



Love, Sexual Rights and Young People



**Learning from our peer educators
how to be a youth-centred organisation**

Report of a participatory assessment of the IPPF
Danida-funded A+ programme on adolescent sexual
and reproductive health and rights

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Acknowledgements for all of the important support and contributions at country level can be found in the respective country case studies.

Abbreviations and acronyms

| | |
|--------|---|
| ABPF | Association Béninoise pour la Promotion de la Famille |
| CSE | Comprehensive sexuality education |
| CMO | Context, mechanisms and outcomes |
| Danida | Danish Development Cooperation Agency |
| FPAN | Family Planning Association Nepal |
| FGD | Focus group discussion |
| ICAI | Independent Commission for Aid Impact |
| IPPF | International Planned Parenthood Federation |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| UNFPA | United Nations Population Fund |
| VDC | Village Development Committee |

Glossary

Comprehensive Sexuality Education

The IPPF Framework for Comprehensive Sexuality Education states: *'Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views 'sexuality' holistically and within the context of emotional and social development. It recognises that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values.'*

Critical stories of change

Actionaid developed this process, which uses participatory, community-based methods of documenting, reflecting and learning about how their interventions have contributed to positive social change in poor peoples' lives. The approach is summarised in this Actionaid document, *Using Critical Stories of Change to Explore Impact on Social Change*, (http://povertyandconservation.info/docs/20080215-AWF-BL-FFI_Cambridge_Workshop_07_Carrol_ActionAid.pdf)

Member Association

IPPF Member Associations are independent, registered non-profit organisations operating in 172 countries, which provide sexual and reproductive health information, education and services through 65,000 service points. Those services include family planning, abortion, maternal and child health, and STI and HIV treatment, prevention and care.

Reproductive health

IPPF endorses the definition of reproductive health agreed at the International Conference on Population and Development, which stated: *'Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.'* Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility.'

Sexual health

IPPF endorses the United Nations definition of sexual health as *'the notion of sexual health implies a positive approach to human sexuality and the purpose of sexual health care should be the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted diseases'*.

Sexual and reproductive health and rights

This term denotes a focus specifically on the human right to sexual and reproductive health and to have access to health services (which encompass physical, mental and social wellbeing in relation to sexuality) and contraception; and for females, males and transgenders and transsexuals to have the freedom to have, choose and control sexual relationships.

Sexual and reproductive health services

Defined as the constellation of methods, techniques and services that contribute to reproductive health and wellbeing through preventing and solving reproductive health problems. It also includes sexual health.

Sexual and reproductive rights

The IPPF Charter on Sexual and Reproductive Rights (2003) covers 12 basic human rights, in order of relevance to IPPF's mission, of which sexual and reproductive rights are named as one key area of rights. The charter specifically and directly links sexual and reproductive rights to basic human rights.

Sexual rights

IPPF endorses the definition of sexual rights agreed at the Fourth World Conference on Women, which stated that: *'The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.'*

IPPF addressed sexual rights in *Sexual Rights: an IPPF declaration* (2008), which complements the charter and represents a move to de-link sexuality from sexual and reproductive health (a political objective of some sexual and reproductive health and rights activists) and express a human right and inclusive vision of sexuality.

Theory of Change

Theory of change is not a simply-defined term. It is about a critical and reflective way of thinking about project design and management. This way of thinking is used to express an understanding of changes sought, by taking into account complexity, critical thinking about context, assumptions, and the actors and actions involved in working toward and achieving that change. In the A+ project, the triangle approach is a visualisation of a combination of priorities and intervention areas, in the context of an IPPF vision for sexual and reproductive health and rights for young people that will lead to transformative positive changes for young people. Transformative changes are ones where individual and collective political, economic, social and cultural norms, relationships and institutions are changed in ways that make them more equal and more just. (Eguren 2011: p5).

Further reading on theory of change: Eguren, I (2011) *Theory of Change: A thinking and action approach to navigate the complexity of social change processes*, The Hague: Hivos; Vogel, I (2012) *Review of the use of 'theory of change' in international development*, London: DFID.

Foreword

Three years ago IPPF embarked, with the support of the Danish government, on a journey to improve the sexual health of young people and to promote and fulfil their sexual rights through the A+ programme. We worked in 16 countries providing youth-friendly sexual and reproductive health services, advocating for the creation of safe spaces for young people and providing comprehensive sexuality education.

Towards the end of the program we invited Panos London to help us learn from this journey: to assess progress made, to unravel the challenges and to find opportunities for improvement.

We selected Panos London because we believe that their youth-centred approach brings a unique value to the assessment and its findings. They worked with young people in the field and produced a document that helps us to rethink and improve our work by putting young people at its centre. The case studies from Benin, Kenya, Nepal and Nicaragua give us a thoughtful and inspirational insight of our Member Associations' work and the way they are transforming young people's lives.

Although the programme is over, our journey is not. The legacy of the programme and the critical recommendations of this assessment will help us to continue the journey better equipped and with a stronger focus to put young people at the centre of our work. The findings will reinforce our role as a champion for young people's sexual rights worldwide.

The programme and the assessment would not have been possible without the financial support from the Danish Ministry of Foreign Affairs, the staff and consultants of Panos London (especially Beryl Leach, Clodagh Miskelly, Hannah Beardon, Siobhan Warrington and Vicky Johnson), Katie Chau who coordinated the A+ programme and staff from IPPF's Member Associations and Regional Offices. But our thanks go out mostly to the young people who made this programme and assessment possible.



Doortje Braeken



Executive summary

Opposite page: Young workshop participants, Nicaragua

‘Involvement of young people in planning and activity implementation has enabled staff to understand young people much better and appreciate their contribution.’

From Member Association survey

1 Introduction

The International Planned Parenthood Federation (IPPF) is one of the leading global sexual and reproductive health and rights organisations with a mandate to improve the quality of life of individuals by providing and campaigning for sexual and reproductive health and rights (SRHR) through advocacy and services, especially for poor and vulnerable people. The Federation defends the right of all people to enjoy sexual lives free from ill health, unwanted pregnancy, violence and discrimination.

IPPF has a long-standing commitment to young people and strives to be a global champion for young people’s rights. It is within this context that it implemented the Danida A+ programme.¹ The programme presented IPPF with an opportunity to increase the capacity of Member Associations to promote young people’s sexual and reproductive rights, to identify and scale up good practice in youth-friendly service provision and comprehensive sexuality education, and to reach under-served groups. IPPF felt it was important to conduct a participatory assessment of the programme to capitalise on achievements and lessons learnt from the programme.

This report examines the findings of an external assessment of the A+ programme, an innovative IPPF youth-led programme funded by Danida.² The A+ programme was implemented by IPPF’s Member Associations in 16 countries across Sub-Saharan Africa, South Asia and Central America. Its overriding goal was to increase access to sexual and reproductive health services and comprehensive sexuality education for young people, and to promote their sexual and reproductive health and rights. It is hoped this report, guided by the unique insights of young people themselves, will contribute to shared learning on how best to implement a youth-centred approach across IPPF and beyond.

The A+ programme

A+ Programme Objectives:

- increase **institutional commitment** of IPPF Member Associations to youth-friendly services
- build a **supportive community** for young people’s sexual and reproductive health and rights
- strengthen and expand existing sexual and reproductive health **services for young people**, especially the most underserved and vulnerable
- increase access to comprehensive, youth-friendly, gender sensitive **sexuality education**.

Its three main areas of intervention:

- youth-friendly sexual and reproductive health services
- comprehensive sexuality education (CSE)
- advocacy

¹ The A+ programme is the shortened name for the ‘Adolescent and Advocacy Programme’.

² The A+ programme was implemented by IPPF between 2010–13

Peer educator speaking with young woman, Benin



Integral to the programme ethos were cross-cutting issues of youth participation, gender equity and partnerships, with a focus on reaching the most marginalised young people.

Although the programme did not set out to be youth-run, in many Member Associations young people were provided with the opportunity to be involved with project design and monitoring, and were given responsibilities to implement the project, such as running peer groups and youth groups, and outreach activities.

Evaluation process

In 2012 IPPF commissioned Panos London to carry out a participatory assessment of the A+ programme to evaluate its impact and learn how best to involve young people at all levels of youth programming. Young people themselves were directly involved in the A+ assessment from the outset. A survey was carried out with all 16 Member Associations that had participated in the programme, and detailed case-study research was carried out in Nepal, Benin, Kenya and Nicaragua involving young peer educators.

In each country, a team of around 10 young male and female peer educators from the A+ programme worked alongside the Panos London researcher and a local facilitator to identify issues that were relevant to their lives. Using participatory research methods, they gleaned information from young people, adults and other stakeholders in the community. Taking their findings, the peer educators presented recommendations to the Member Associations and local decision-makers. This participatory analysis was then shared with IPPF Regional Offices and Central Office and discussed in conjunction with the survey results.



Youth assessment team during participatory workshop, Nicaragua

2 Case-studies: Being young in different contexts



Teenage mother, Nicaragua

The four case-studies show how young people are surrounded by families and communities who influence their choices and decisions. Often, there is a conflict between cultural and religious beliefs and practices, and young peoples' hopes and dreams about love, relationships and sexuality.

In **Nicaragua**, young people highlighted the difficulty of discussing the risks of teen pregnancy in a culture where young mothers are generally accepted and supported in their families, but then have few incentives to stay in education.

In **Benin** religious attitudes against family planning conflicted with messages about safe sex. There was a feeling amongst adults that it was harmful for young people to discuss such issues. The A+ programme addressed misinformation and sexual taboos by working with religious and community leaders.

'I've no time for your blah blah blah. The family planning that you advise makes women sterile.'

Community member, Benin

In poor rural areas of **Kenya**, messages about sexual health and rights tended to be undermined by the sheer level of poverty, marginalisation and lack of access to services faced by young people. Those working as peer educators often held conflicting views of sexuality and sexual rights, and messages were therefore often simplified to telling peers not to have sex.

In rural **Nepal** there is cultural pressure preventing young men and women from meeting in public before they are married. Some young people marry early so they can have sexual relations with their partners. This conflicted with the IPPF/A+ programme principle that young people should have the right to decide whether or not to engage in sexual activity. Creating safe spaces to talk and share information was highly valued by young men and women.

'We may not be able to change cultural beliefs but at least we can edit them...'

Young male peer educator, Nepal

Abstinence sign at school, Kenya



Peer educators felt that identified marginalised groups such as drug users as young people whose sexual and reproductive health rights are particularly affected.



Young people in these case-studies highlighted how marginalisation and exclusion affect young people's sexual and reproductive health and rights. Peer educators identified groups of people who are particularly vulnerable, such as those living in rural areas and urban slums and those involved in drugs, sex work and hard labour. They felt that these groups were not able to access services and had little control/choice over their sexual lives.

To help overcome many problems young people face, the participants suggested new approaches combining income generation, education, access to services along with confidence building, and improving communication between girls, boys and adults in communities.

3 How change happens

The case-study research revealed many ways to generate change and achieve sexual and reproductive health rights for young people:

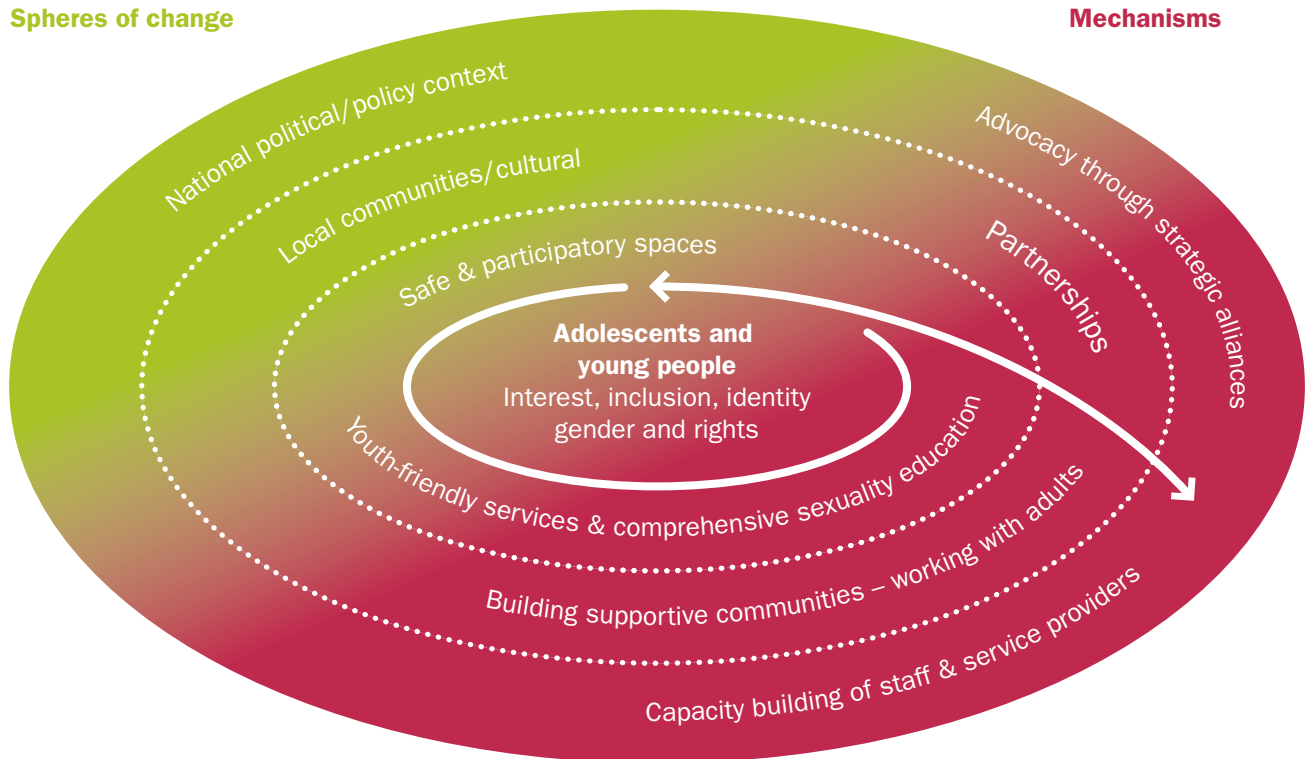
- youth participation
- awareness of rights by young people themselves
- creation of safe spaces for young people to discuss their feelings
- inclusion of marginalised groups
- consideration of intersecting social drivers (e.g. gender and norms, ethnicity, socio-economic status)
- youth-friendly services
- comprehensive sexuality education in and out of school
- awareness-raising and education of adults in communities
- political advocacy
- sustainability strategies for youth programmes
- capacity building.

4 Becoming youth-centred: A journey of change

The assessment presents a theoretical tool, the socio-ecological model, to help Member Associations develop and adapt to the challenge of strengthening their youth programming³. They are encouraged to adopt this model when designing youth-centred and youth-led activities, and to take into consideration their social context. Young people are placed at the centre of this approach as key agents of change.⁴

Spheres of change

Mechanisms



Organisations involved in youth rights developing over time

Socio-ecological model: Young People as agents of change

Based on Change-scape
(Johnson 2011)

Using this change model, young people, including those most marginalised in society, are directly involved throughout the programme cycle – from planning to monitoring and evaluation. An organisational strategy or business model with social objectives is applied, based on agreed underlying values of inclusion and empowerment. Over time, the strategies change, following reflection of what is working and what is not. Regular adjustment based on strategic assessment and reflection ensures that the programme is flexible to local contexts and the changing interests of young people.

3

The timeframe would be decided by those designing the theory of change, mechanisms and therefore the time needed to reach agreed objectives and milestones on the journey.

4

A change-scape model (Johnson 2011) was used in the A+ assessment and was further developed by Vicky Johnson with the South Asia Regional Office (SARO) staff, Manish Mitra and Dr Praween Kagrawal.

Most Member Associations have followed IPPF's global policy to include young people in their governance structures.



5 Summary of report findings

Overall, the assessment finds that IPPF's current approach to youth programmes is strong and effective and could be built upon for IPPF to become a more youth-centred organisation.

The report findings are summarised below, based on nine themes that emerged during the assessment.

Young people and their peers at the centre

- Member Associations generally adhered to IPPF's global policy to include young people in governance structures, with many increasing youth participation on their boards. The case studies suggested ways this could be improved.
- There was strong evidence of an increased focus on marginalised youth, but survey results indicated this is not consistent across all countries.
- Projects that developed specific strategies targeting particular groups of young people were most successful in engaging marginalised young people.
- Opportunities for income generating and vocational activities, alongside education and health services, are an important component for youth programmes, especially for attracting poor marginalised young men. This also contributes to their long-term sustainability.
- Participation of young people – including the most vulnerable – in monitoring and evaluation of services can pick up issues that are otherwise missed.

Gender equity

- Some Member Associations felt they had made progress towards gender equity during the A+ programme.
- Some Member Associations were unclear about the role of gender and other wider discriminatory social and structural influences in relation to objectives and strategies of the A+ programme.
- Young men were seen as successful change agents in promoting sexual rights.
- Increased participation by young women was encouraged by giving them greater responsibility for implementing projects, tailoring activities for them and having female-only peer groups.



Youth club, Kenya

Spaces for participation

- Youth groups can offer safe and participatory spaces for young people to talk openly about personal issues like sex and sexuality, and seek information about sexual and reproductive health services.
- Young people can help define the spaces needed to talk openly and promote interaction between and within genders.
- It is not only the space, but also the pedagogy for youth involvement that is important
- Innovative approaches such as rap competitions, puppet shows and drama were popular and effective.
- Theatre can be valuable in peer education, community education and information sharing but also helps young people build their own capacity and learn new skills.
- Indicators developed for future youth sexual and reproductive health programmes should include indicators that measure the quality of spaces for youth participation, young people's self-confidence in autonomous decision-making related to sexual and reproductive rights and how empowered they feel in accessing services that they require.

Working with families to build supportive communities



Community leader, Benin

- Working with parents is crucial to enable young people to realise their sexual rights and access services.
- Recognition and understanding of youth-adult power dynamics in families is fundamental to the success of youth programming.
- Adults in the community – including teachers, religious leaders and service providers – need to help build young peoples' confidence regarding sexual rights and should avoid contradictory messages such as promoting abstinence, whilst teaching about safe sex.
- It is important to identify suitable role models in communities.
- Creating community networks and partnerships between service providers can develop more integrated care for young people.

Ensuring access to high quality youth-friendly services

- Youth-friendly services were extended through the A+ programme and more young people accessed sexual and reproductive health services at Member Association clinics.
- Youth participation and effective local partnerships improved the delivery of youth-friendly services.
- Member Associations improved the quality and appeal of their services, for example by recruiting specialist staff and training existing staff.
- The reputation of Member Associations as youth-friendly service providers was enhanced.

Comprehensive sexuality education

- The comprehensive sexuality education component was welcomed by Member Association staff, teachers, some Ministries of Education and other stakeholders.
- Content of comprehensive sexuality education programmes improved, and innovative pedagogical approaches were introduced.
- Teachers and educators overcame their own embarrassment and cultural barriers to talking openly about sexual and reproductive health rights.

Advocacy and the broader policy context

- There is some confusion in Member Associations around what advocacy means in different programmes and contexts.
- There are good examples of building strategic advocacy partnerships/alliances locally and nationally that can be shared between Member Associations.
- Advocacy is key to promoting and sustaining youth-friendly services and integrating comprehensive sexuality education in national curriculums.
- For most Member Associations, advocacy results take sustained effort over a longer time period.
- Detailed evidence such as case studies can help to convince decision-makers.

