies, in preparation for the development of national policy strategies. In Uganda, the review revealed that young people have not been involved in advocacy, and that despite providing essential data for advocacy initiatives, research institutions and individuals have not been involved in advocacy either. In addition, the review found that no systematic and coherent strategy has effectively utilized the media to advocate on behalf of youth, nor has the private sector been tapped for resource mobilization.

To begin filling the need for stronger media support for advocacy efforts, project staff began reaching out to

both print and electronic journalists from the public and private sectors. Efforts began to organize media outlets into networks through which ASRH information may be disseminated, and plans were conceived to provide training to journalists on ASRH issues to enhance the consistency and quality of media coverage.

Thanks to structures already in place, the Botswana country team was able to move quickly ahead to sign sub-grants with the Botswana National Youth Council (BNYC) and Women Against Rape (WAR). Support to BNYC will strengthen this national youth umbrella body and enable it to effectively implement gender-sensitive ASRH advocacy at the national level, while WAR will advocate against sexual violence and harmful traditional practices.

At the community level, meetings were held in several districts of Botswana and Uganda to raise awareness and generate support for AYA's unique, integrated approach to providing ASRH information and services. Community sensitization and mobilization meetings were held with district leadership, community and traditional leaders, civil society and youth organizations to both introduce the project and gather information about existing resources. As a result of one of the meetings in Botswana, the Ghanzi District Council set aside a building for use as a youth activity center at an annual rental of US \$1 for the next five years.

## **Behavior Change Communication**

Due to a dearth of district-level data on adolescent sexual and reproductive health, project staff and consultants conducted several reviews and assessments to generate programmatic information on the knowledge, skills, attitudes and the sexual practices of youth – an important first step to a strong behavior change communication strategy. Using the evidence gathered, AYA identified three groups for behavior change interventions: parents/guardians of adolescents, in-school youth, out-of-school youth. AYA staff also conducted basic assessments of adolescent access to information. In Uganda, the review indicated that access to electron-

ic and print media among adolescents was still low, with only 27% reading newspapers, 14% watching television and about 57% listening to radio. In most cases, communication through these outlets only addressed HIV/AIDS prevention, with very few discussions of issues such as unwanted pregnancy. As plans move forward to augment existing materials and develop country-specific literature, BCC training manuals will be developed for train-the-trainer workshops.

Another assessment in Uganda, conducted in collaboration with the Ministry of Health's School Health Program, surveyed five districts to create a baseline. The study found that only 20 % of schools had a clinic and only 15% of the boarding schools have a trained health worker. The need for greater access to services and information became even more clear as participants of focus group discussions reported having more than one sexual partner, and up to as many as three. Although 52% of respondents reported using condoms in the previous three months, only 19% were knowledgeable in condom use and 64% did not know about condom use. The majority of those surveyed (82%) felt that young people should test for HIV even when they are not having sex, and 80% were willing to go for testing if a center was available. To address reproductive health care through the schools in Ghana, ten schools (four primary, four junior secondary and two senior secondary) were identified for the pilot School Health Education Program, a result of collaboration with the Akuapim North District Assembly, the District Health Management Team and the District Education Service.

In Tanzania, several preparatory activities focused on strategies to reduce harmful traditional practices. In Zanzibar, where women known as *somo* provide traditional sex education for girls and play a central role in the culture, a BCC project has been developed to integrate ASRH into the *somo* approach. In the Tarime district, a long-term plan to reduce the incidence of FGM includes community-level training on alternative rites of passage. Although an important element of the BCC strategy in Tanzania, efforts to reduce FGM are included in the overall AYA program only where necessitated by

widespread cultural practices.

Behavior change strategies in other AYA countries look to edu-tainment – communication targeting both in- and out-of-school youth that is based on entertainment appeal. With support from AYA, Population Services International began an integrated BCC campaign in Botswana using interpersonal communication and edu-tainment to improve awareness and increase access to reliable ASRH information for youth. Activities included interactive discussion groups, jam sessions, radio programs hosted by peer educators, and weekly interviews of young people in popular newspapers. A different approach taken by the Tanzania Youth Aware Trust Fund saw 29 adolescents attend a life planning skills workshop, addressing the challenges of growing up and making complex decisions concerning sexual and reproductive health.

To build capacity among local NGOs, AYA trained implementing partners in Tanzania on behavior change communication interventions and methodologies, with emphasis on the linkage between BCC and other program areas – such as BCC's role in strengthening community support for national policy and advocacy efforts, and raising awareness to create demand for youth friendly services. In Uganda, implementing partners received orientation on AYA's monitoring and evaluation framework and project proposal development. Taking a page from the AYA partnership book, implementing partners at the meeting agreed to form consortia for coordinated implementation of in-school, out-of-school and parent-child communication efforts.

**Integration of Livelihood Skills** - The complex issue of livelihood skills development remains a high priority for stakeholders in addressing adolescent sexual and reproductive health. In order to maximize available resources, AYA has elected to program ASRH only in existing livelihood skills programs. Capacity of existing programs, however, remains a challenge. In Botswana, Junior Achievement was forced to withdraw from consideration by AYA due to a need to focus only on livelihood skills. Discussions were soon begun with the Botswana Family Welfare Association to work on

integrating ASRH training into livelihood programs. In Uganda, an assessment of the ASRH needs in livelihood skills development programs revealed that the necessary capacity – in terms of both human and financial resources – was lacking. Enrollment in existing programs was predominately male (58% to 42% female), with female drop-out rates higher due to marriage and lack of fees.

Following on the advocacy work accomplished at national, regional and community levels, the behavior change component of AYA has been positioned to expand interventions from existing platforms and create a climate in which adolescent reproductive health can not only be recognized as essential to the youth of a community, but can become a priority nationwide.

## Youth Friendly Services

Building on existing capacity and resources, AYA reviewed youth-friendly services curricula and adapted manuals for use in training service providers in a variety of settings. Clear and substantive training for health care providers lies at the heart of providing services that are truly youth friendly. Anecdotal accounts may provide the most compelling assessments of the state of youth friendly services, but AYA studies conducted in Tanzania and Uganda revealed the fundamental – yet unsurprising – needs that must be filled to creating a positive and inviting health care environment for youth.

In Tanzania, a study to identify gaps in service delivery that hindered youth participation included –

- Youth prefer not to mix with adults when receiving services
- Youth prefer special hours and special rooms for comfort
- Antenatal services were given to pregnant youth without prejudice
- Youth under age 15 were not found in service delivery points providing ASRH services
- More youth ages 15-19 use private facilities than public facilities
- Most service providers are not skilled in dealing with ASRH issues

A study in Uganda, conducted in collaboration with Ministry of Health in eight AYA districts, reviewed public, NGO and private sector facilities, and found –

- Staff felt uncomfortable talking to adolescents about RH

issues, especially sexual matters, and believed younger adolescents should not access services without parental knowledge and consent.

- Most facilities lacked privacy and did not offer separate services or areas for adolescents. These deficiencies were compounded by a general lack of supportive equipment.
- The median age at first sex is 15 for boys and 14 for girls.
- Condom use was low, with 40% of male and 56% of females interviewed having never used a condom.

To address the gaping holes in service delivery to adolescents, AYA has reviewed and developed training materials for health care workers and government officials. In collaboration with the Government of Botswana, AYA facilitated the development of two significant documents: SRH Guidelines and Service Standards and the National ASRH Implementation Strategy. The AYA team also developed an ASRH Training Manual to be used in training service providers in all AYA districts. In Tanzania, the existing adolescent sexual and reproductive service providers training module was reviewed and a national ASRH training curriculum and training prototype for health providers was developed, addressing the relevant skills for competency and friendliness toward adolescent clients.

In collaboration with Ghana's Ministry of Health, three policy documents were produced to guide the provision of Youth Friendly Services nationwide: Adolescent Health Training Manual for Health Workers, Service Delivery Guidelines for Adolescent Health, Facilitators Guide for Training of Service Providers on Adolescent Health. Similarly in Uganda, two curriculum documents – training for District ASRH trainers and community-level peer ASRH service providers – were developed in collaboration with the Ministry of Health's Reproductive Health Division.

In two countries, AYA approved proposals for training interventions. The Botswana Family Welfare Association (BOFWA), which has already trained 25 youth community service providers, will train nurses from BOFWA clinics in monitoring and evaluation of youth friendly services. The Planned Parenthood Association of Ghana also received a sub-grant to train young people in 20 districts as ASRH advocates, to

expand youth-friendly SRH services through clinics and youth centers in five districts, to train Peer Educators of AYA Implementing Partners to provide SRH information and non-clinical contraceptives and to improve the capacity of youth and staff to manage youth projects.

AYA also sponsored several capacity building events for the staff of implementing partners. In Botswana, capacity building has seen significant inclusion of youth, with seven youth community service providers attending a BOFWA workshop on ASRH and Project Proposal Development, and one Peer Educator from BOFWA attended the International Youth Summer Camp in Nairobi, Kenya, under the theme Youth and HIV/AIDS in Africa. In addition, AYA sponsored a nurse from a BOFWA clinic to attend a training course organized by Margaret Sanger Center on Program Planning for ASRH in South Africa. A 27-person Ugandan team – including seven youth – were trained on provision of youth friendly services, management of training and the process of curriculum development as part of a national trainers of trainers initiative.