Organisational development: learning for communication and accountability

- The programme has led to positive changes in organisational development.
- Training on youth-related issues offered through the programme contributed largely to progress.
- Staff attitudes to youth programming have improved and there is greater respect and acceptance of their needs, along with better understanding of youth rights.
- Member Associations believed the programme added value to their existing youth programming by developing child protection policies, greater youth participation in governance and leadership positions and increased resources for youth programmes.

Sustainability of youth programming

- Extending training of peer educators to existing peer groups can increase sustainability of youth programming
- Attention to power dynamics in local communities need to go alongside youth focus.
- There needs to be a clear sustainability strategy in place with strong links to Member Associations own youth participation structures and funding.
- It may be hard to maintain outreach activities to marginalised young people in remote locations due to associated costs.
- Effective partnerships, strategic alliances and networking are efficient ways to deliver services and advocacy locally and nationally.
- Project-focused funding is an inherently risky way to try to address complex and enduring problems.
- Member Associations that depend on project funding face cash flow problems and are more likely to struggle financially.

6 Key learning and recommendations from the A+ programme

The following are some of the main lessons arising from the assessment to help IPPF become a more youth-centred organisation, related to the A+ programme objectives.

A+ objective 1: Increasing institutional commitment

- Member Associations need to move from a project-based approach to an integrated youth-centred programme approach.
- Member Associations need to set new milestones and indicators to measure youth participation going beyond their participation on executive boards.
- Training can help change staff attitudes leading to greater respect and better understanding of youth rights.
- Member Associations can share successes to increase young peoples' participation in programme design and evaluation.
- Member Associations need different levels of support depending on their starting point, context, institutional history and capacity.
- Child and young people protection policies need to be introduced and implemented in all Member Associations.
- Young people need to be consulted throughout the youth programming cycle from planning through to evaluation.
- More effective ways of measuring personal empowerment and confidence in young people need to be established.

A+ objective 2: Building supportive communities



Working in partnership with different community-based organisations needs to be encouraged.

- Youth programmes need to find ways to reach and engage other adults in the community as well as beneficiaries' families, including adults with lower levels of literacy.
- Peer educators strongly urge activities aimed at influencing religious leaders.
- More work is required to change the attitudes of service providers, particularly medical practitioners, so that they are more youth-friendly.
- More training of service providers, teachers, parents and other community members is needed to challenge prevailing attitudes and social and cultural norms.
- Working in partnership with different community-based organisations should be encouraged, using examples highlighted in the case-study research.
- Communication activities such as working with local radio stations can increase awareness and build support at community level.
- Advocacy through strategic alliances can influence government health and education services.
- More advocacy training including sharing successful strategies for influencing is required in Member Associations.
- It can be effective to bring young people into advocacy efforts more consistently.
- Strategies are needed to overcome traditional views of women, and to increase support for female peer educators.



Peer educator, Benin.

A+ objectives 3 and 4: Expanding access to youth-friendly services and comprehensive sexuality education

- It is essential to bring services to young people through mobile and outreach projects, especially to reach marginalised young people.
- Young people can help make services more youth-friendly services, for example by inputting to design of entrances and waiting rooms for clinics. In such settings information can also be provided.
- Peer education was an effective mechanism for community-based sexuality education used by the programme and could be scaled up.
- New programme objectives are needed on peer education, capacity building and human resource development.
- The role of gender and other social and structural drivers need to be better understood in Member Associations.
- Extending comprehensive sexuality education within schools through continued advocacy and work with educators and government education officials was suggested by young people and teachers.
- Community-based comprehensive sexuality education interventions was prioritised by young people.
- Working in the non-formal education sector would extend the reach of comprehensive sexuality education to more marginalised populations.
- Documentation of evidence of change associated with comprehensive sexuality education across all Member Associations would be useful for both advocacy and youth programme implementation.

Key conclusions:

The A+ programme was highly ambitious and complex in its approach and both its geographical and programmatic reach. Working in diverse cultural and political contexts and encountering deep-rooted attitudes and beliefs were challenges that were often overcome through innovation by young people themselves. The participatory design of this wide-reaching assessment has produced a rich analysis of what works and what does not, along with innovative examples of youth-led and youth-centred initiatives around the world that can be shared with others. It also gives clear evidence of how putting young people firmly at the centre of youth programmes can improve communication, participation, empowerment, rights, health and education.

The assessment also offers a socio-ecological model to build commitment to youth programming in organisations and communities. It places young people at the centre of the process, and gives due attention to the local context to help organisations become genuinely youth-centred.

These findings will inspire IPPF and, we hope, others to move forward on a journey of organisational development. The ultimate vision is young people's increased confidence, empowerment and autonomy in decision-making, in an environment that is supportive of realising their rights. We hope that renewed commitment to youth-led programming and continued sharing of learning will help us achieve this vision.



Youth assessment team,
Nepal

I Introduction

This report examines the findings from an external assessment of IPPF's multi-country A+ programme, which included youth-led research. It will contribute to shared learning from the implementation of a rights-based and young person-centred approach in IPPF Member Associations.

The assessment applied a participatory and critical methodology, prioritising analysis of local cultural, political and institutional contexts. An analysis of the assessment findings, guided by the perceptions of young people involved in the A+ programme, has generated recommendations for a way forward that builds on learning from IPPF youth programming and the A+ programme.

Sharing these findings will inform IPPF youth programming at national, regional and global levels, and a broader audience of organisations working towards youth sexual and reproductive health and rights.

1.1 The A+ programme

The story of the Danida-funded A+ programme starts with the commitment of IPPF to young people's rights. At a global level, the A+ programme was conceptualised as a triangular approach that combined the three elements of youth-friendly services, comprehensive sexuality education and advocacy to achieve increased access to sexual and reproductive health services for young people, and to promote their sexual and reproductive health and rights. Alongside this was recognition that youth participation, gender equity and partnerships are important cross cutting issues in realising rights, especially for reaching the most marginalised young people in society.

As the assessment shows, the translation of these concepts on the ground has led to innovative and inspiring examples of young women and men creating and leading change in their own communities.

The A+ programme was also designed to build capacity in local communities, recognising the importance of context and addressing social and cultural norms. It focused on increasing institutional capacity and commitment in Member Associations. In addition, there was recognition that communication between IPPF Central Office, Regional Offices and Member Associations would need to be effective in order for IPPF to achieve coordinated advancements for youth sexual and reproductive health and rights.

At country level, the A+ programme was implemented across 16 IPPF Member Associations in sub-Saharan Africa, South Asia and in Central America.⁵ The programme builds on learning from a previous restricted funded programme, *SALIN+*, which led to the identification of the following four objectives:

- 1 To increase *institutional commitment* of IPPF Member Associations to youth-friendly services
- 2 To build a *supportive community* for young people's sexual and reproductive health and rights
- 3 To strengthen and expand existing sexual and reproductive health services for young people, especially the most underserved and vulnerable
- 4 To increase access to comprehensive, youth-friendly, gender sensitive *sexuality education*.

To achieve these objectives, the A+ programme provided resources to build the capacity of volunteers, staff and service providers in youth-friendly services and comprehensive sexuality education, encouraging implementation through peer education. As part of the programme, the Member Associations have aimed to strengthen their *institutional capacity and commitment* to young people's sexual and reproductive health and rights and youth-friendly services. They have considered how to include young people in their governance structures and ensure that their ongoing work follows the principles of child protection.

In the A+ programme *building a supportive community* was also seen as part of the awareness raising and dialogue that are needed for young people to realise their sexual and reproductive health and rights. Local and national advocacy strategies were incorporated into strengthening institutional capacity and building supportive communities, depending on how the Member Associations included political advocacy in their ongoing youth work.

⁵ See list of Member Associations in A+ programme (p.171).

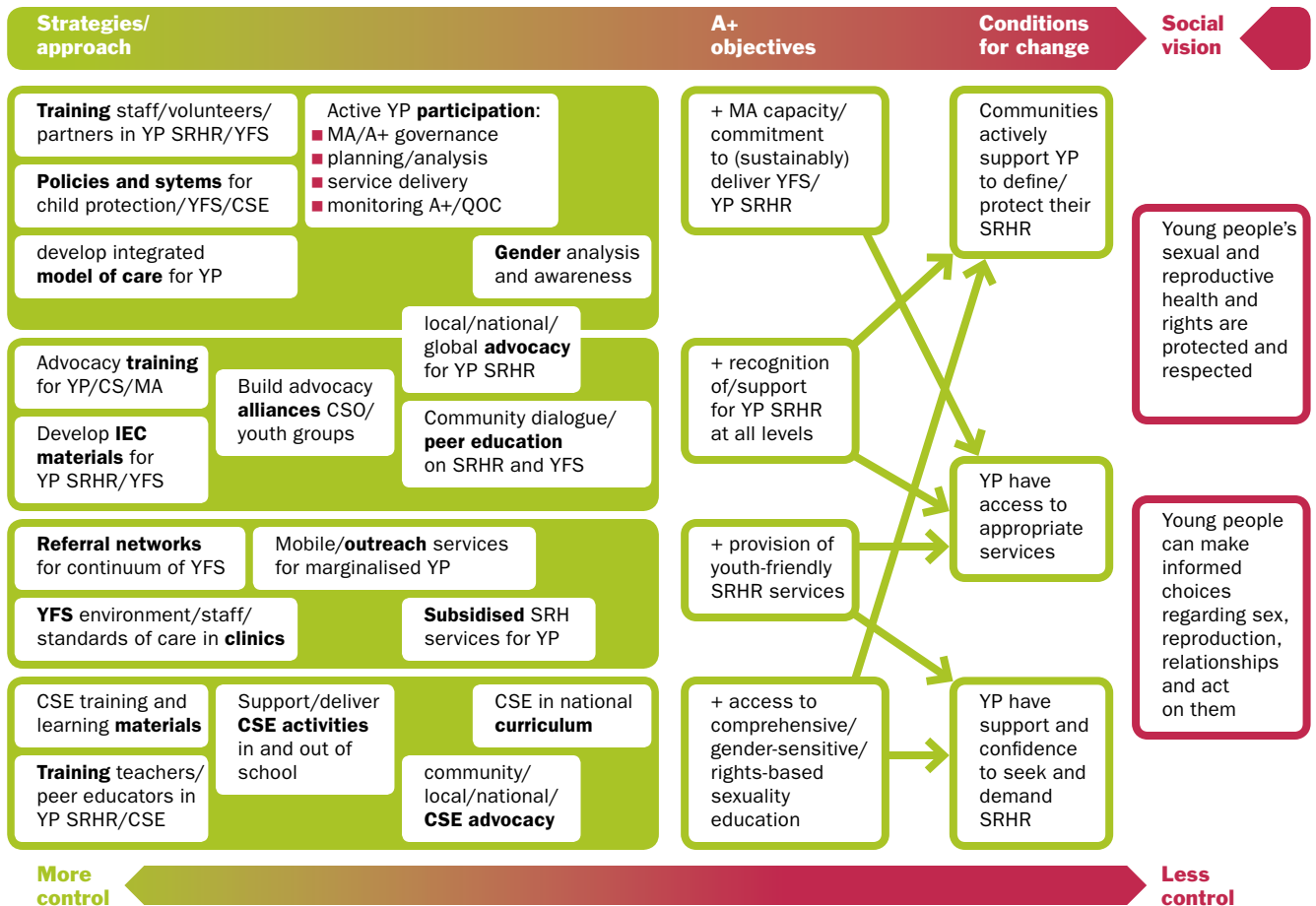


Figure 1

A+ Theory of Change, based on desk review

This theory of change diagram demonstrates the link between a broad vision articulated through the A+ objectives, and the strategies that have been applied in varying contexts. The A+ assessment examines how the theory of change for the A+ programme has been understood and applied in-country and what may need to change to improve future IPPF youth programming.

In the A+ programme, the quality and quantity of *youth-friendly services* and *comprehensive sexuality education* were also identified as central to youth programming. IPPF's starting point is that all young people have the right to access information, education and services related to sexual and reproductive health and rights. On the ground the link between comprehensive sexuality education and increased demand for services can be oversimplified by measures of success that emphasise quantity, but there is a more complex story to tell in terms of increasing availability of services, capacity building of staff and changing attitudes in local communities. Education and information can not only contribute to demand creation, but can also help to foster knowledge and skills, which young people can apply to their sexual and reproductive lives, including their accessing of services.

The A+ programme was intended to promote innovation and bring to scale what Member Associations were already doing in terms of providing youth-friendly services, equipping clinics, improving the quality of sexual and reproductive health services and running outreach strategies, as well as building on the concept of comprehensive sexuality education.

In the theory of change articulated in Figure 1, the ultimate vision for the A+ programme emphasised young people's active participation and leadership, although this is not made explicit in the objectives. The A+ assessment therefore sought to establish how young people's participation was understood and implemented across the programme. Social drivers of inequality and marginalisation, such as gender, age, location, caste/ethnicity and religion were examined for how they had been taken into account in the implementation of the programme.

1.2 The A+ assessment: objectives and methodology

The A+ assessment had the following objectives:

- 1 To assess achievements in relation to the programme objectives and assess the value added by the A+ programme to IPPF Member Associations, Regional Offices and Central Office
- 2 To generate evidence about innovations, good practice and key themes related to youth-friendly services, comprehensive sexuality education and advocacy for young people's sexual rights, which can be scaled up
- 3 To identify programme implementation challenges and develop recommendations to strengthen IPPF youth programmes, with a focus on sustainability; and
- 4 To increase awareness about the approaches and outcomes of IPPF youth programmes (both internally and externally).

A desk review of the planning and monitoring reports of the 16 Member Associations where the A+ programme was implemented was conducted to provide a background to the A+ programme and inform the assessment research (Panos London 2013). From this, the theory of change in Figure 1 was constructed.

The Panos London team analysed the desk review, and identified the following themes for the assessment:

- Different perceptions of youth sexual and reproductive health and rights
- How change happens in varying contexts
- Programme operations as specified in the A+ objectives
- Organisational systems, relationships and partnerships
- Overarching: youth participation
- Overarching: social drivers of inequality (including gender)
- Overarching: advocacy
- Value for money and sustainability.

An assessment plan was developed and an in-country research guide was designed so that the themes could be explored using a critical approach that would help understand which strategies worked and which did not, for whom, and in what contexts. The assessment process was iterative so that new issues arising could be explored and the analysis of young people incorporated.

The assessment included youth-led participatory research with peer educators in four case-study countries: Benin, Kenya, Nepal and Nicaragua. The aim was to identify and explore youth perspectives on sexual and reproductive health and rights in the varying and changing contexts in which the A+ programme has been implemented. This youth-centred approach ensured a bottom-up, participatory assessment and learning process. The process valued inclusion and the perspectives of the young people on change and outcomes, and used validated participatory evaluation methods for complex projects and contexts.

The four case-study Member Associations were selected based on diversity of regional and national contexts, openness to learning from success and identifying what could have been done better, and to give a view of two of the three A+ programme tracks. Track 1 had an emphasis on youth-friendly services, Track 2 on comprehensive sexuality education. The case studies in Nepal, Benin and Nicaragua were Track 1, and Kenya was Track 2. It was intended that a Track 3 Member Association would also be chosen which would show a follow up to the work of a previous youth programme, but none of these Member Associations was available at the time of the assessment.

Critical research and analysis was conducted within a participatory paradigm using a variety of research methods:

- Participatory youth-led case-study research in the four countries including analysis with young people and cross-case analysis using evidence from the four locations, using methods such as mapping, diagramming, ranking and the telling of stories of change through the use of photos and interviews
- Interviews with other stakeholders such as peer groups, service users and service providers to obtain other youth perspectives and feed into the in-country research
- Group work and individual interviews with staff at IPPF Central Office, Regional Offices and Member Associations to feed into case-study analysis
- An online survey with all of the 16 Member Associations involved in the A+ programme
- Cross programme analysis undertaken by the Panos London team.

The in-country participatory research with young people had three main objectives:

- To explore young women's and young men's perspectives and understanding on sexual and reproductive health and rights
- To understand what it is like to be young, how young people's rights are realised and how change happens in different contexts; and
- To ensure that understanding and analysis of the A+ programme began with and built on the experiences and perspectives of young people themselves.

In each country, a team of around 10 young male and female peer educators worked with the researcher from Panos London and a local facilitator over a period of a week. These young women and men carried out research with their peers and adults in the community using photos and video to tell their stories of change. With support, they then prepared presentations of their findings, and presented key messages and recommendations to the Member Association and local decision-makers, including local branch board members, and where possible, representatives from other local organisations.

An adult Panos London researcher, accompanied in some cases by a local co-facilitator, also conducted research with different local stakeholders in the case-study location, including young people from peer groups, family members of peer educators, service providers, service users, local residents and teachers. This served to add different perspectives. Research into the changing context from a local and national perspective provided insight into how the implementation of the A+ programme varied depending on local conditions and institutional capacity.

The A+ assessment methodology was well-received in Member Associations. Similar participatory approaches have been conducted in rapid PEER⁶ reviews supported by IPPF regional and Central Offices.

As well as participation, child/youth protection was also an important consideration of the A+ assessment methodology, so an ethical framework was followed throughout. Keeping children and young people safe, and ensuring they are part of an inclusive and thoughtful process is as important in an assessment and research process as it is in realising rights locally.

Findings were taken by the Panos London researchers to national, regional and then global level for discussion and reflection. Analysis was carried out with Member Associations, IPPF Regional Offices and the IPPF Central Office to explore the assessment themes as expressed above using a series of questions and tools (specified in the in-country guide⁷, Johnson *et al.* 2013).

This sequence of analysis is critical to the methodology as it allowed the assessment to start from the perspective of young people and build learning and recommendations from their perspectives outwards. The value of this approach was not only in the production of a series of outputs, but also in creating spaces for reflection and dialogue during the process of the assessment. Recommendations are therefore built on a broader understanding of sexual and reproductive health and rights in each country context and how youth programming can work to build on the evolving competencies of young people who are associated with the youth programme.

⁶ Participatory Ethnographic Evaluation and Research (<http://www.options.co.uk/rapid-peer>)

⁷ An in-country guide was produced to detail the approach and some of the methods applied and to show the sequence of the workshops with young people at local level and at local, national and regional level with staff and other stakeholders.



Youth outreach in Managua Barrios, Nicaragua

2 Young people's participation in the A+ programme

IPPF's guide, *Participate: The voice of young people in programmes and policies* (IPPF, 2008), adopts an approach that encourages sustainable dialogue, mutual respect and understanding. The approach *explores*, through institutional self-assessment how to realise youth participation in practice and suggests exercises to plan a way forward for youth participation.

There is an overall continuum of youth participation, expressed in the IPPF 'Participate' guide, which lists types of strategies ranging from least participatory to most: ad hoc input, structured consultation, influence, delegation, negotiation and youth-run. In terms of this continuum, the overall level for the A+ programme could be described as lying between 'delegation' and 'negotiation'. The programme did not set out to reach the far end of the continuum to be youth-run. On the whole the programme has managed to achieve more than 'influence' in that the young people not only speak their minds and have some formal and structured input, but in many Member Associations they have also been 'delegated' clear responsibility for specific aspects of implementation of the A+ programme.

Young people were included on executive boards at national level and also in the different project locations where the A+ programme is implemented (such as at branch level in Nepal). They were central to running peer groups and youth groups, ensuring that there were regular and productive meetings, and also in monitoring and evaluating the implementation of the programme. They seemed to be involved in most of the programme cycle although there was perhaps most limited input in the initial planning of the programme as a whole.

In Nepal, out-of-school young people were recruited as peer educators, including young women without formal education or those who had had to leave schooling to carry out household chores or paid employment. Despite this new and positive focus on marginalised young people encouraged by the A+ programme, these peer educators felt that more people could be reached. They identified young people who were on drugs or involved in selling drugs, alcohol and tobacco, young women at risk of sexual exploitation and abuse, including sex workers in tourist areas, and young people of the third gender who, in Nepal, include transgendered, intersex and homosexual young people.

The development of organisational child protection policies was a core activity in the A+ programme. The assessment reveals, however, that there needs to be a concerted effort to ensure the completion and ongoing implementation of all of these child and youth protection policies after the lifetime of the programme across all IPPF Member Associations.

2.1 Being young in different contexts

In all of the research locations, there was a stark contrast between cultural and religious beliefs and practices in local communities, and the elements that young people and adults felt were central to increasing access to sexual and reproductive health and rights. These elements included increasing access to sexual and reproductive health information and services. They also placed an emphasis on providing comprehensive sexuality education to help young people feel confident to talk openly about sex and sexuality and to make autonomous decisions about their emotional and sexual lives.

In Nicaragua, young people from urban and rural areas, highlighted the difficulty of sharing messages about prevention of teenage pregnancy in a culture where young mothers are generally accepted and supported in their families, and many poor young women had low expectations for their future and few incentives to stay in education. Young women found themselves wanting to be part of a young family and to be accepted by the grandparents and parents who had made these same choices before them. In urban areas where gangs inform the often violent, social reality for young people, a sense of family and extended families remains central to the wellbeing of young people. Youth clubs helped young people to build on the positive sense of support and safety in a group while shielding young men in particular from the cycle of violence, fear and discrimination they might experience in a gang.

'I have friends in gangs but I can't approach them, because other gangs will think I'm passing them information. So I have to start to discriminate. But they have hearts, they feel too.'

Young female peer educator, Nicaragua

In Benin, the strong religious beliefs about abstinence and not using family planning conflicted with messages about safe sex. There was a feeling amongst adults that if they had not had discussions about sex when they were young, then why would young people need to start to discuss such issues now?

'I've no time for your blah blah blah. The family planning that you advise makes women sterile.'

Community member, Benin

In urban areas of Nicaragua, youth clubs helped young men build on the sense of support and safety found in a group while shielding them from the cycle of violence, fear and discrimination they might experience in a gang.



The A+ programme has helped to address these types of misinformation and taboos regarding sex and sexuality by working with religious and community leaders on the importance of sexual and reproductive health and safe sex.

In the mountainous regions of Nepal, there is cultural pressure for young men and women not to communicate or meet with each other in public before they are married. This conflicts with the view of the A+ programme and IPPF that young people should have the right to decide about having healthy and satisfying relationships and to mutually decide whether or not to engage in sexual activity. All over Nepal, sex before marriage is strongly discouraged and although the age of consent to marriage has been legally increased, some young people are marrying early so that they can have sexual relations with their partners.

'In the community there are various types of people and they have different views – some people accept it, but some people have negative attitudes and they are difficult to convince... So we have to work hard and educate and convince about the sexuality programme and its benefits.'

Young male peer educator, Nepal

In a poor rural area of Kenya, messages about sexual health and rights tended to be undermined by the sheer level of poverty, marginalisation and lack of access to services faced by young people, as well as the strong message from elders and religious leaders that premarital sex is immoral. Young people working as peer educators in and outside of school often held conflicting views of sexuality and sexual rights, and clearly felt conflicted about their own sexuality and behaviour.



Stress-free periods. Youth assessors in Kenya found that girls with access to sanitary pads were more confident and more likely not to skip school.

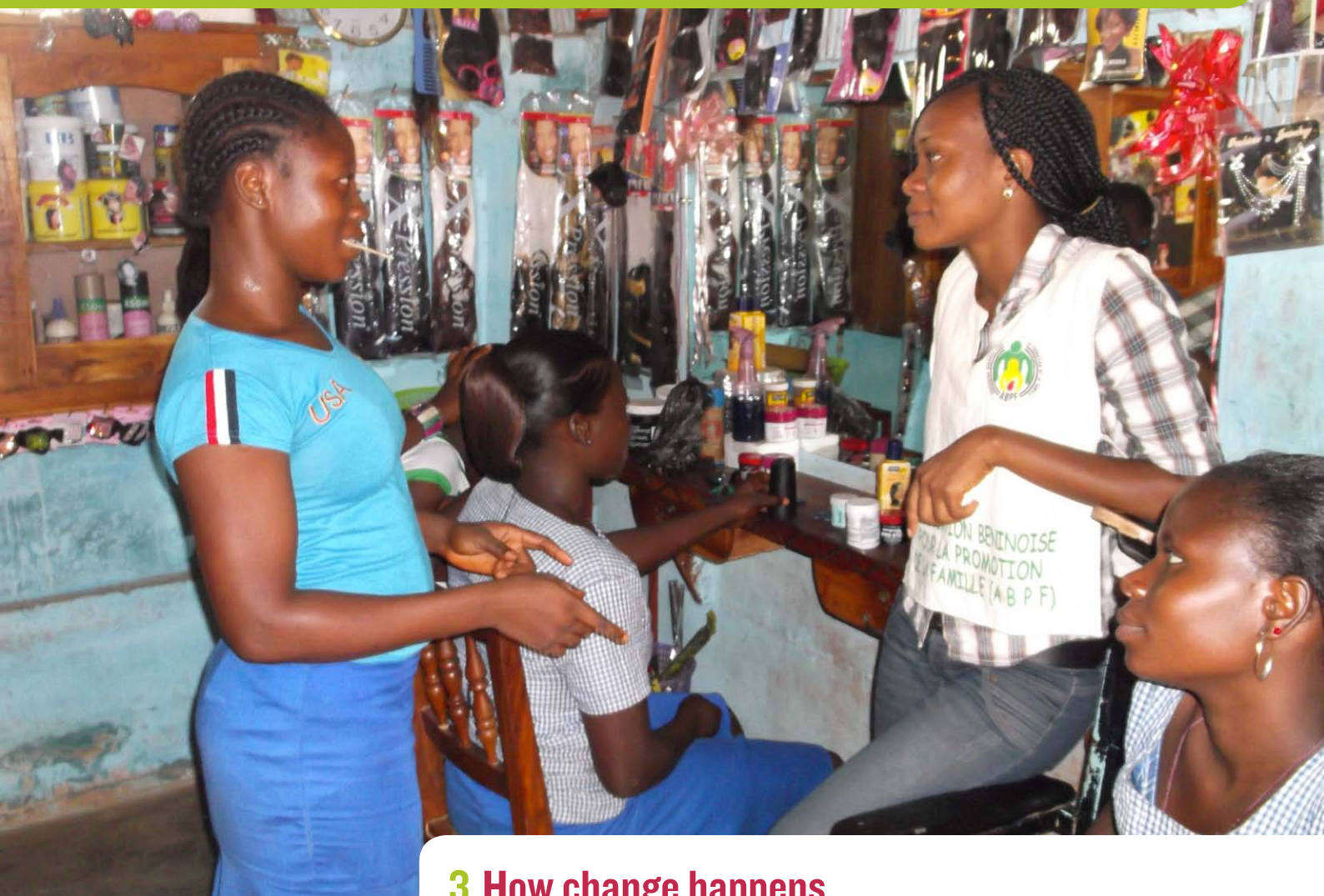
What is more, young people in Kenya, Benin and Nepal stressed that realisation of sexual rights would remain limited if their economic empowerment was not also addressed. With little for young people to do, little or no money to spend and few opportunities for local employment, young people identified boredom and idleness as problems that could only be addressed through the delivery of sexual and reproductive health services in the context of wider youth services, such as youth clubs, income generating activities and broader health services. Their vision was a world where they could take responsibility for themselves and others and have options for preventing harmful consequences of unsafe sex. This vision included reliable information and access to contraception.

In reality, they lived in an environment where sex was commonly bought and sold and they acknowledged that young girls are often too poor to afford basic necessities, such as soap and sanitary towels, or school fees. This meant that it was not always easy for them to accept over simplified messages about abstinence, equitable relationships and safer sex.

'Girls who were not able to afford [sanitary towels] had become susceptible to sexual manipulation from village bicycle/motorbike taxi boys, teachers and other sugar daddies in the community. The towels had a big impact on retention of girls in school and uniquely increased the learning contact hours for the girls with teachers... an investment in sanitary pads is an investment in girls' education!'

Young female health club member, Kenya

Young people in all four countries considered that an approach which combined income generation and access to services with education and confidence building, and communication between girls and boys, helped to overcome some of these issues.



Peer educator with apprentice hairdressers, Benin

3 How change happens

The case-study research revealed several key elements that Member Associations and young people feel are critical to generate change and to achieve the vision of improved choices and autonomous decision-making for young people in realising sexual and reproductive health and rights.

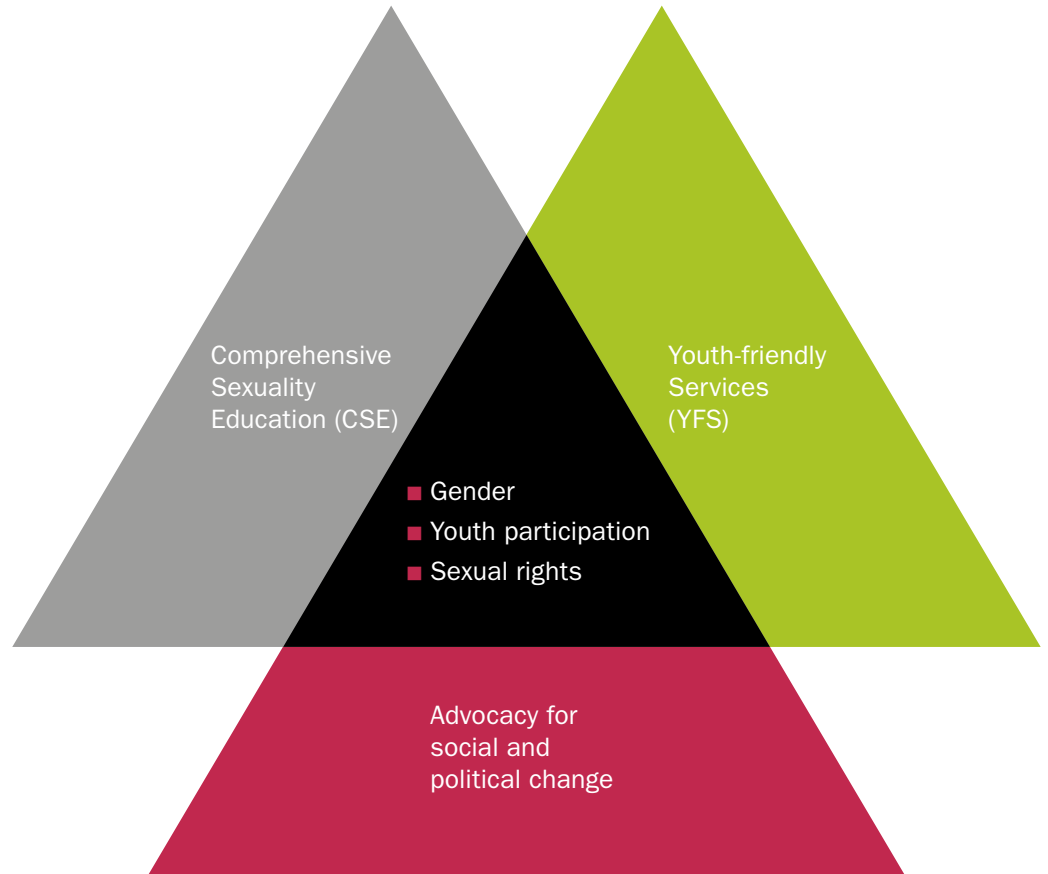
This section looks first at IPPF's triangle approach to youth programming, which the A+ assessment survey shows is part of a theory of change in different Member Associations. Then, it details the organisational development that is necessary for Member Associations to transform themselves to become a youth-centred organisation. Finally, a socio-ecological model is suggested that if followed, would put young people at the centre of activities, as powerful agents of change.

3.1 IPPF's triangle approach and its local implementation

The A+ programme was designed following IPPF's triangle approach to youth programming, which places sexual rights, youth participation and gender equity at its core. The approach emphasises the importance of integrating efforts to increase access to quality youth-friendly health services, increasing access to comprehensive sexuality education and advocating for social and political change (see Figure 2).

According to survey results, although Member Associations were not always fully aware of the triangle approach as a model, they found the focus on youth-friendly health services, comprehensive sexuality education and advocacy to be valuable, relevant and appropriate to the implementation of youth programming. Furthermore, they all valued the cross-cutting focus on youth participation, gender and sexual rights.

Figure 2
IPPF's 'triangle' approach
to youth programming



Translating these concepts into the A+ programme objectives, however, was more confusing and open to interpretation. In particular, there was variation in how advocacy was defined and used. Some Member Associations incorporated advocacy within the objective of 'building supportive communities'. Some described their awareness-raising at a community level as advocacy, which did not extend to influencing policy. There seemed to be a degree of correlation between policy and advocacy at Member Association level when policy influencing was a priority at the IPPF regional level. Some Member Associations that pursued national influencing processes through networks and strategic alliances were not sure where these fitted with the A+ programme objectives.

In addition, the conceptualisation of 'tracks' in the A+ programme did not fully work in practice. Peer educators in the case-study research and Member Associations in the survey suggested that youth-friendly services and comprehensive sexuality education could not be seen separately in different 'tracks' as had been conceived for the A+ programme, but should be seen as integral and complimentary aspects of youth programming.



Staff members at Member Association, Family Planning Association Nepal, work through the triangle approach.

In Nepal (Track 1), for example, with a focus on youth-friendly services, there was already a commitment to comprehensive sexuality education so activities and outcomes related to this were reported under the remaining three objectives. Benin (also Track 1) did focus largely on youth-friendly services because the A+ programme was the Member Association's first tranche of restricted funding for that kind of activity. They still recommended more emphasis on education in their youth programming in the future as youth-friendly services and comprehensive sexuality education had to be implemented side by side in their view. In Kenya (Track 2), the focus on comprehensive sexuality education was somewhat problematic, as the A+ programme was not implemented in local clinics. Greater access to services for marginalised youth, therefore, could not be fully realised. In Nicaragua, youth-friendly services and comprehensive sexuality education were implemented side by side.

The missing part of a triangular approach is the young people themselves. Although youth participation is defined as a cross-cutting issue in the approach, the importance of recognising and appreciating young people as active participants and considering their contexts when implementing youth programmes is not made explicit. The socio-ecological model detailed below, focuses on this missing element, while recognising the importance of context

Staff in the case-study research agreed with the suggestion to place young people at the heart of IPPF's youth programming and added another missing element: the adults and decision-makers whose attitudes need to be changed to implement a rights-based approach successfully. One of the Member Associations drew attention to the need to build capacity in human resources in sexual and reproductive health services. Others mentioned the fact that any model would need due consideration of cultural context and building supportive communities – a point also expressed in the objectives of the A+ programme.

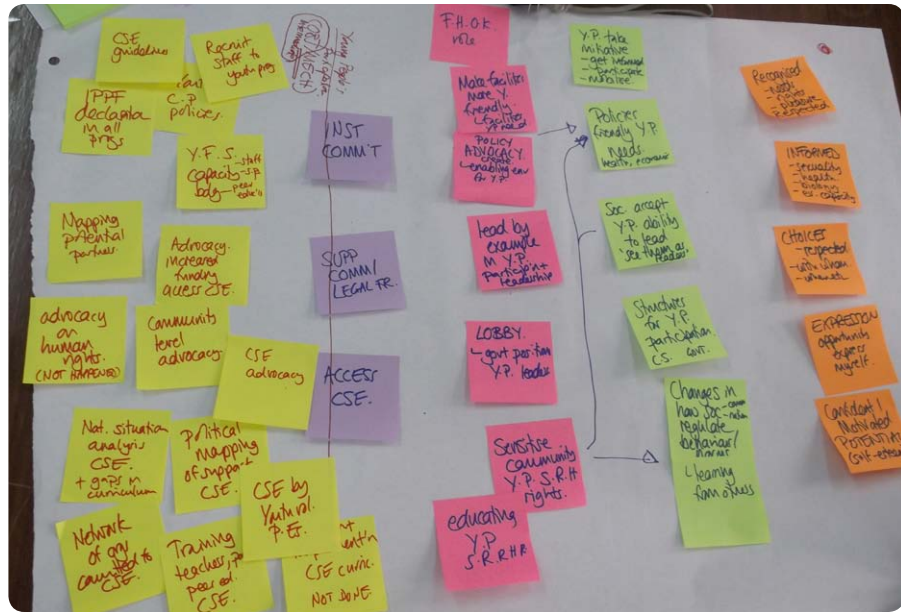
3.2 Becoming youth-centred: Member Associations' organisational development and journey of change

For an organisation to meaningfully place young people at the centre and recognise them as diverse and autonomous rights-holders requires a commitment to embark on a journey towards becoming a youth-centred organisation. Organisational development and change is a long-term, complex process that usually occurs in a very challenging context. Using tools, such as a theory of change, helps organisations discuss and identify how they are working, what they want to change, and to choose mechanisms that will help them along their development journey.

While this assessment underscores the importance of youth participation and youth rights, it cannot happen if the organisation trying to make these changes does not have a useful way to examine how it is working, why it is working the way it is and what constellation of changes need to happen to become a sustainable, successful, rights-based sexual and reproductive health service organisation.

Organisational audits can help an organisation to find and understand where it is located on a journey of change. Once this is known, then capacity building can be identified and progress measured. Measurement can be against the organisation's own starting point, as well as toward an agreed goal.

Organisational audit in progress at Family Health Options Kenya



When asked how they might measure organisational commitment to youth programming, the 16 implementing Member Associations provided a range of responses, reflecting their contexts and perspectives:

- Young people's capacity for and participation in advocacy for sexual and reproductive health rights
- Budget allocations to young people's services and activities
- Youth issues addressed in their strategic plans
- Youth focal points in Member Associations
- Strength of the youth movement
- Sensitivity and awareness of Member Association staff to gender, sexuality and sexual rights
- Young women and young men (especially) accessing sexual and reproductive health services (including first-time users)
- Young client satisfaction
- Young people receiving education and information about sexual and reproductive health and rights
- Provision of youth-friendly services in a youth-friendly environment
- Provision of and advocacy for comprehensive sexuality education
- Participation of young people in Member Association management and activities
- Youth leadership
- Young people in decision-making positions

These responses show that Member Association staff mainly define commitment by the provision and uptake of services, and the level and quality of engagement of young people in management decision-making. Recognition of youth issues in organisational plans and budgets is also important. Inherent in the mention of youth-friendly services is their recognition that staff attitudes have to change in order for young people's sexual rights to be well integrated into programming.

Where a Member Association starts on this journey is dependent on its context. This includes their internal context (organisational history, mission, strategic priorities, structure and resources), as well as the external context (political, economic, social, cultural and the level of stability or conflict). Every organisation has its own unique context and it is important to understand it deeply to be able to plan appropriate pathways for change.