In Ghana, 60 Master Trainers from the Ashanti and Greater Accra regions were among the first to be trained to ensure the accelerated training of service providers and the integration of ASRH into public sector services. Through an AYA collaboration with the Ministry of Health, a plan for nationwide implementation of youth friendly services has been developed that standardizes the practice of ASRH services at delivery points across the country, ensures the availability of adolescent health guidelines and a training reference manual, and trains health workers in skills to deal comfortably with ASRH issues.

As youth become more involved, and service providers and government officials become more aware of the critical nature of youth friendly services, the status of adolescent reproductive health in the four AYA countries is expected to improve measurably.

## **Coordination & Dissemination**

Essential to the smooth functioning of AYA is strong

management that provides a coordinated foundation for the work of the three AYA partners, and includes government and other stakeholders as appropriate. As a result of numerous meetings, workshops and consultations in 2001, each country team established or strengthened the structures that will enable its program to succeed. In all countries, the In-Country Partners Council will work as a team to oversee planning, implementation and integration of activities. In addition, District and Youth Advisory Committees, National Coordination Committees, and Monitoring and Evaluation Technical Advisory teams have been established to address particular elements of the AYA mission and ensure quality outcomes for the youth of the four AYA countries.

## **Institutional Capacity Building**

Key to the sustainability of the progress AYA hopes to make in the coming years is the capacity of national institutions and organizations to maintain the coordination and services established under the program. In 2001, AYA began investing heavily in building the capacity of implementing partners – a focus which will continue in all programming efforts as a central tenet of AYA's commitment to ensuring the sustainability of its programs. As implementation has begun in the four AYA countries, program staff have established a fundamental understanding of the significant institutional capacity building needs among AYA's implementing partners. In all countries, strategies have been developed to address these needs and a preliminary process has been designed to determine the level of support – from intensive to generalized – that AYA should make available to a particular organization.

## **Challenges & Opportunities**

As AYA's first full program year, 2001 saw a range of challenges and opportunities as the project launched in four countries and began implementation in a number of communities.

- Strategic planning at both regional and national levels has proven key in defining a feasible strategic implementation

framework for the project, ensuring inclusive and participatory project design, and addressing sustainability issues. Because the vast majority of NGOs are donor dependent, however, with limited capacity in ASRH program implementation, sustainability continues to pose a significant challenge for AYA.

- Data sources available in-country are not comprehensive in either coverage or scope, and have proven inadequate to provide baseline data for AYA. To compensate for this deficiency, AYA has conducted assessments and situational analyses in all project areas to document existing successful practices upon which AYA can build and expand. Similarly, the lack of rigorous monitoring and evaluation of existing ASRH interventions has required the project invest in baseline surveys as well as Data for Decision-Making training for selected implementing partners.
- Journalists and mass media institutions can be valuable partners in ASRH advocacy, provided journalists possess the knowledge and skills to advocate for ASRH. Because working with the media is an important strategy for both dissemination of lessons learned and project advocacy at country level, AYA's Country Coordinators and program staff are strengthening their own messaging and media interaction skills to facilitate a more creative presentation of issues to win public and leadership support.
- While a complex issue, livelihood skills development remains a high priority of stakeholders in addressing adolescent sexual and reproductive health. Based on lessons learned from other projects and in view of the limited resources, AYA reached an agreement with stakeholders that AYA activities will address institutionalization of ASRH in existing livelihood skills programs, referral of AYA clients to existing programs, and advocacy for livelihood skills programs.
- Significantly, this project created to benefit adolescents found that meaningful participation of young people remains a challenge. To ensure the project is sufficiently guided by and accountable to young people, AYA drafted youth participation guidelines for discussion and strengthening at all levels. The project also will invest in leadership and skills building training for young people to not only ensure youth participation, but to enhance the project's sustainability once its initial five years are completed.

Unlike other programs that have sought to directly address adolescent reproductive and sexual health, the African Youth Alliance works from a foundation of partnership at the most fundamental level. More than three agencies sharing a funding source and each doing

its work independently, AYA has created an infrastructure to share all levels of management and decision-making. While providing a more challenging framework in which to work, the AYA partnership holds the promise of deeper synergy for greater impact in the lives of African youth.

## Summary

In its first full year of operation, the African Youth Alliance made notable progress in its program development, laying the foundation for four years of interventions on the ground, developed in a cooperative framework. By bringing together three organizations – each with its own particular expertise and experience in the field – AYA has sought to create a whole that is greater than the sum of its parts, and a program that can make a substantial positive difference in the lives and future of the youth of Africa.

The African Youth Alliance represents a new – even experimental – approach to addressing not just adolescent reproductive health, but any number of developmental challenges. While multi-agency partnerships require considerable advance work in planning, negotiating agreements, developing joint strategies, and team building among people of unique corporate cultures, the possibilities for more effective interventions make the experiment a worthwhile enterprise. The next four years will be exciting ones, as the bold experiment begins to engage the landscape of adolescent reproductive health, and the future of Africa.