Figure 3

Organisational change and development spectrum over time

Some characteristics⁸ of an organisation starting out on the journey toward becoming youth-centred

- Project approach, where young people's sexual and reproductive health rights are addressed mainly in the scope of a specific, time-limited project(s).
- A youth focus is not strongly reflected in the Member Associations core priorities or strategic and annual plans.
- Youth programmes are financed through specific project-based funding rather than core funding.
- Communication is one-way from the Member Association to young people, without systems for youth-adult dialogue. Messaging is oversimplified and looks mainly at biomedical aspects of young people's sexual and reproductive health.
- The motivation to participate and advance projects is based mainly on the capacity of the Member Association to pay young people and youth programme staff and often relies on individual charismatic leaders rather than institutionalised leadership for youth programmes.
- Health services for young people are delivered in a disease- or service-specific manner (e.g. HIV testing and treatment or specific contraceptive methods). The range of services offered to young people is limited and is not tailored to specific needs of diverse groups of young clients.
- Service provision is focused on bio-medical aspects of reproductive health and family planning, which may include bias against very young clients or clients who are not married or who are not heterosexual.
- Tokenistic or ad hoc youth participation in decision-making, without formal systems and structures for meaningful youth participation and decision-making power beyond the lifespan of a given project.

Some characteristics of an organisation that is youth-centred

- Young people (equitably female and male) participate in strategic and annual planning exercises, including budgeting, and participate in project and programme designs.
- Strategic and annual plans feature youth issues as priorities; appropriate programme resources and budgets are allocated to youth programmes.
- Young people (equitably female and male and representing the marginalised) hold decision-making positions in the organisation and these positions are institutionalised in the organisation.
- Health services are integrated, affordable and accessible to young people, so they access a full range of sexual and reproductive health services, including psychological and emotional support, as well as biomedical services, without stigma or discrimination based on sex, age, sexual orientation, type of work, income, religion, ethnicity or disability, etc.
- Youth issues are prioritised and meaningful youth participation is mainstreamed into all programming.
- Youth-centred approaches are not tied to specific donor support and are integrated into the organisation's business model, which includes social objectives.
- Staff are trained and have youth-friendly and non-discriminatory attitudes. Regular supportive supervision is available for staff and volunteers.

The journey over time

⁸

These lists of characteristics are illustrative and not exhaustive. There would be changes to characteristics over time, and new ones added as others are dropped.

The journey supports organisations to become a truly youth-centred organisation. This type of organisational transformation involves applying an organisational strategy or business model with social objectives, which is based on agreed underlying values of inclusion and the equitable empowerment of young people and other excluded groups to participate in decision-making and governance.

Work on sexual and reproductive rights is transformational, psychological and emotional. Services expand beyond being solely clinical treatment of illness. Sexual and reproductive health services provide space where young people feel included, listened to, and able to express their concerns about relationships and sexual choices.

Youth-friendly services and comprehensive sexuality education are delivered side-by-side, in the context of broader youth and health services and support. Peer educators, peer groups and youth groups continue to meet and discuss personal and emotional issues, while also pursuing local implementation of the youth programme, educational and transformative work with parents and adults in their communities and, in partnership with strategic networks and alliances, local and national political advocacy.

This approach to thinking, planning, management, programming and change is not based on an issue or a target group. It is a way of working that promotes organisational development and ways of working that are holistic and integrated.

3.3 Young people as agents of change

Based on the findings of the assessment, a socio-ecological model of change⁹ is suggested where young people are placed at the centre as key agents of change. This 'change-scape' model (Johnson 2011) was used in the A+ assessment and was further developed by Vicky Johnson with the South Asia Regional Office staff, Manish Mitra and Dr Praween Kagrwal.

The model represents a commitment to promoting and realising young people's rights in different social, cultural and political contexts. The spheres of change have young people at the centre. Surrounding them are the spaces they identified (in the assessment) as key to helping build their confidence and knowledge. This in turn empowers them to engage with others in their families and communities and ultimately for some representatives to be involved in or to influence governance structures of organisations and in national policy change advocacy.

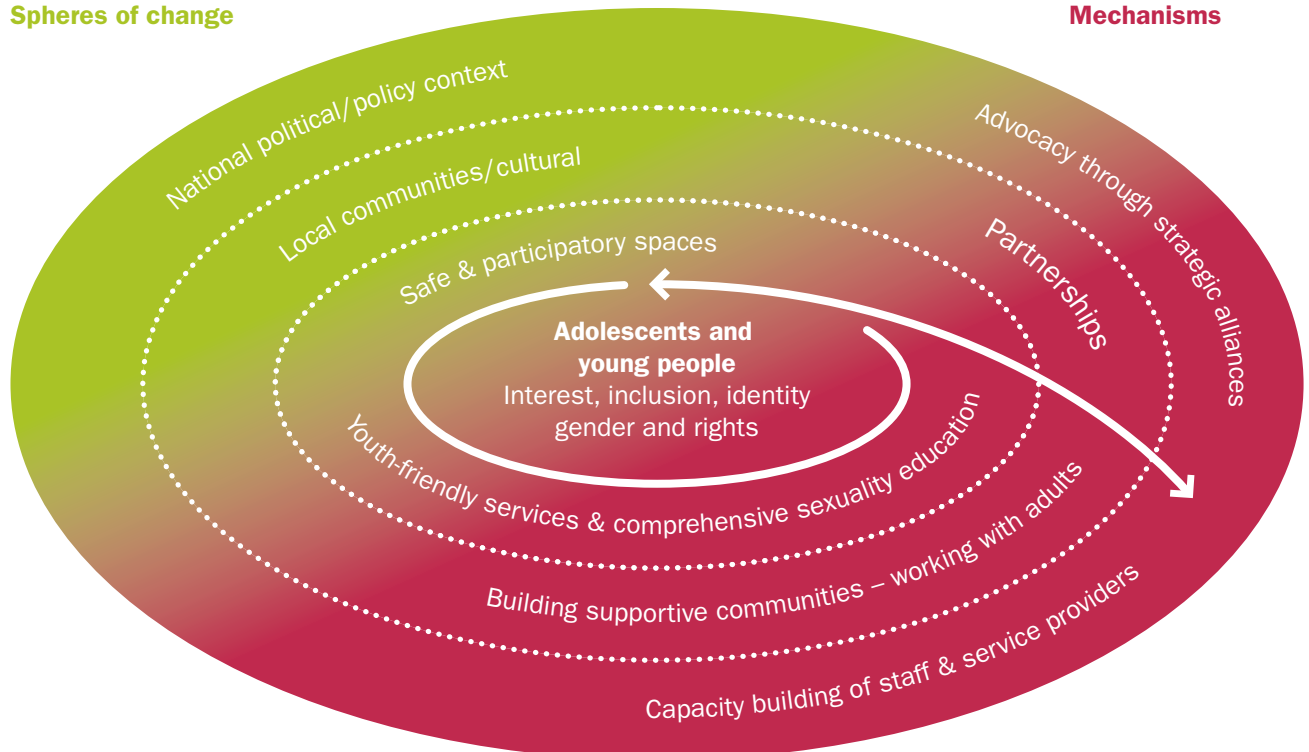
The mechanisms for change have been identified by young people, IPPF Regional Offices and Central Office, Member Association staff and other stakeholders, as building on the pillars identified in IPPF's triangle approach. These mechanisms are two-way processes: they have an impact on young people, but in turn, young people can be involved in the change that creates the impact. This is accomplished by their participation in the planning, implementation and monitoring and evaluation of mechanisms for change. In different contexts, these mechanisms will be made up of strategies that have been adapted to be relevant to the capacity in the individual Member Association, the context in which the project is working, and how the project will engage with and build on the work of existing and new partnerships and networks.

9

This socio-ecological model is constructed using theoretical concepts from academics, such as Vygotsky, Bronfenbrenner and Tudge, further developed and applied to children and young people's participation in a 'change-scape' model developed by Johnson (2011, other theoretical perspectives can be found in this reference). The change-scape model also incorporates theories of participatory space (using concepts from academics such as Cornwall, Kesby and Mannion) and power (using concepts from Luke's dimensions of power as applied in gender analysis by Kabeer and in participation by Chambers). This model has been adapted and through iterative theorising in IPPF and with the Panos London team the lead researcher has further developed the model from the evidence collected in the A+ assessment.

Spheres of change

Mechanisms



Organisations involved in youth rights developing over time

Figure 4

**Socio-ecological model:
Young People as agents of change**
Based on Change-scape
(Johnson 2011)

The development and adaptation of these strategies, when designed with local young people themselves, will take into account the different identities¹⁰ of these young people. Also critical to the success of strategies to realise sexual and reproductive health and rights will be the interests¹¹ of local young people, which affect how they are included in the project process and ultimately the kinds of services, education and social and political change that interest them. The processes throughout the project cycle would therefore need to be participatory and inclusive¹² of different young people, including those that are most marginalised.

As a Member Association travels on its journey of organisational development over time (as indicated by the arrow at the bottom of the model and referring to Figure 4), the strategies would need to be reviewed and young people involved in reflecting on what is working and what is not in different contexts. The results would feed into a process of adaptation and change, making the programme flexible to local contexts and the changing interests of young people.

Young people are surrounded by families and communities who influence the choices they have and their autonomous decision-making. Changing the attitudes and behaviour of adults and staff requires building partnerships and networks locally that can facilitate and support dialogue, knowledge and information sharing. Mechanisms for change may involve awareness-raising dialogue with families, neighbours, local religious and community leaders, and local decision-makers. This sphere in the model is aligned with the A+ programme objective of building supportive communities. It can be strengthened by carrying out comprehensive sexuality education for adults, staff and partners and by broader political advocacy.

10

Identity can be self determined, such as declaring one's sexual identity; it can be determined by social and structural determinants, such as a person being identified as poor because of their economic status or a carer because of gendered roles; it can be determined by someone else, being identified as a refugee, for example.

11

Interests are dynamic and highly dependent on complex and interacting factors and context. Processes should take account of whether young people are interested in participating. It is important to test assumptions about young people's interest in projects, considering their identity and contexts by assessing them directly and for each group and context.

12

Definitions of inclusion are contested. In this assessment, inclusion, marginalisation and exclusion were used to describe inequality of power, position and resources, usually for a number of intersecting reasons that kept them from exercising their human rights equally with others and benefitting equitably in their societies.

The broader political context can be seen as surrounding the communities in which young people live. In order to achieve longer-term sustainability, there will need to be mechanisms and strategies at the level of the community, and national policy advocacy, developed through strategic alliances and partnerships.

In the following section, the findings from the case-study research and Member Association survey are presented according to the elements of this socio-ecological model to show how the model is grounded in the evidence gathered in the assessment research. Although some of the elements relate to the themes identified in the research, the process of development was iterative and different aspects have been incorporated using the dialogue and analysis in the A+ assessment.

Positive progress towards achieving IPPF's vision of youth programming can be seen in four different spheres of change or influence: change for young people including peer educators and their peers and taking into account the most marginalised; change for local communities including families, adults and local service providers and decision-makers; change in the broader political and policy context; and change within the organisation itself.

The vision for youth programming can fit with this socio-ecological model, although a full theory of change would have to be further developed in a participatory way by IPPF and partners, building on the theory of change developed at the beginning of this assessment and IPPF's approach to youth programming. This model can inform that process of development.



Youth assessment team at work,
Nicaragua

4 Findings by assessment theme: elements of the model

The findings from this assessment suggest that IPPF's current approach to youth programmes is strong and can be built upon to move further along the journey towards becoming a youth-centred organisation, creating more ownership and emphasising the importance of youth-centred planning, implementation and monitoring and evaluation.

The findings are presented by nine themes that emerged during the assessment and which are represented in the socio-ecological model. These themes relate to the initial assessment themes established by the desk review. Evidence from the case-study research in the four country locations is presented alongside the results from the survey conducted across all 16 participating Member Associations. The bulk of the analysis is then presented in the form of a new model suggested as being helpful in articulating young people as central to realising their rights while recognising adult-child partnerships and institutional commitment of Member Associations.

Table 1
Nine themes emerging from the assessment

| | Element of the socio-ecological model | A+ assessment theme (established from desk review) | Component in IPPF/A+ triangle approach |
|----------|--|--|---|
| 1 | Young people and peers at the centre | Overarching – youth participation, social drivers of inequality | Cross-cutting theme in triangle approach – Youth participation |
| 2 | Gender equity | Overarching – social drivers of inequality | Cross-cutting theme in triangle approach – gender |
| 3 | Spaces for participation | Iterative process of developing this theme as part of assessment process | Seen as part of youth-friendly services by young people and some stakeholders |
| 4 | Families and building supportive communities | Programmes operations | A+ objective: Building supportive communities, could also be seen as part of triangle approach, 'social and political change' |
| 5 | Building youth-friendly services | Programmes operations | A+ objective and key pillar of triangle approach |
| 6 | Comprehensive sexuality education | Programmes operations | A+ objective and key pillar of triangle approach |
| 7 | Advocacy and broader policy context | Overarching: Advocacy | Key pillar of triangle approach, also now referred to as 'social and political change' |
| 8 | Organisational development | Organisational systems: relationships and partnerships, how change happens | A+ objective: Increasing institutional commitment and expressed as part of assessment objectives |
| 9 | Sustainability and value for money | Sustainability and value for money | Expressed as part of assessment objectives |

4.1 Young people and their peers at the centre

The A+ assessment demonstrated the value of placing young people at the centre of the A+ programme, prioritising understanding of their *identity, interest and inclusion*, while understanding how mechanisms and strategies are adapted depending on cultural and political context (Johnson 2011). This is in line with the suggested socio-ecological model.

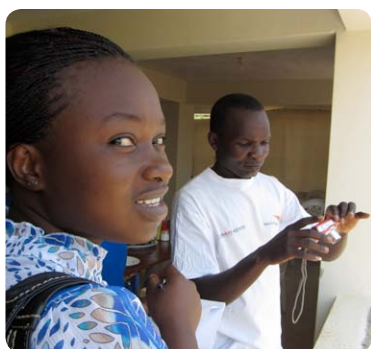
In the case-study research and survey, it was clear that youth participation was addressed in the A+ programme. Despite not being expressed explicitly as an A+ objective, it was expressed as a vision in IPPF documentation and has therefore also been expressed as the vision in the theory of change developed for the A+ programme at the outset of the assessment. A range of social drivers of inequality that intersect with each other were critical to the assessment analysis.

'This project has supported me to change my own personal behaviour about sexual relationships, have opposite sex friendships and talk to others about life skills and capacity development. It's really interesting and achievable while working in groups with peers.'

Young male peer educator, Nepal

4.1.1 Sustaining youth interest

The A+ projects in Nepal and Benin have managed to sustain interest, despite problems of migration for work, through meaningful participation and provision of expenses for travel and communication to the peer educators. The peer educators were enthusiastic and led peer groups, organising regular meetings where young people were able to discuss personal issues relating to sex and sexuality and to understand their choices with regard to sexual and reproductive health services.



Youth assessors, Kenya

Young people in Kenya and Nepal suggested that in order to increase the viability of the programme, and maintain the continued interest of young people, economic empowerment aspects of the programme would need to be built upon, possibly by enhancing the work of Member Associations in developing young people's skills.

In Nicaragua, youth groups had started to make and sell small items of jewellery in order to fund their outreach activities and meetings. Respondents in Nepal also suggested that small enterprise development with young people was could eventually be incorporated into the business model of the Member Association. This is income generation as part of development of broader youth-friendly services, although access for marginalised groups would always need to be externally funded or cross-subsidised.

Where vocational training was delivered it was generally considered to be positive and payment for sanitary towels was put forwards as an example. Young people linked their sexual vulnerability to their economic situation, poverty and vulnerability more broadly. Staff from Member Associations also supported this perspective, as demonstrated by the following suggestions provided in the survey:

'Skill program for income generating activities and [sexual and reproductive health rights]should go in parallel to involve vulnerable, underserved and poor young people.'

'Run income generating programs and awareness programs together to involve them and save them from risk[y] behaviour.'

4.1.2 Inclusion of marginalised groups

There was strong evidence from the assessment research on the increased focus on marginalised youth in the A+ programme, although the survey results demonstrate that this is not consistent across the whole programme. In Nepal, out-of-school youth, including young women from poor rural communities, were involved as peer educators. In one of the provinces of Benin, sex workers were involved in the A+ programme and now have representation on the Member Association board. They are involved in decisions at the highest level of the youth programme.



Outreach work with marginalised youth had an increased focus in the A+ programme but was not consistent across the whole programme

Member Associations responding to the survey across 16 countries also highlighted the importance of outreach work with more marginalised young people, those living in remote communities, but also young people with disability:

‘Out-of-school youth and female youth were given chance to be leaders and given all necessary trainings related to CSE, SRHR and life skill[s]. They were given equal chances to youth from any status and all castes in groups and behave very positive with them.’

‘Support to deaf young girls and boys: creation of a very friendly environment in the MA, participation in the national and international exchanges and finally their empowerment in various aspects.’

Quotes from Member Association survey

The A+ programme led to increased access for young people to contraceptive services and safe motherhood services and, to varying extents in different Member Associations, HIV counselling and testing, advice on safe abortion and post abortion care. In the remote mountainous areas in Nepal and the rural areas of Benin that lack infrastructure, the Member Associations were able to conduct mobile clinics for previously underserved areas. In Kenya, peer educators did outreach activities, which involved sharing information and offering contraceptive services and mobile voluntary testing and counselling services to remote communities.

Having different forms of outreach in camps and community clinics has also helped young women and men to obtain the right kind of information from service providers.

‘Practising youth-friendly services at Clinic and [location] even in [the] satellite camp encourage[s] young women to get services as well as [the] right information from service providers. The eagerness of women to get SRH services and education was the significant change for young women.’

Quote from Member Association survey

Member Associations recognised the importance of young people to achieving the vision of the A+ programme and supported the continued focus on marginalised or vulnerable young people, but suggested that innovative strategies may be needed to motivate their involvement.

‘Exploring innovative strategies to get the consistent participation of vulnerable and marginalised young women in A+ project activities. Provide some form of motivation to meet their needs.’

‘Extend the activities to street boys using tailored approaches; increase a number of young men benefiting from vocational training.’

Quotes from Member Association survey

4.1.3 Applying the socio-ecological model to assess young people at the centre

Measures of success within this socio-ecological model of youth programming would recognise the *inclusion* of marginalised youth, their *interest* in getting involved in the programme and an understanding of the *identities* of youth who are involved as peer educators and in peer groups/ youth groups. Impact could be understood in terms of increases in confidence, knowledge and awareness; so having more rights-based indicators, rather than having an emphasis on increased access to services which is only part of the picture.

Despite having some indicators of participation in governance structures, for example, indicators about personal empowerment and confidence of young people were not included in the A+ programme. This understanding of building capacity of young people fits with IPPF's research into assessing increased capacity (McGreeney and Blake, 2012), in that decisions made in relation to a young person's sexual life are part of their personal development.

'This process of making decisions is part of a young person's development and when young people are given the rights and support to make autonomous and consensual decision, ...can be a positive and empowering experience.'

ibid, p1

The process of planning, monitoring and evaluation can embody youth participation and examples are seen of young people becoming involved in monitoring project activities. The following are examples from A+ coordinators provided by Member Associations in the survey:

'Young people developing a monthly activity plan in coordination with young people taking into account the organisational goals of the programme and the interests of young people in accordance with their needs, capacity and skills '

'... on the project sites, 30 young women participate regularly in planning and monitoring of project activities.'

Member Associations suggested that participation of young people in monitoring and evaluation of services and quality control, including the most vulnerable young people, can pick up issues that are missed when they are not involved. In one of the A+ projects, young people highlighted the poor quality of condoms that were distributed in some clinics. They gathered evidence from peers about how condoms split and had an unusual smell, putting people off using them. Changing supplier for condoms has already been discussed and acted on through the process of this assessment.

Safegirls for Change is a Kenyan support group for young women and girls set up by female peer educators.



4.2 Gender equity

Gender is selected as a cross-cutting issue expressed in the conceptualisation of youth programming in IPPF and as a theme and important social driver of inequality in the assessment research. Gender is central to the identity and feelings of inclusion and interest by young people in their involvement in youth programming.

The assessment found that some Member Associations are managing to make progress in this area:

'Exchange workshops help young men realise the problems that young women face in their everyday sex life, mainly because young women have had much opportunity to speak up in debates. This changes positively the attitudes of these young men.'

Member Association quote from survey

4.2.1 Inclusion of young women and men

In some of the Member Associations it was a challenge to involve young women, especially considering the varying cultural contexts where the A+ programme was implemented. One way of increasing involvement was to give young women more responsibility in implementation. It was suggested that activities needed to be tailored to young women to attract them to attend. Sometimes the only solution was to have female-only peer groups to build women's confidence to speak out.

Another way of encouraging female involvement was to have more female than male peer educators. In poor rural locations, there tended to be more females out of school due to gender preferences to send boys to school, so if the project targeted out-of-school youth, as in Nepal, then females were selected as peer educators and in peer groups. Peer group discussions and communication in communities about services by peer educators was also recognised as important.

'Communication activities in the communities by young peer educators helped provide services to young women who had never had access before.'

Member Association quote from survey

Some of the Member Associations suggested that there were actually fewer young men than young women involved in the implementation of the A+ programme. Men were often intimidated to join in as 'family planning' is not perceived as being for 'men'. This absence was also accentuated in poor rural locations with high rates of migration, as it was mainly young men who migrated from villages to find work. Gender sensitivity is therefore also required to ensure continued involvement of young men.

When young men were involved as peer educators, Member Associations suggested that they were very active in working with both young men and women, even if they needed to work on sensitive issues, such as menstrual hygiene. Their role was also recognised in relation to addressing gender-based violence and improved sexual relationships.

The empowerment of young men as change agents to promote sexual rights was highlighted by a couple of the Member Associations as an important means of programme implementation and an outcome from the A+ programme. The following examples from Africa point to how A+ was able to help realise the potential of young men.

'Engaging young men as community-based reproductive health agents. This helped young men to realise their potential as agents of change.'

Member Association quote from survey

Some of the following strategies for continued involvement of young men were presented in the survey results and reinforce suggestions by young people and staff in the Member Associations:

'Provision of the entertainment material for socio-educational centres, which increased young men's attendance.'

'Participation of young men was very good thanks to the work with women, who supported more interactive activities, such as theatre, break dance and recreational activities.'

'Encourage young men to take a lead especially in the areas of mitigating gender-based violence.'

'We would introduce men oriented clinic services, for example on circumcision.'

'Provide some form of motivation to meet their needs.'

'If we got the chance we would form more groups of men involving vulnerable men of the community.'

'Hiring male counsellors in YFS increases the number of youth volunteers.'

Member Association quotes from survey

Some Member Associations felt that there would need to be an increased emphasis on vocational training and income-generating activities in order to get more poor marginalised young men involved in discussions about their sexual and reproductive health rights. Others also raised the role of A+ in increasing subsidised services for young men through the greater distribution of condoms, and discussed how this was especially important for marginalised and unemployed young men in rural areas.

One of the African Member Associations felt that it was particularly important to have dedicated spaces for young people. They suggested that in youth centres, which offered information and advice on sexual and reproductive health within more integrated services, young men didn't feel embarrassed to join in with friends to discuss sexual and reproductive health and rights, including education and services. In turn these young men would be encouraged to share their learning on sexual and reproductive rights with peers:

'IEC.BCC materials and target group of out-of-school youth brought change in life of men. According to them, they never thought they will have opportunity like this and will have chance to serve people through the information, education and service by their direct involvement.'

Member Association quote from survey

There was also recognition in Member Associations about the importance of having well-trained male and female doctors to consult with young men and women. This had not been possible in some of the community clinics but was recognised as making a difference to how young people accessed services.

The evidence from the survey is backed up in the case-study research, but the youth researchers highlighted a greater need to understand gender sensitivity within the context of local power relationships across youth programming. In Nepal young people depicted young women with photos of bare trees – unable to express their emotions. They showed third gendered people, including transgendered, bisexual, homosexual and intersex (referred to as third gender in Nepal), as a rose opening – as they cannot openly talk about their sexuality in public. Across the case studies it was recognised that young women, young men, and third-gendered young people have to be included in different ways sensitive to their identity and the local cultural context.

The A+ programme has started to give different opportunities to young marginalised men and women in planning, implementation and monitoring, although there will need to be continued attention to dealing with issues of gender-based violence, machismo in society¹³ and structural inequality really to do justice to addressing gender as a social driver rather than merely as one way of disaggregating statistics.

Another assessment recommendation is that Member Associations need to do more than just try to ensure participation by equal numbers of young women and men in their activities. The way activities are conceptualised, planned, implemented and assessed needs to be done through a gender equity lens, recognising the different realities/needs of young people in relation to gender norms/inequalities in society.

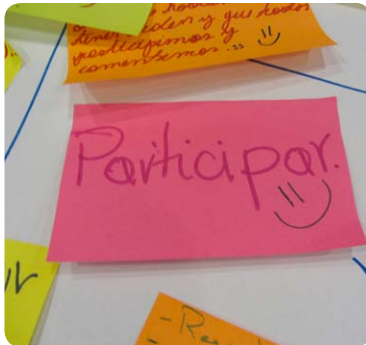


Youth researchers highlighted a greater need to understand gender sensitivity across youth programming. In Nepal, they depicted third-gendered people as a rose opening as they cannot openly talk about their sexuality in public.

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For more detail on the role and impact of *machismo* see the case study from Nicaragua

4.3 Spaces for participation

The case-study research demonstrated that working through youth groups was an important context for providing safe and participatory spaces for young people. In the youth clubs supported by the A+ programme, peer educators offered advice, organised debates and found creative ways to share information and get people thinking and talking about positive sexual behaviour. They also got their peers interested in puppet shows, drama and rap competitions and demonstrated and distributed condoms. In Nepal, where young men and women do not usually meet in public before they are married, peer groups also provided a safe space for dialogue and discussion.



Youth assessors highlight the need for safe and participatory spaces.

Young people suggested that it is not only the space, but also the pedagogy for involvement that is important, including how, for example theatre, can be used in peer education, community education and information sharing. This had implications for how young people built their own capacity and developed their skills. This finding also suggests that young women and men, including those that are most marginalised in society, should help to define what spaces are required to talk openly and interact within and across genders.

In Nicaragua, interviewees from different partner or referral organisations, including the public health centre, police and community-based organisation advocacy partner, appreciated the Member Association's approach with young people based on empathy and inclusion, and using a specially trained psychologist.

A systematic review carried out for IPPF of the effectiveness and cost effectiveness of youth centres did not show a direct link to the increased use of sexual and reproductive health services by young people (Zuurmond *et al.* 2012). However, the youth-led case-study research for this A+ assessment suggests that the story is more complex, largely due to pressures that young people perceive in their local cultural contexts, which made it difficult to talk openly about sex and sexuality.

The case-study research revealed that, although youth centres can sometimes result in an immediate uptake of clinical services, the psychological and social benefits of participating in rights-based youth centre activities are often separated in time and space from the uptake of family planning and other reproductive health services.

Youth centre, Benin



The clinic waiting room for young people which includes a cybercafe, Nicaragua



In Nicaragua, Member Association staff commented that many young people just wanted to talk through their relationships, sexual issues and options, and did not necessarily need medical services immediately. However, their growing reputation as a trusted place to approach to talk about these issues meant that the number of young people accessing the centres, although not necessarily formally as clinical clients, was increasing and their ability to realise their rights was supported. Young people in Nicaragua claimed that creating ‘a life plan’ was one of the main outcomes of their participation in the A+ programme.

‘I wish I had known about this club then, I would have made different decisions. Empowerment first, sexual health follows.’

Young mother, Nicaragua

In Nepal, young women and men valued the opportunity for open discussion of their sexual rights, confidential advice on sexual health and relationships and support to build confidence to recognise and resist routine gender-based discrimination and violence in their relationships and households. These aspects of youth centres arguably contribute to young people’s increased agency in their sexual and reproductive lives, and to transforming gender norms.

This has implications for the way in which we measure the value of youth centres in the context of rights-based youth programming. There is a need to develop effective ways to measure not only the access of different groups, including the most vulnerable, to clinical services, but also empowerment and youth development outcomes.

This does not negate the importance of ensuring linkages between youth centres and clubs with youth-friendly services. However, it broadens the vision of where and how youth-friendly services may be offered. We need to continue to listen to young women and men throughout the youth programming cycle in planning and evaluation and this means listening to their recommendations about the delivery of youth-friendly services and empowerment strategies in a context of broader health and youth programmes and centres.

4.4 Working with families to build supportive communities

For the A+ objective of building a supportive community, many of the Member Associations have started with a mapping exercise of local organisations to identify potential partnerships. From a youth perspective, young peer researchers viewed the relationships with their families as different from those with the broader community. Some young people talked about parents experiencing fear when they saw their children's independence in decision-making, others felt that their parents had gradually become accepting of their peer education work.

In the Benin case-study research, some parents failed to see why they should start to talk to their children about sexuality.

'My mother never spoke to me about sexuality so why should I do so with my children?'

Mother, Benin



Talking to elders, Benin

In Kenya, young people noted a lack of communication in the family, and they considered that their generation had lost out on the traditional sexual education imparted by grandparents because of the breakdown of the extended family. The A+ project helped to bring about a change in perception about sexual health through the education of families and other adults in the community.

'Previously condoms were for big people. If you were to take a condom home, you could even be beaten... After we have been educated about them, we are free to touch them, and use them. We can even advise our parents to use them. Nowadays, everybody walks with condoms as a security. If I take a packet home, there's no problem – our parents are familiar with them.'

Peer educator, Kenya



Promoting the importance of family discussions about sexuality, Kenya

In all cases, work with parents was considered to be crucial to young people realising their sexual rights and accessing services.

Peer educators in Nepal, for example, identified the need to work with adults in the community to change the way in which cultural and religious beliefs were played out in realising rights. They identified preference for sons, sex-selective abortions, the humiliation and total lack of decision-making power for women and the silence about sexual pressure and violence as critical issues to work on if sexual rights are to be realised.

A young male peer educator helped researchers to understand what could be done in a cultural context where there were such strong beliefs about sex and sexuality, and where it is not acceptable, especially in poor and remote communities, for young women and men to talk to each other in public unless they are married:

'We may not be able to change cultural beliefs but at least we can edit them...'

Young male peer educator, Nepal

In Nicaragua, one young woman participating in the research explained how she suffered sexual discrimination in her family, with responsibility for domestic tasks that her brothers and father escaped, and how empowering it had been to learn about her rights through the Member Association youth centre. However, she said that when she defended her rights at home, she was not listened to; her own mother reinforced the inequality in domestic duties. One respondent from an international organisation in Nicaragua explained:

'Parents are the biggest issue. They don't understand, there is no democracy in the home, it is very authoritarian. There is a problem of "adulthood".'

Youth peer educators felt that they needed to be role models in their communities and overcome discrimination, training adults to accept that girls could become peer educators.

In Nicaragua, some of the young women and men, especially women, had met with resistance from their parents, who questioned what they were doing and learning in these groups. One young man explained how he had overcome this problem with his own parents, and those of his peers:

'You need to gain their confidence and trust, communicate and be sincere with them, invite them to participate and see what we are doing... Like St Thomas said, "seeing is believing".'

Young male peer educator, Nicaragua

One youth board member from the Member Association highlighted effective strategies for parent education:

'We need to change the attitude of parents: and this is not one-off work. Parent workshops are very effective, but that needs resources.'

Young board member, Nicaragua

In the survey, other Member Associations also noted these challenges to participation particularly of young women:

'Parents do not allow young women to join groups for fear of pregnancies. Most parents are still not aware and convinced that youth learn a lot when they participate in activities by youth organisations and clubs. Young women are also given a lot of work at home (home management i.e. cooking, drawing water etc.) as opposed to young men. This deprives them of time to relax and participate in youth activities.'

Member Association quote from survey

This recognition of child-adult power dynamics in the participation of young people in programmes is fundamental to an approach that integrates the centrality of young people, their families and communities, and an understanding of structural issues governed by cultural and political context. IPPF is familiar with building child/young person-adult partnerships, and parental support for young people's autonomous decision-making (Vargas, 2012).

In the survey, some of the Member Associations talked about gaining a better understanding of local beliefs, on menstruation and abortion, for example. Others discussed how peer educators and students at schools where comprehensive sexuality education was taught, could help to educate their parents and other adults in the community.

'Community dialogues that brought together parents, local authorities and young people themselves. The participation of young women in the implementation of these activities gave them confidence to speak about their sex lives in the presence of other members of the community.'

Member Association quote from survey

4.5 Ensuring access to high quality youth-friendly services

Youth-friendly services were seen in the case studies and the survey as being extended through the support of the A+ programme. In most A+ projects, clinics were made more youth-friendly by recruiting specialist staff and training existing staff and service providers on youth sexual and reproductive health and rights. Young people were also involved in helping to design physical spaces including separate entrances and waiting areas for females and males and for young people and adults. Waiting areas were made more appealing by displaying information materials including posters, videos and leaflets. Opening times were adapted with a separate time for young people and adults being introduced.



Poster displayed in clinic waiting area at Family Health Options Kenya

Member Associations improved access to services by going to nightclubs, others had mobile clinics to take information and simple sexual and reproductive health services to inaccessible areas, while others pitched tents and held events at youth centres, and worked through schools, police and local radio stations. Telephone counselling and telephone help lines were also provided.

Some of the A+ projects had a strong focus on strengthening referral systems. Advocating for quality of care across a continuum of services, both private and government, can be an important way of spreading youth-friendly services.

Subsidisation of services varied between Member Associations and there were often attempts to make services cheap or free to young people, sometimes with the support of other donors providing vouchers or cross subsidising.

Young people themselves are important in generating demand with their peers and families, as well as more broadly in the community. Leaflets and billboards have been widely used and Member Associations have developed educational games, songs, theatre and workshops around youth rights and sexual and reproductive health. Social media was promoted by a few of the Member Associations: they set up Facebook pages and used cyber cafes to communicate with larger numbers of young people.

The survey results show that one of the biggest changes brought about by A+ programme funding was the increased reputation of Member Associations as youth-friendly service providers, as well as increased quality of their youth programmes and youth services. This was confirmed through interviews in the assessment with other stakeholders:

'The organisation is recognised country wide as a youth-friendly organisation.'

'Our clinics are unique and we are the only CSO providing services to young people.'

Member Association quotes from survey

The desk review and survey demonstrated increased numbers of young people are accessing Member Association clinical services and information. Many Member Associations plan to maintain a separate budget line for youth-friendly services beyond the A+ programme and are committed to finding new sources of funding for this budget line.



Youth participation improved the delivery of youth-friendly services in clinics

The case-study research in all of the countries also demonstrated that youth participation improved the delivery of youth-friendly services in clinics, demonstrated by interviews with service providers. The strands that ran through these interviews were about young people understanding more about their services through word of mouth in the peer groups and youth groups and that, although referral pathways were complex, a better reputation for youth-friendly services meant that more service providers, governmental and non-governmental, may be ready to form partnerships to deliver youth-friendly services.

'Youth participation has a good impact on the clinic. We are the only organisation providing youth-friendly services, we are known for it. This means we get a good image and can attract more people to our services and get more partnerships with INGOs.'

Clinic director, Nicaragua

Where young people had been involved in monitoring, there was evidence about greater client satisfaction. Most service providers consulted were more confident about being able to serve young people because they had been trained in youth-friendly health services. There was also recognition within the Member Association staff that there were more service providers who understood the value of this kind of service. Some Member Associations surveyed did, however, feel they had some way to go on monitoring youth friendliness of programmes and extending services to more vulnerable and marginalised young people.

Many Member Associations in the case-study research and the survey stressed the importance of networks and partnerships with other service providers in order to provide continuity of care for young people. Nepal and others had identified the importance of monitoring the referral pathways to services so more was understood about what constitutes success. They also stressed the importance of sensitisation of service staff and other service providers to working with young women and men.

Joint planning, including with young people, was suggested as a way of achieving more partnerships, relevant services for young people and increased chance of sustainability. Joint monitoring could help to understand the varying satisfaction and appropriateness of services.

4.6 Comprehensive sexuality education

This component of the A+ programme included both delivering comprehensive sexuality education to young people and advocating for sexuality education nationally and locally. Strategies for delivery included training teachers, education officials, peer educators, youth leaders, religious leaders and parents on comprehensive sexuality education; developing training and information materials, and developing new pedagogies to use with young people on sexual and reproductive health and rights. Member Associations received training from central and regional IPPF offices. There was also an emphasis on moving away from a narrow focus on HIV/AIDS education to broader issues of sexuality and rights.¹⁴

New pedagogies for comprehensive sexuality education have included arts-based techniques, setting up health and discussion groups, developing educational games to play with larger groups of young people, tick boxes and points to deliver in assemblies. There is also work to sensitise those who will be delivering training, in training for trainers, on gender and other sensitive aspects of sexuality and sexual rights.

¹⁴ Although in some ways HIV/AIDS does not seem to have been discussed explicitly by Member Associations involved in the assessment and perhaps should have been explored more to ensure it is not left out completely.

In terms of advocacy, several Member Associations joined or convened networks of local and national organisations to advocate for curriculum change, working to influence education officials and policymakers including in teacher training colleges.

There was some confusion about the difference between information on sexual and reproductive health services and comprehensive education on sexual and reproductive health and rights. On the whole, a distinction was made between information on biological aspects of health and family planning services in the form of leaflets and billboards, communicated in communities, and education in the form of sharing ideas about health and rights using different pedagogical approaches and running initiatives to change attitudes and foster critical thinking about one's identity, values, intentions and actions. The progression from information and messages to awareness-raising and education does still remain unclear at times as different strategies were employed in communities alongside each other.

4.6.1 Supporting teachers to deliver comprehensive sexuality education

It seemed hard for teachers to go beyond the biological side of sexual health to address some of the more culturally sensitive elements of sexual rights, including addressing emotions, life skills, gender, diversity and other social drivers that influence behaviour, attitudes and choice (a case study in Nepal bore this out). One Member Association has planned to conduct comparative research with schools and teachers who had received training in comprehensive sexuality education and those who had not, so they could gather more information about the impact of training on knowledge, attitudes and behaviour.



A school health club, Kenya

In Kenya, comprehensive sexuality education was found to be effective through school health clubs, but the school setting also presented limitations. There was a policy not to mention condoms in school because it was seen to promote premarital and underage sex. This was particularly problematic as the project was situated in an area with a high HIV prevalence rate. Teachers could not talk to the young people about sex, because of the moral context, and preferred to talk to them about relationships and hygiene.

Teachers in the case-study research said how they had appreciated the different pedagogies for teaching young people about sex and sexuality, where previously they had felt unable to address even the basic concepts. Their local context restricted the pace of change and teachers are still unsure about discussing sexuality and sexual rights in school. Despite having access to a full curriculum including information about sexuality and HIV, teachers do not always have the confidence to use the entire content. Peer educators and teachers have suggested that the youth-to-youth strategies may provide a more conducive environment for discussion of personal and emotional issues. Some teachers have still found training has helped them to share ideas and overcome these barriers with young people.

'We teach them, but they also give us their approach and ideas ... they have beautiful ideas on how to teach good social behaviour, through drama, competitions, debates, cluster activities, lectures, they research the issues and share the information with their peers.'

Teacher interviewed in Kenya

'We need to fight for change, until people understand it is important for the people, but change is slow – you can't impose it.'

Regional Office staff interviewed in Kenya

4.6.2 Comprehensive sexuality education in out-of-school settings

The term comprehensive sexuality education is currently used by some of the Member Associations to apply to their educational work in schools, while peer educators saw the term as going beyond schools into communities; they identified that adults also need this kind of education:

‘Provide CSE at school and out of school. It creates a platform to speak up for CSE for young people as there is no such education from government level.’

Member Association quote from survey

The assessment found that the participatory spaces of peer groups enabled young people to discuss sexuality as part of their sexual identity. However, they also noted that the direction of discussion depended on the moral viewpoint of the particular peer educator.

4.6.3 Comprehensive sexuality education advocacy

Policy advocacy in this area has faced multiple challenges, for example, from laws or policies that prevented sex education being on the national curriculum. In some countries, the political power of religious bodies influenced scope for change. Policy advocacy in all countries takes time and many factors needed for success remain outside the control of advocates. There were bright spots in this complex landscape. In some countries, advocacy has led to more acceptance of comprehensive sexuality education by the Ministries of Education and in schools. In Nepal, advocacy with national teacher training colleges resulted in a change in curriculum.

‘Tribhuvan University included CSE in master level for education department. All these changes happen through the CSE advocacy activities. All IEC/BCC materials developed by the project, is prepared in the basis of CSE and incorporated CSE in all training program of the project.’

Member Association, Nepal

Other examples of successful advocacy strategies included:

‘CSE advocacy group was formed by involving partners, youth and civil society and working actively for the CSE establishment. All staff and volunteer given training on CSE so all are aware on its importance for the development of youth and nation. Research report is drafting on impact and importance of CSE.’

‘CSE has been incorporated in national school curriculum and given TOT [training of trainers] on it to trainer teacher of MOE. TO [Training of trainers] were also given to 80 teachers of project district from the government school. CSE reference and training module developed partnership with Curriculum Development Centre and National Centre of Education Development/MOE.’

Member Association quotes from survey

Nevertheless, more work is needed to increase understanding across Member Associations of the methods and tools that have been successful in comprehensive sexuality education in order to strengthen advocacy efforts. There is also a need across all Member Associations to document evidence of change.

Despite Member Associations working hard on advocacy, few reported any significant changes in school policies with notable exceptions. To achieve this type of advocacy outcome would take exerted efforts over a longer time period, unless the country was already in the process of reviewing school policies or curricula.

4.6.4 Observed outcomes of comprehensive sexuality education

Member Associations have mentioned increased openness, healthier sexual behaviour, improved attendance of girls at school due to reduced pregnancy and improved relationships, increases in reporting gender based violence and in young people seeking information on sexual and reproductive health and rights.

They have mentioned that government backing can help with acceptance of comprehensive sexual education among parents and teachers. Some of the Member Associations have influenced government officials through inviting them to school for events and media promotions. Positive media messages can also help to reinforce messages and encourage parents' acceptance. Some Member Associations highlighted how they would like to be able to monitor advocacy and the influence of media partnerships better.

4.7 Advocacy and the broader policy context

The sustainability of both youth-friendly services and comprehensive sexuality education in part relies on feeding credible examples of good practice into local and national advocacy efforts. Advocacy in the A+ programme was, however, somewhat confused at the Member Association level between the building of a supportive community, and the political advocacy done through networks at a national level.

'Advocacy' at Member Association level covered building supportive communities, such as outreach work with the police, to political advocacy through national networks to increasing institutional commitment.



As 'advocacy' was not defined as a separate objective in the A+ programme, it was also sometimes confused with increasing institutional commitment. Advocacy was recognised as important alongside service delivery and education, and as a key mechanism to achieving longer-term sustainability. The necessity to learn from programme implementation and document outcomes was also broadly recognised. Advocacy was quite weak in some of the cases, but this depended on the capacity and priorities of the Member Association and the political context. It also depended on where the Member Association was in its journey of organisational development in youth programming.

In Nepal, advocacy strategies were strengthened with assistance in analysis and learning from the IPPF Regional Office, and also by working with networks and strategic national alliances.

In Nicaragua, the Member Association had been instrumental in building a national coalition for advocacy on sexual rights and education, and in ensuring youth participation and leadership in the coalition. However, although relationships and collaboration were strong between public sector and civil society at local level, the political situation at the national level limited the potential for a critical approach to policy advocacy.

The Kenya programme focused on the development and delivery of comprehensive sexual education in a small local area in western Kenya, complementing this with advocacy at a national level to ensure that the education was of a high quality and part of the curriculum. However, the case study found organisational challenges in linking the project work on the ground with advocacy work at national level, due to an overly 'project' approach to advocacy which was not sufficiently responsive to policy issues and advocacy needs emerging from the ground-level programming work.

In the survey, Member Associations identified young people's involvement in advocacy as being important to successful advocacy at a community level. Member Associations also identified the need for more advocacy training and greater participation for young people in advocacy programmes:

'Provide coaching and mentoring to young women in advocacy so they can change our country.'

There was varied success for the Member Associations in terms of effective advocacy and in changing the policy environment in their context. In some cases, advocacy lay outside the remit of the A+ coordinator at Member Association level, as it was not constructed as a separate objective of the programme.

4.8 Organisational development: Learning for communication and accountability

The ultimate aim of IPPF's youth programming is to help young people feel a sense of fulfilment in their emotional wellbeing and happiness through autonomous decision-making, as well as improving or maintaining their sexual and reproductive health. Achieving this goal requires organisational development towards becoming a truly youth-centred organisation.

4.8.1 Achievements in organisational development

In the Member Association survey, the vast majority of respondents agreed that there had been positive changes in organisational development due to the A+ programme. This had more specifically been identified as being achieved through the additional training that was offered in the A+ programme in youth-friendly services, youth sexual and reproductive health and rights and comprehensive sexuality education. Changes in staff attitudes lead to change in services and young people's lives, greater respect and understanding, acceptance and solidarity, and better understanding of youth rights.

'Respect and promote the rights of young people inside and outside the health service, develop an ethical, open, flexible position and know how to attend to diverse young people (ethnically, culturally, age, orientation, disability etc) with justice and respect and without discrimination.'

'100% of the MA personnel were trained to run empathetic activities in differentiated attention to youth, the quality of services was notable.'

'The way staff accommodate and act against homosexuality is better and more respectful now.'

'I, myself, have changed completely! First of all, my understanding of real problems faced by young people increased, especially problems that young women face and rights that they are deprived of. The [project] management team has changed completely. There was an increase in the democratic environment in the discussion of sexual problems and in the decision making of the MA. The voice of young people increased in programming of the activities, especially those involving young people. Other change is at the level of service providers. They used to limit their discussion to transmission and prevention regardless of environmental factors that influence sexual decisions. Nowadays, the understanding is becoming more and more complete.'

'Involvement of young people in planning and activity implementation has enabled staff to understand young people much better and appreciate their contribution.'

Quotes from Member Associations

All of the Member Associations where the A+ programme was implemented stated in the survey that the A+ approach has added value to their existing youth programming in the following ways:

- 1 Developing child protection policies:** Many Member Associations recognised the importance of developing these policies. However, while policies were welcomed and had been completed and implemented by some, others had been slow to commit to developing policies and lacked time for implementation. There is a need for timely development and implementation of child protection policies to protect both staff and young people who can be at potential risk from abuse.
- 2 Greater youth participation in governance and leadership positions:** Many of the Member Associations noted the increased participation of young men and women on executive boards, making up between 10–30% of the board. This was used as a proxy indicator for institutional commitment to youth participation and realisation of youth rights. Also important was whether there was progression for youth volunteers. In Nepal, the A+ project officer, the manager for adolescent and youth in the South Asia Regional Office, and the chairperson of the executive board of the Member Association all started their journey as youth volunteers.

‘Institutional commitment of [MA] has been increased towards young people. Support level staff are now well aware about youth activities and they welcome young people at [name of MA] that adds a lot of value to serve youth-friendly services.’

Member Association quote

- 3 Increased resources for youth programmes:** The A+ programme allocated additional budgets and staff to youth programming, and there was greater understanding of youth-friendly services and work to realise youth sexual and reproductive rights. This added capacity was identified as critical in delivering better services that reached more groups of young people. There are also new approaches to comprehensive sexuality education. One Member Association, for example, noted changes to educational materials which took into account the dynamics that influence sexual behaviour; another noted the importance of the new pedagogical approaches for teachers that were offered in the training. Increased partnerships, facilities and volunteers built working relationships with government that were thought to help lead to sustainable funding for youth programming.

4.8.2 Young people at the centre of monitoring and evaluation

Despite youth participation, gender and sexual rights being included in IPPF’s triangle approach, as cross-cutting elements, in practice they tended not to be reported on as they were not specific objectives. These issues are complex and deep seated in existing unequal social and cultural norms and most likely to be contested by existing power holders.

Measures of success therefore need to reflect changes in young people’s emotional wellbeing, increased confidence and empowerment in autonomous decision-making and cultural shifts in how traditional and religious beliefs were interpreted on the ground.

The focus on individual change, and increasing young people's agency to claim their rights requires programming that addresses and understands the linkages to wider social, cultural and political context and norms that must also change. In the A+ programme, research identified problems young people had translating changes they experienced to the world in which they lived. Taking a more inclusive, organisationally integrated, multi-dimensional and multi-actor (e.g. individual and household, community and national social, political and economic) and longer-term approach can help to overcome these barriers to positive changes.

These changes will require a political commitment to evidence from young women and men being taken seriously by decision-makers in the hierarchies of organisations that may be involved.

Long-term and meaningful participation of young people in realising their sexual and reproductive health and rights seems possible, given the demonstrated commitment of IPPF and the Member Associations involved in the A+ programme. There is also both willingness to share learning at all levels and enthusiasm to build capacity of service providers, staff and young people through appropriate mechanisms and strategies to achieve positive change in the lives of young women and men.

4.8.3 Implications for a federation's organisational development

Communication and flow of information between IPPF Central Office, Regional Offices and Member Association head offices and their branches was critical for the implementation of the A+ programme and worked better in some regions than others. In some cases, poor communication led to a mismatch between project concepts and objectives conceived at a global level, and lack of clarity about management and implementation roles at regional and Member Association level. Improving project design to ensure relevance to local contexts, including developing and incorporating theories of change in collaboration with Member Associations and young people had been started but requires greater commitment.

Such lessons have implications for designing global programmes for a federation structure like IPPF, with a view to increasing input from young people who will be involved in the programme. The strategies would be designed from their starting points with capacity building for programmes taking account of where organisations are on the journey of organisational development.

4.9 Sustainability

Member Associations viewed and assessed sustainability across a range of organisational, programmatic, and contextual areas. A clear message from the case-study research in Nepal and Benin was to extend training of peer educators to peer groups. Although the groups of young people were committed to continue to meet, it was possible that migration and a lack of resources for travel might limit their continued group discussions.

In Kenya, the A+ work was implemented with existing youth groups and the Member Association trained their leaders and members to become sexual and reproductive health and rights peer educators. This was an effective partnership, as it reinvigorated an existing locally-owned youth organisation structure, with funds, technical support and training, and built on the young people's existing trust and relationships with peers.

However, without a clear sustainability strategy, or strong links to the Member Association's own youth participation structures, there was a risk that the end of the programme might lead to discontinuation of some of the local structures and groups, especially if there was a lack of sufficient strategies or capacity to seek alternative means to sustain the activities.

Some of the peer groups and youth groups set up as part of the A+ programme suggested they would continue to meet without the requirement of funding or with alternative funding, as young people had valued these spaces as places where they could meet and talk about personal issues and decisions affecting their sexual and reproductive lives.

Effective education in relation to comprehensive sexuality could be seen as both part of the services delivered by the Member Association, and as contributing to changing the socio-cultural context and enabling rights to be realised. Sustainability of peer education in sexual rights depends to some extent on whether the project has been able to build on existing groups and structures or whether staff and young people have partnered with local NGOs or social programmes offering continued funding (as in Nicaragua), which may have similar values or objectives as the A+ programme.

In Kenya, sustainability for young peer educators was linked to the project's capacity to provide economic empowerment through employment opportunities for youth at a local level. In Nicaragua, the Member Association valued having a business model and organisational plans which ensured that programming complemented its core business of health service provision. Young people were seen as consumers of their services.

Member Associations in the case studies placed critical importance on effective partnerships, strategic alliances and networking for delivering services and advocacy locally and nationally. These partnerships helped them to influence the work of their partner organisations sustainably and successfully. In Nepal, the Member Association relied on strong strategic advocacy alliances, where members raised their profile, credibility and effectiveness on sensitive issues, such as safe abortion, as well as comprehensive sexuality education and youth-friendly services, by agreeing to brand around an alliance logo.

Organisations that can take advantage of supportive contexts more widely can increase the sustainability of their initiatives. In Nepal, the Maoist Coalition Government is open to discussion about rights-based approaches and has prioritised issues of marginalisation, women and children. Because of these priorities, the current political context in Nepal does not block these networks and partnerships working on sexual and reproductive health and rights issues.

In Nicaragua, the Ministry of Health is heavily committed to addressing teenage pregnancy, sexual violence and maternal health. These priorities create a supportive context for the Member Association to have more impact when providing evidence to the ministry about how youth-friendly services can work to address their priority issues.

In the global Member Association survey, 15 of 16 respondents gave specific examples of investments made in the A+ programme that they considered as evidence of sustainability in the longer term:

- Local peer groups that will continue to meet
- Youth clubs which have evolved into community-based organisations
- New clinics that have been developed during the programme
- New alliances formed for advocacy
- Capacity built in comprehensive sexuality education and youth-friendly services
- Ownership, engagement and participation by young people in the Member Associations
- Self-sustaining income-generating activities that have been developed to support youth groups
- Building up a name and recognition for services and strategies, active youth clubs and campaigns
- New partnerships and the political will that has been generated through some of the Member Associations working with the ministries for health and education; and
- Learning from the A+ programme in comprehensive sexuality education and youth-friendly services can be mainstreamed into all of the youth activities in the Member Association and could be sustained using core funding as well as sourcing funding from other donors.



The cost of contraception was raised as a threat to sustainability

However, the cost of contraception, coupled with a perception that it should be free, was raised by young people and Member Association staff as a threat to sustainability.

'It's characteristic here to expect that everything should be free... and when it comes to finding the money for healthcare they find it a bit difficult. You hear people saying that they don't have the means that they need free condoms.... Family planning should be free and so you have to talk with them, to persuade them so that they understand the need to pay for healthcare, [although] using the mobile clinic are almost free... This remains a challenge for us.'

Interview with service provider, Benin

Higher costs associated with geographic location surfaced as a sustainability factor. It was hard to sustain the outreach activities needed to work with more marginalised young people in rural areas, especially in very poor communities such as in Kenya and in remote areas of Nepal. In Nicaragua, the Member Association's business model relied on services in urban areas subsidising service provision in poor rural areas.

As discussed elsewhere in this report, project-focused funding and programming is an inherently risky and potentially unstable way to try and change and improve complex and enduring problems. Those Member Associations that depended more on this funding, had cash flow problems and were more likely to struggle with issues of sustainability.

4.10 Value for money

The A+ project design was complex, involving objectives that spanned positive changes to health services, comprehensive sexuality education and greater inclusion of young people in general, and the poorest and most marginalised young women and men. Consequently, the value for money framework used in the assessment needed to draw on approaches that would be sensitive to the types of social change inherent in the project design. Due to information and resource limitations, no attempt was made to monetarise the variables for the A+ programme. So, even though the team drew on social return on investment (SROI) frameworks,¹⁵ the main value of SROI was for its focus on capturing and valuing social variables.

The A+ value for money matrix followed the United Kingdom's Independent Commission on Aid Impact (ICAI)'s categories of economy, efficiency, effectiveness and equity,¹⁶ which have proven suitable for these types of programmes. The ICAI approach has been informed by BOND's analytical framework for UK NGOs working to determine value for money.¹⁷ One of the most useful references for the A+ programme analysis was Christian Aid's recent paper¹⁸ explaining their approach, which seeks to ensure that effectiveness and equity are calculated well enough to inform and balance monetary input-output economy and efficiency calculations.

The A+ programme was still being implemented at the time of the assessment, so value-for-money analysis was dynamic. Further, aggregating findings and drawing conclusions from them might be misleading. The team did not find a systematic approach to value for money in the desk review or during case-study research. Organisational approaches to value for money at IPPF, like most other organisations, are evolving. Therefore, part of the value for money of the A+ assessment itself will be lessons and possible guidance to IPPF about what approaches are suited to this type of programming.

According to the global Member Association survey, all of the respondents felt that the A+ project had added 'a lot' (the maximum value in the question scale) of value for money.

4.10.1 Economy

In looking at value for money, economy means getting the best value out of financial inputs. In other words, to what extent were Member Associations able to make sure they got the lowest prices and most cost-effective arrangements for what they were purchasing with A+ programme money? In Nepal, the finance and monitoring and evaluation staff ranked the A+ programme as high in terms of value for money. Although the costs for A+ peer education were more than for other peer education programmes because training and expenses were paid, there was increased engagement with marginalised groups and increased access to services by young marginalised youth who were harder to reach than in previous youth programmes.

Because poverty is a major barrier to services and participation in youth programming, financing transport can have very high value as it determines participation. Young people in all of the case studies expressed the importance of this type of subsidy.

¹⁵ Brouwers, J. et al. (2010) *Social Return on Investment: A practical Guide for the Development Cooperation Sector*. Utrecht: Context International Cooperation

¹⁶ Independent Commission on Aid Impact (2011). *Approach to Effectiveness and Value for Money*. London: ICAI

¹⁷ BOND (2012) *Value for Money: What does it mean for UK NGOs*

¹⁸ Christian Aid (2012) *How Christian Aid Assesses Value for Money in its Programmes*. London: Christian Aid



Costs associated with outreach to communities in remote areas were seen as 'value for money' by Member Associations

Costs increased when activities involved reaching populations in rural and remote areas, where infrastructure is poor. Yet, due to the value placed on reaching more marginalised populations, Member Associations considered these costs to represent value for money, in terms of need and social returns.

Economy and efficiency were threatened in projects that experienced funding flow problems, which directly threatened the value of inputs because it made staffing and participation unstable.

The Nepal project was building on existing youth programming, which ensured some economies of scale, in terms of staffing, ownership, existing processes, an ongoing supportive environment, and access to existing programming, which helped to amplify investments through partnerships and alliances, for example.

4.10.2 Efficiency

The team looked at efficiency – maximising the outputs achieved for a given level of inputs. In other words, to what extent were the Member Associations able to ensure that 100 per cent of what they were purchasing resulted in 100 per cent of what they wanted from that investment? External factors can affect efficiency; a common one is devaluation of the donor's currency. Conflict and social instability drive up the costs: it costs more to run a clinic that requires armed guards 24/7 than one that does not. It costs more to reach a location that has no paved roads than one that is near a highway. In one of the case studies, the Member Association experienced implementation problems that stemmed from institutional issues that lay outside the direct control of the project. When these issues were successfully addressed, project efficiency was quickly and positively restored.

In general, the Member Associations participating in A+ had adequate experience, organisational structures, processes and staffing to implement the project without incurring avoidable extra costs.

Member Associations understood the value of working in partnership to increase efficiency and effectiveness through creating economies of scale. For example, Benin prioritised working with local partners and in networks. Particularly important was ABPF's partnership with local clinics, which improved both efficiency and effectiveness. That relationship helped ensure that the organisation's awareness raising and education work could eventually lead to better access for marginalised young people to the services that they needed, although the pathways for referrals were recognised as complex.

4.10.3 Effectiveness

The assessment team looked at project effectiveness – ensuring that the outputs delivered the desired outcomes. The case studies, desk review and survey all showed evidence of project effectiveness at engaging young people in ways that improved their knowledge, understanding and appreciation of sexual and reproductive health and rights, improved their self-confidence and self esteem, and improved their ability to talk more openly about sexual and reproductive health, sexuality and sexual rights. Where clinic services were readily available and accessible, these efforts may have been linked to increased uptake of services.

Effectiveness analysis was constrained by questions about the appropriateness of some project indicators. National Member Association service statistics were of limited use in the assessment: there was only an age-related disaggregation of below 25 years of age, and no sex disaggregation, which meant that a main objective of the A+ programme design – promoting gender responsiveness by improving the disaggregation of data – was not done at the national level. The short reporting timeframe and volatility in the data all caution against drawing on these statistics.

Monitoring and evaluating changes in wellbeing can be reported by young people through interviews, surveys and their own stories, as well as service data. Measuring participation can be strengthened by monitoring why young people do and do not participate in a given activity. Measuring changes in attitudes, social, cultural and political norms and ability to and confidence in expressing rights can help to capture empowerment.

In all cases, monitoring and evaluation requires explicit attention to measuring and analysing gendered power relations and gendered norms. This is true both for understanding access to and use of health services, as well as for evaluating social change outcomes.

Service data is helpful in looking for relationships between youth programming and uptake of services. Where demand was raised and access to services was weak, then both efficiency and effectiveness were threatened. Member Associations had effectively used partnerships with local providers and support from local leaders to protect efficiency and enhance effectiveness.

The A+ project supported the increased participation of young people, including equitable participation of young women, and in some cases, more marginalised youth. In projects like A+, which have empowerment and social change goals, changes in inclusion are an important measure of effectiveness.

All Member Associations showed positive progress in strengthening youth-focused and youth-led programming, with positive outcomes for the young people themselves and for the Member Association institutionally.

Having strong organisational structures and processes is a major foundation for all aspects of value for money, and is a key determinant of effectiveness. Nicaragua offered an example of the value of having an explicit business model and of developing programming in ways that fitted that model so that programming was linked to sustainability of the Member Association's business. There is clarity about the value of and linkages between their business of providing health services and their social objectives. This allows all staff and young peer educators to buy into a strategy for longer-term sustainability. They seek synergies between funding for social programming, such as the A+ project and strengthening their services. They see and value young people as consumers of their services. The well-functioning business model supports cross-subsidisation of access for more marginalised young people to clinics that must be subsidised in remote or very poor areas by more affluent clinics that can be self-financing in more affluent urban areas.

Where A+ projects supported youth clubs and other safe spaces this led to increased demand for sexual and reproductive health services, but the value for money of those efforts was constrained if the young people then did not have affordable and easily accessible access to health services.

Participation of project beneficiaries in the design, implementation and evaluation of programming is a major indicator of the likelihood of successful results and impact. In the A+ programme, Member Associations and young people were not directly involved in programme design at the global level. The team found no evidence of an organised participatory adaptation of the A+ programme to local context at the start of implementation. There was some evidence of direct participation in monitoring. Young people were directly involved in assessing the programme in the case-study countries that demonstrate the value of building participatory evaluation into the project as a means of strengthening effectiveness.

4.10.4 Equity

The focus of the A+ programme on increasing participation and rights of young people, especially the most marginalised is, by definition, an indication of equity-related value for money.

All of the participants in the assessment were aware of the importance of reaching marginalised populations and increasing their access to services and exercise of their rights. Given the strongly gendered social and cultural norms in all of the contexts, more attention to ensuring gender-responsive project design and strengthened understanding of gender analysis would greatly strengthen the value for money returns on equity.

Member Associations saw advocacy and influencing government services to become more sensitive to women and youth as representing value for money. Evaluating the effectiveness of these efforts would benefit from systematic monitoring and evaluation approaches designed for capturing advocacy for social change.

The A+ projects promoted increased access of young people to sexual and reproductive health services. Advocacy to promote comprehensive sexuality education and youth sexual and reproductive health and rights addressed inequalities. In this sense, promoting equity, in the more transformational extension to rights and equality, was central to the project. The assessment showed that all of the Member Associations made progress toward these rights-based objectives.

Equity is a term and concept that does not have a standardised, agreed definition in the development sector. It can mean, minimally, that the benefits of an intervention are distributed fairly. However, when the goal of the intervention is social change to bring the benefit of more power and equality to marginalised populations who are less powerful and not equal to other populations, this requires a more robust definition of equity. Deciding which definition of equity is most appropriate for value-for-money analysis depends on what is being changed, the mechanisms and objectives.

4.10.5 Overall value for money

Effective value for money requires attention from the design phase, as well as throughout implementation and evaluation and learning. It is the difference between whether value for money is seen as something to be determined after an intervention, or whether the intervention was designed and managed to achieve this.

Value for money will be strengthened when project design is participatory, when a theory of change is designed at the outset, with adequate gendered context analysis and analysis of change assumptions so that causal assumptions and pathways to change are clearly understood. It will be stronger when the management frameworks – the logical framework – are well designed in light of the theory of change, with appropriate indicators, and when monitoring, evaluation and learning are incorporated from the beginning of the project, using participatory and reflective approaches.

All four 'E's' in value for money are important. In projects designed to promote rights and equality, the challenge is in capturing the value of effective and equitable changes, which are complex, where change takes a long time, and where monetarising those values can require skills and resources not readily available to project implementers. IPPF is committed to strengthening value for money analysis, and the A+ assessment offers sound examples of where priorities for capacity building and changes in approaches can help reach that objective.



Youth assessment team in Nepal present their findings

5 Lessons and recommendations

The lessons and recommendations from this assessment lie in two main areas. Firstly, key learning from the A+ programme in terms of what has worked (or not) with reference to the A+ objectives and what can be built upon, including generating evidence for scaling up and identifying challenges. Secondly, how this can be consolidated with an augmented understanding of the journey of organisational development and a socio-ecological model for youth programming that places young people at the centre and gives due attention to participatory spaces and local context.

5.1 Key learning from the A+ programme implementation

Learning is considered with reference to the objectives of the A+ assessment and also to the objectives of the A+ programme.

1 To assess achievements in relation to the programme objectives and assess the value added by the A+ programme to IPPF Member Associations), Regional Offices and Central Office.

A+ objective: Increasing institutional commitment

The assessment found that key proxy indicators of young people on the executive board and the development of child and youth protection policies were well chosen. Member Associations will also need other indicators to support the organisational development required to realise young people's sexual and reproductive health and rights. Milestones and indicators can be developed using the journey of organisational development arising from this assessment. Changes broadly lie in the area of shifting towards a youth programme from a project-based approach, changing staff attitudes, which will lead to change in services and young people's lives, greater respect and understanding, acceptance and solidarity, and better understanding of youth rights.



Analysing data, Nepal

Few Member Associations were able to show entirely equal partnerships, where young people were in a situation of ‘negotiation’ with adult staff. Nicaragua is an exception, where young people seem to be involved in decision-making at all stages of the project cycle. The Member Associations in Nepal and Benin had reached some level of ‘negotiation’. Young people are coordinating peer groups and peer education activities and also have meaningful input into decision-making at different levels of the organisation. More intermediary indicators of youth participation in governance and child protection systems in organisations would also be helpful.

More explicit understanding is needed of the organisational journey that a Member Association needs to travel in order to achieve more rights-based youth-focused programmes. Strengthening the effective design and use of theories of change at Member Association level, including increased participation of beneficiaries in design and monitoring and evaluation are important steps.

In order to realise the rights of young people, different levels of support need to be offered to Member Associations depending on their starting point, specific contexts, institutional history and capacity. Additional training is needed to get true ownership of youth-focused objectives throughout the Federation.

A specific recommendation relates to child and young people protection policies, which should be completed where they have not already been, and then they can be used as implementation indicators.

A+ objective: Building supportive communities

This includes different elements identified by young people as important:

- Changing attitudes and behaviour of service providers and adults in communities
- Building local partnerships with local NGOs and the media, and
- Influencing local government, school services and local and national policymaking.

Young people felt that more had been achieved in terms of changing attitudes and behaviour of their direct families than with other adults in the community. This finding directly reflects the project design, which focuses mainly on communication and dialogue with young people themselves.

Recommendations from young people included reaching out to more adults, especially those with lower levels of literacy, using street theatre, song and multimedia, such as pictures and film. Peer educators also suggested continued support for influencing work with religious leaders.

The project did change some service providers’ attitudes to be more youth-friendly, although Member Association staff suggested that there was still some way to go in changing the perceptions of many medical practitioners. Positive examples of practitioners or service providers who work in a sensitive way with young people of different genders and socio-economic situations could be used as a model for others.

Prevailing attitudes and social and cultural norms continue to counter attempts by young people to express and claim their sexuality and sexual rights, to one degree or another, in all of the countries in the A+ programme – more training is needed. There remains a structural problem of attitude in the health services which limits sexual health to biological and reproductive rights concerns.

Changing attitudes and behaviour of service providers was identified as important by young people



More could be achieved in working in partnership with different community-based organisations, following some of the examples in the case-study research. There could be work with local radio stations and advocacy carried out through strategic alliances influencing national government health and education services. There also needs to be further clarification of what is meant by the term 'advocacy' at Member Association level.

A+ objectives: Expanding access to youth-friendly services and comprehensive sexuality education



Peer educator demonstrating how to put on a condom, Kenya

In Track 1 and Track 2 projects in the A+ programme, Member Associations chose to focus on youth-friendly services or comprehensive sexuality education respectively. It is advisable to keep both these as objectives as they complement each other in youth programming. Even if there is greater emphasis on a particular area of work, it would be advisable to keep all of the objectives so that there is recognition of the complementary body of work that needs to be considered in the future.

In addition to the objectives in the A+ programme, there could have been objectives relating directly to peer education, which was the main mechanism through which the A+ programme was delivered. This was shown to be an effective mechanism in achieving a longer-term vision of realising youth rights, alongside addressing local power dynamics.

An objective on capacity building and human resource development needed in delivering effective youth-friendly services and comprehensive sexuality education would strengthen implementation and results.

The A+ objectives emphasised reaching more marginalised young people and increased gender sensitivity, both of which are critical to having a broader reach and impact in youth programming. The assessment found limited understanding of the role of gender and other cross cutting and self-replicating discriminatory social and structural drivers in Member Associations. This correlated with observed limits on the depth and reach of interventions. The importance of young people as central to the achievements of A+ are discussed in the emergence of a new model for youth programming below.

The assessment showed that comprehensive sexuality education was extended through the A+ programme.



2 To generate evidence about innovations, good practices and key themes related to youth-friendly services, comprehensive sexuality education and advocacy for young people's sexual rights that can be scaled up

The evidence from the assessment demonstrated that youth-friendly services and comprehensive sexuality education were extended through the support of the A+ programme. This progress should be built upon with learning applied to realise the sexual and reproductive rights of young people.

The key aspects of youth-friendly services, as described in detail in sections 4.5 and 4.6 of this report, can be shared with other organisations and with local and national partners to advocate for more of this kind of service in the health system. However, more appropriate indicators of youth-friendly services would bring value to assessing future projects. These would include indicators about the spaces that young people value for discussing personal issues and sexual rights, their own self-confidence in autonomous decision-making related to sexual and reproductive rights and how empowered they feel in accessing services that they require. They would also include indicators relating to peer education and to changing aspects of context that young people identify as critical to realising their rights. Peer educators can help to develop these indicators locally as part of a more participatory process of monitoring the quality of services.

Comprehensive sexuality education has been encouraged as part of the A+ programme and was appreciated by Member Association staff, teachers and other stakeholders. This is both for its content and for its innovative pedagogical approaches, which have helped teachers and educators to overcome their own embarrassment and cultural barriers to talking openly about sexual and reproductive health rights. It is recommended that Member Associations extend comprehensive sexuality education within schools, which will require continued advocacy and work with educators and government education officials.

Given the number of young people who are not in school and the structural barriers of working within the education sector in some countries, community-based comprehensive sexuality education interventions should also be prioritised. They would address the unmet need for sexuality education among out-of-school youth and extend the reach of this activity to more marginalised populations.

The pace of change is slow and in order to address sexual rights as opposed to sexual and reproductive health, adults in communities, teachers and service providers will need to build confidence over time. They need to be supported to build a belief in the human right to sexual health and in sexual rights in all their dimensions, as opposed to continuing to rely on conflicted messages, such as advocating for abstinence, while teaching about safe sex.

Despite confusion among some Member Associations about interpreting where advocacy lay within the objectives of the A+ programme, there are pockets of good practice in building strategic partnerships and alliances locally and nationally that can be shared. Advocacy is seen as a key component of achieving more sustainable youth-friendly services and comprehensive sexuality education in national curriculums.

3 Identify programme implementation challenges and develop recommendations to strengthen IPPF youth programmes, with a focus on sustainability

The organisational development that is required to support progress toward adolescent sexual and reproductive health and rights, as expressed by IPPF policies and in IPPF-supported interventions cannot be presumed or underestimated. Commitment is the start of an organisational journey for Member Associations, which will be specific to each one. Their journey to developing the institutional means to realise their commitment to youth will depend on their history, the local context in which they operate, their vision, mission and current strategic priorities, their staffing and resources. Assessment research has helped to define some of the criteria that can support institutional commitment to youth programming, as well as those that can support young people's autonomous decision-making and their ability to realise their sexual rights.

The assessment showed IPPF's triangular approach to youth programming to be relevant, valued and appropriate to the work of the Member Associations. The three components of youth-friendly services, comprehensive sexuality education and social and political change can be regarded as important mechanisms of realising rights, given evidence for them in other contexts. More work is needed on the theory of change behind the triangle approach, and on the triangle approach itself, in order to see more effectively how it supports and leads to the expected changes in the theory.

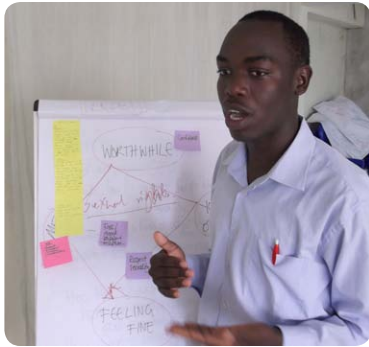
There could, however, be further clarification about the term 'advocacy' in relation to building supportive capacity in communities, which is included as an objective, making more explicit what constitutes national policy advocacy – conducted and supported by some of the Member Associations and Regional Offices. This ambiguity about advocacy can be effectively addressed through dialogues among the programme participants. Discussions would clarify how it is being used and why, with agreements reached about when to use it and possible alternative terms.

There could also be clearer conceptualisation and articulation of a theory of change that places young people, peer educators and their peers, at the centre with increased understanding of their identity, interest and inclusion. Further acknowledgement of the importance of child/young people's power dynamics and partnerships with adults could be made more explicit, so that more work is supported with adults in the communities and across the range of service providers and decision-makers.

4 Increase awareness about the approaches and outcomes of IPPF youth programmes (internally and externally)

Through participatory work with young people in the Member Associations in this assessment, peer educators were able to share their research through presentations to local decision-makers. Messages, including recommendations, were also shared and discussed at Member Associations, Regional Offices and Central Offices and with partners. It is through dissemination of this report and the related video about main messages from the assessment that key learning from A+ for youth programming and recommendations will be shared more generally.

5.2 Moving forward on a journey of youth programming with young people at the centre



Youth assessor presenting findings from participatory research, Kenya

Panos London, in responding to the tender for the A+ assessment, made the participation of young people central to its methodology. The participatory research methodology for the case studies in the assessment was youth led. Young women and men were involved in identification of issues, planning and conducting their research, analysing and presenting their findings.

This approach was very well-received when it was used in carrying out the case studies. Placing young people at the centre of visioning, programme design, implementation, evaluation and learning, as well as at the centre of organisational change and development, informed discussions and analysis throughout the assessment, as well as findings and recommendations.

In order to move forward in partnership at all levels in IPPF, and with local, national, regional and global partners, a clear articulation of a theory of change about a vision for healthy societies with full enjoyment of sexual rights, particularly for young people, would be helpful. This would then be the basis for developing policies and programming based on models of change and logical frameworks that take into account a thorough understanding of cultural and political context and the kinds of successful strategies for supporting the realisation of youth sexual and reproductive rights. Models would consider the organisational development journey for Member Associations and the IPPF Secretariat, as well as placing young people at the centre. They would link young people to their context through mechanisms for achieving outcomes in terms of changed power dynamics, improved adult, child and young person relationships, better autonomous decision-making and transformation of local political and cultural contexts.

The organisational development journey

Youth programmes need to be driven by the organisation, based on their organisational strategies and business models. Sustainability will be strengthened when these programmes are designed in context. If they are designed globally, an in-depth, inclusive and participatory exercise is needed at Member Association level at inception, to adapt the objectives, indicators and activities. This rights-based, inclusive approach strengthens all types of programming, keeping context and the participation of the direct beneficiaries at the centre.

There is a journey that is required in order to move to a more rights-based, empowering, cutting-edge and sustainable youth programme. The starting point would be the current organisational structure, processes and priorities of the Member Associations.

Youth assessment team at work,
Nepal



If a Member Association focuses mainly on delivery of contraception and physical health services, for example, the models and program design might emphasise how they can build on youth-friendly services and education that focuses more on social and relational wellbeing and rights with young people. Programming would use effective communication methods for engaging with adults in communities. Capacity would be built to strengthen understanding of gendered attitudes, practices and norms in health service provision and the community, since the two intersect dynamically. Understanding that change, especially for the most marginalised young people, is determined by the local context

The following criteria can be examined as milestones in this journey:

- Moving from a project approach to a gender responsive, youth-centred approach to all Member Association programming
- Developing an organisational strategy and business strategy with social objectives that centres around young people as diverse and autonomous rights-holders
- Expanding the provision of psychological, emotional and transformational services, as well as clinical services
- Continuing to develop comprehensive sexual education pedagogy and the inclusion of rights into education
- Promoting young people in Member Association governance structures
- Promoting young people into leadership positions across projects and the organisation, with special attention to promoting more marginalised young people
- Involving young people throughout the project cycle: from planning through to monitoring and evaluation and learning
- Developing measures of empowerment and autonomy¹⁹ of young people
- Understanding the complexities of social and cultural change and designing programming appropriately
- Understanding policy influence processes and advocacy for social change approaches.

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This is an area of evaluation where useful frameworks are still being developed to address the limitations of mainstream, results-based normative evaluation methods.

The socio-ecological model

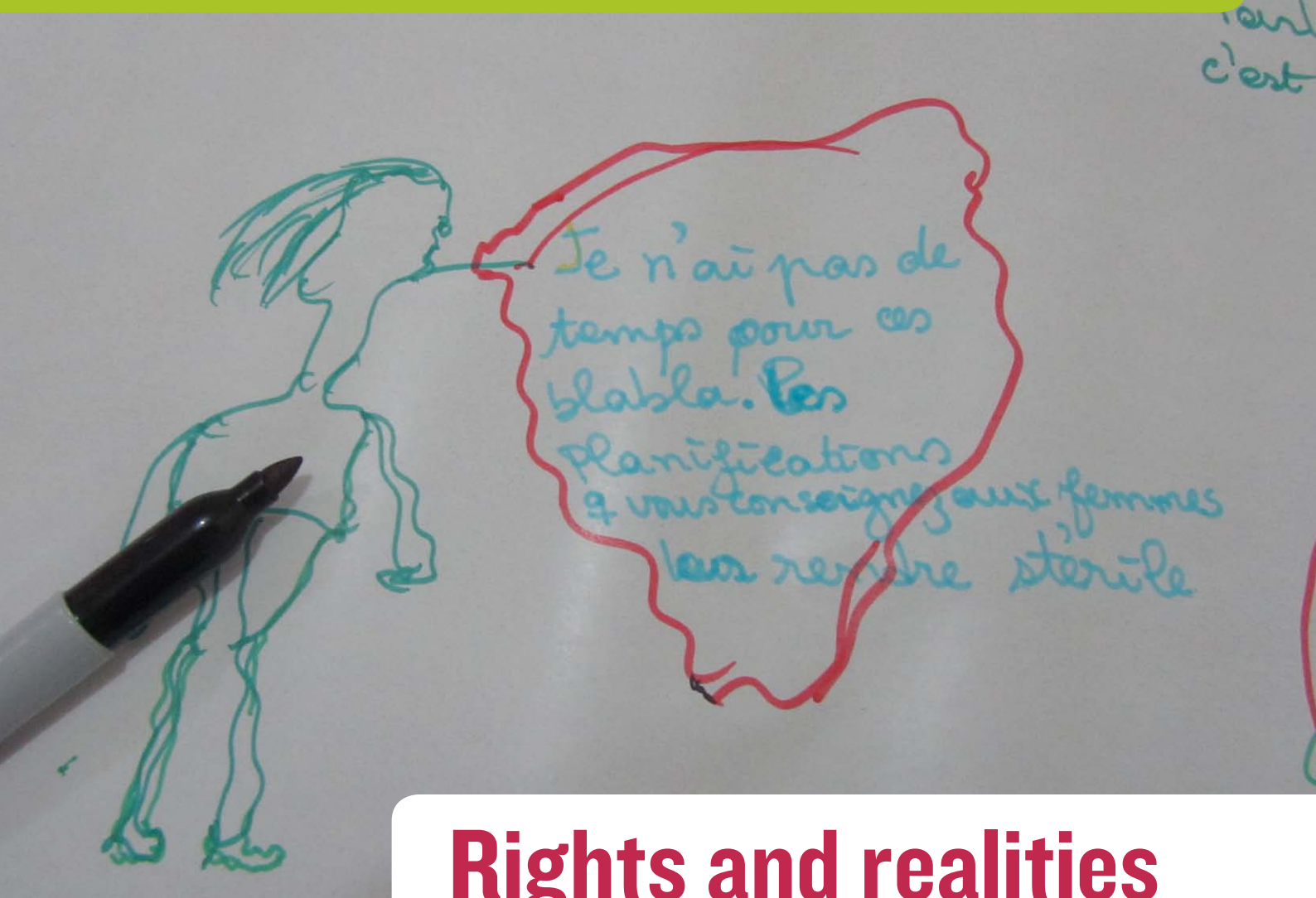
The socio-ecological model was presented in detail in section 3.3 of this report. Commitment to youth at the centre of a model for youth programming would involve understanding the identity, interest and inclusion of young people and peers involved, including heightened attention to addressing marginalisation and vulnerability. This ties in with continuing the commitment to inclusion of young people in governance structures and to supporting the ongoing journey of organisational development.

Key mechanisms for change are building the capacity of staff, adults, service providers and decision-makers in communities. Recognising young people's improved wellbeing, including emotional, social physical and economic indicators, will lead to different measure of success in youth programming in relation to empowerment and autonomy of young people's decision-making.

Young people will need spaces in which they feel they can participate – a safe space for them to talk openly, discuss sex and sexuality and learn more about emotional, psychological and physical responses to their health and sexual identities. Spaces will need to be defined as safe and participatory by young women and men themselves.

In varying contexts, different approaches to youth programming will be prioritised with the ultimate vision of change being young people's increased confidence, empowerment and autonomy in decision-making, in an environment that is supportive to realising their rights. Within different cultural and political contexts, mechanisms may vary and need to be adapted and developed further locally. Key mechanisms of comprehensive sexuality education, youth-friendly services and advocacy – both at community and national levels – can be built upon and learning shared.

Effective engagement and dialogue with adults, leading to positive attitudinal change, will need to be improved to address power dynamics in local communities and decision-making structures, in a sensitive and decisive way. A supportive environment for continued shared learning needs to be encouraged. This will foster a spirit of moving forward, embarking on a journey together.



Rights and realities

Strengthening adolescent sexual and reproductive health and rights in Benin

Report of a participatory case study of the IPPF Danida-funded A+ project of the Association Béninoise pour la Promotion de la Famille

Clodagh Miskelly
Beryl Leach
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May 2013



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About IPPF

The International Planned Parenthood Federation (IPPF) is one of the major global organisations working on sexual and reproductive health, with Member Associations providing sexual and reproductive health information, education and services in countries across the world. The foundation for all of this work is a commitment to sexual rights as set out in *Sexual Rights: an IPPF declaration* (2008). IPPF understands that people's sexuality is not just a health issue; it is central to their identity and wellbeing and subject to complex, changing and intersecting social and structural determinants, including gendered power roles and relations, age, wealth, sex, religion, sexuality, sexual orientation and ethnicity. This understanding is fundamental to the way services are provided, and also explains the organisation's focus on advocacy and education. Furthermore, IPPF has a strategic focus on youth, working to help create the conditions for young people to exercise their sexual rights.

Abbreviations and acronyms

| | |
|----------|---|
| ABPF | Association Béninoise pour la Promotion de la Famille |
| CBD | Community-based distributor |
| Danida | Danish Development Cooperation Agency |
| IPPF | International Planned Parenthood Federation |
| HIV/AIDS | Human-Immunodeficiency virus/Acquired Immunodeficiency Syndrome |
| NGO | Non-governmental organisation |
| PE | Peer educator |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| STI | Sexually transmitted infection |
| UNFPA | United Nations Population Fund |
| YAM | Youth Action Movement |
| YFS | Youth-friendly services |

Introduction



Promoting the A+ programme

The Association Béninoise pour la Promotion de la Famille (ABPF), founded in 1972, offers family planning, ante-natal and post-abortion care, infertility treatment, screening of cancers of the reproductive system, and management of sexually transmitted infections (STIs), including HIV/AIDS. It operates 69 service delivery points, including 14 clinics (permanent and mobile) across Benin. ABPF has a staff of over 50 and over 400 volunteers. It focuses on reaching marginalised populations, such as prisoners, sex workers, refugees and internally displaced persons. More than four out of every five clients are estimated to be poor, marginalised, socially excluded or underserved.¹ In 2011, ABPF provided 311,000 services to young people under 25 years of age.

ABPF works in partnership with a range of government institutions, including Parliament and the ministries for the family and children, of youth, sport and leisure, and of health. It is a member of the Benin national technical committee that drafts reproductive health policies.

ABPF was one of 16 IPPF Member Associations that benefited from a three-year grant from the Danish International Development Agency (Danida) called the A+ Programme. The A+ Programme was implemented in 2010 – 2013 and had four main objectives:

- 1 To increase institutional commitment of IPPF Member Associations to young people's sexual rights
- 2 To build a supportive community, environment, and legal framework for young people's sexual and reproductive health and rights
- 3 To strengthen and expand existing services for young people, especially the most underserved and vulnerable
- 4 To increase access to comprehensive, youth-friendly, and gender sensitive sexuality education.

The A+ project represents the first restricted funding for adolescent and young people ABPF has received. Benin participated as a Track 1 country,² focused on promoting youth-friendly sexual and reproductive health services for the long-standing target population of young people in rural areas, including vulnerable and marginalised apprentices (out of school), students, orphans, refugees and street children who have very limited decision-making power. These young people tend to be reluctant to seek services, come from traditional social and cultural contexts, be poor and live highly gender unequal lives.

This case-study research, which represents one of four international cases, lies within the context of a full assessment that also includes a desk review, survey of all of the Member Associations implementing the A+ programme, interviews with the global and Regional Offices of IPPF. The main objectives of this in-country and regional research are to:

- Explore understanding of different perspectives, including youth perspectives on sexual and reproductive health and rights
- Understand what it is like to be young and how rights are realised in different contexts, including reviewing how change happens and understanding what mechanisms or strategies in different contexts result in desired outcomes for young women and young men; and
- Consider how the A+ programme has contributed to these desired outcomes.

¹ Information for this section was found at <http://www.ippf.org/our-work/where-we-work/africa/benin>

² The A+ programme encompassed three focal areas. Track 1 was predominantly focused on youth friendly sexual and reproductive health service delivery. Track 2 focused on comprehensive sexuality education. Track 3 provided a continuation of SALIN + services, which had emphasised youth-friendly services, comprehensive sexuality education and advocacy

The project has been implemented in four (Lokossa, Savalou, Porto Novo and Parakou) of ABPF's eight socio-educational centres that offer youth-friendly services. In addition to better resourcing of clinical services, the project supported the refurbishment of youth centres, a better provision of audio-visual and health information materials and resources for outreach activities and advocacy. A midwife was appointed in Savalou and a youth-focused *agent social* in each of the other three sites. Youth-friendly services have been expanded, in part through the creation of a network of partner clinics that received training from ABPF, which improved the quality of their services. In that network, most services remain via the ABPF clinics (44 per cent) and through their community-based distributor (40%), rather than through the partner clinics.

Evelyne, youth-focused agent social, Lokassa



Methodology: Participatory research – telling the A+ project story of change with youth co-assessors



Youth assessors, Benin

The Panos London approach was based on evidence that learning and participation are the foundations of positive, inclusive organisational development and equitable social change, successful and effective programming, accountability and value for money.³ Substantive participation of young people and Member Association staff in countries contributed to strengthening their reflection, evaluative thinking and their capacity to analyse and use data for planning and action. The process of this assessment contributed to building safe spaces, trust and on-going dialogue, to drive planning and suggest improvements for implementation strategies.

Youth co-assessors⁴ in the country case studies determined the issues which they researched and how they wished to present their stories. Telling the story of the A+ project from the perspective of young people who were directly involved, resulted in a different and critical perspective that could not be gained from carrying out research with adults and staff and from documents. The approach was sensitive to power relations in the local context, as well as power dynamics in the assessments themselves.

Overview of the workshop with young people and meeting with other stakeholders

The main means for involving young people in the assessment was through a five-day workshop carried out at one of the A+ project sites (see also section 5). ABPF selected a team of six young women and four young men, all of whom were involved in the A+ project as peer educators or *agents social*,⁵ to be trained as co-assessors, as well as to be key informants themselves for the assessment. Most of the participants were aged in their early- to mid-20s; the youngest was 16 years and the eldest was 25 years. One participant was the national spokesperson for the ABPF Youth Action Movement (YAM). They were all in formal education. Their involvement in the Youth Action Movement, as peer educators, varied from 18 months to seven years.

The workshop took place in Lokossa, one of four sites where the A+ project was implemented. Five of the young people were from the three other sites (Savalou, Parakou and Porto Novo) and five were from Lokossa. Throughout the week, they worked in groups that mixed the peer educators from Lokossa with those from the other sites.

In the first two days of the workshop,⁶ the youth researchers, working in groups, thought through and discussed a series of questions:

- Why they do what they do?
- What are their goals as young people committed to sexual and reproductive health and rights?
- What is the world they would like to live in?
- How are their activities helping to achieve that world?
- What are the challenges they face?
- how can they address them?
- how can others address them?

³ Armas, Henry (2007) *Whose Sexuality Counts? Poverty, Participation and Sexual Rights*. IDS Working Paper 294. Brighton: Institute of Development Studies

⁴ The young peer educators who participated in the participatory research workshop were considered co-assessors because they were contributing to the assessment, as analysts and researchers, as well as being informants (subjects) in the A+ programme assessment.

⁵ Social Worker

⁶ For details about the participatory methods and tools used, see *Guide for Integrating and Reflecting Participatory Youth Research in the A+ Assessment Country Case Studies*

A+ project stories of change



Youth assessors learning how to use cameras, Benin

The young co-assessors chose three main themes they wanted to explore in more detail, which they felt told the A+ project story of change:

- Why we do what we do: A day in the life of a peer educator
- Young people cannot afford services
- Engaging partners and local actors to support sexual and reproductive health services for young people

They received training on how to conduct ethical research⁷ and interview their peers and other members of the community in different situations. This included discussing how to represent people's perspectives with dignity.

They learned how to give informed consent to their participation in the assessment and consent to their evidence being used. Ethical research training also covered the need to get verbal consent from other participants in gathering evidence for their photo stories and how to document the consent they received from people they photographed and interviewed. They were trained on how to use cameras and compose photo stories, including how to work in a participatory way with their peers and with other people in the community, using photography to collect evidence and create photo stories.

The young people then spent two days collecting data, guided by the interviewing and data collection training.

While youth co-assessors were collecting their evidence and creating their stories of change, the A+ assessor visited a number of stakeholders in Lokassa to collect other perspectives about the A+ project, including a school headmistress and other school staff, a religious leader and head of a partner non-governmental organisation. She also visited Porto Novo, where she met with the agent social and A+ project peer educators and learned more about how the A+ project has been implemented in a more urban context.

In the post-data collection analysis session on the final day, the youth co-assessors prepared PowerPoint presentations of their photo stories and presented them to the other workshop participants. The young people then discussed the stories, drawing out themes from the stories. They reflected on others' perspectives of their own stories and analysed together the information they had gathered.

Then, the Panos London assessor and co-facilitator worked with the young people to co-produce an overall presentation. The youth co-assessors presented their stories to the local agent social in Lokassa and to representatives from ABPF's head office. The co-created presentation ensured that the voices, knowledge and findings from the youth co-assessors were conveyed directly and in the correct context to other stakeholders.

The Panos London assessor used this co-created presentation to present the young people's research in discussions with ABPF staff at the head office and to the IPPF Regional Office staff.

⁷

Ethical research covers how to represent people's perspectives with dignity, and how to get the stories and interviews they would like in the time that they have available.

The important role of context in sexual and reproductive health and rights

Benin is a relatively small (112,622 sq km) country located between Togo and Nigeria in West Africa. It gained independence from France in 1960. The country is stable politically, with peaceful national elections last held in 2011. It is categorised by the World Bank as a low-income country, with a gross domestic product of US\$7.3 billion and per capita income of US\$740.

The 9.5 million population is religiously diverse: Catholic 27.1 per cent, Muslim 24.4 per cent, Vodoun 17.3 per cent, Protestant and other Christian 15.7 per cent and other, 15.5 per cent. The two dominant religions (51.5 per cent) promote values, norms and beliefs that have unequal and gendered impacts on young women and men. Overall, 64.3 per cent of the population is under the age of 25 years. Despite the impact of HIV/AIDS, life expectancy is relatively high (59 years for men and 61.6 years for women).

The education level for females is low (8 years), as is literacy (30 per cent compared with 55 per cent for males). The overall fertility rate is 5.2, but for females aged 15–19 years, the rate for urban female adolescents is 2.8, rising to 6.1 in rural areas.⁸ The national rate for ever-pregnant⁹ urban 15–19 year olds is 13.9 per cent and 29.6 per cent in rural areas.¹⁰ Early marriage (by age 18) is a significant factor for young women in Benin, especially those living in rural areas in the north, despite the age of legal marriage being 18 years.

Although Benin is a small country, a 2006 in-depth and gender-sensitive¹¹ analysis of national demographic and health survey data shows important differences between southern departments and northern ones and rural and urban differences. As the case study also shows, even within the A+ project sites, there were important differences in context, as well as in the youth populations themselves.

8

WHO (n.d.) Benin Country Profile. Geneva: WHO Department of Making Pregnancy Safer. <http://www.afro.who.int/en/clusters-a-programmes/frh/making-pregnancy-safer/mps-country-profiles.html>

9

This refers to all young women who have been pregnant, regardless of whether the pregnancy resulted in child birth or was terminated through miscarriage or induced abortion.

10

Population Council (2009). The Adolescent Experience In-Depth: Using data to Identify and Reach the Most Vulnerable Young People, Benin 2006. Data, Tables, Graphs and Maps based on the Demographic and Health Surveys. New York: Population Council and UNFPA.

11

Gender sensitive means that the data were disaggregated by sex and social and structural drivers of gendered inequality were explicitly analysed, for example, early marriage, schooling, living with parents and pregnancy.

ABPF'S youth programming and the A+ project



Outreach work with apprentices

Reaching the most vulnerable and marginalised young people

In terms of reaching more marginalised young people, the A+ project focused mainly on out-of-school apprentices and young people in rural areas. One of ABPF's partners was an NGO working with disabled people, and so there was some engagement with that young population through the partnership. The Member Association reported that the most significant improvement was in reaching rural areas, mainly due to the addition of the mobile clinic which included peer educators and community awareness-raising activities.

There were a small number of peer educators who had lower levels of education. Even though they would have easier peer-to-peer identification when working with other apprentices, the lack of adapted information materials – multimedia and in local languages, for example – limited what they could do beyond talking with them. Apprentices were working, and their bosses tended to be demanding and unsympathetic to time away for the Youth Action Movement.

Youth-friendly services



Peer educator, YAM

ABPF has been working to improve services to the young women and men in rural areas for more than two decades. The programme is based in eight youth socio-educational centres in six regions, where work focuses on improving access for youth and adolescents to sexual and reproductive health services. Locally-based services for young people include sexual and reproductive health information, condoms and a counselling service. Some of these services are provided by 150 community-based distributors and peer educators drawn from the Youth Action Movement. The ongoing peer educator programme is a key element in ABPF's youth and adolescent policy and strategy.

Expanding access to youth-friendly sexual and reproductive health services at static clinics

Youth-friendly services have been expanded as a result of the A+ project, partly through the creation of a network of static partner clinics which receive training from ABPF to improve the quality of their services. In that network, most services remain via the ABPF clinics (44 per cent) and through their community-based distributors (40 per cent), rather than through the partner clinics.

At the beginning of the project in 2009, there were very few (23,420) young people accessing sexual and reproductive health services in ABPF clinics. By 2012, the figure was 300,856. Of those, 6,903 were new users in 2009, compared with 41,837 new users in 2012. Savalou had a particularly steady increase in uptake of services by young people. According to the Member Association, the increase is likely to be due to the addition of a midwife where there had not been one before.

Unfortunately, quantitative service data did not reveal much about the pathway from peer education awareness raising and information sharing with young people and referrals to uptake of services by those young people who were sensitised by the peer educator. Three years was not a long enough timeframe to get very useful insights from service data about longer term or frequency of sexual and reproductive health service use by young people. Peer educators engaged with young people who were not yet sexually active. Referral or service data did not capture that important outreach work. It might be possible that variation in new user numbers reflected incidents of more intensive awareness raising with young people in the clinic's catchment area.

To be sure about the connection between peer education and service uptake, and to understand it usefully, for example, the why and the how of young people's visits, additional indicators and data collection methods and disaggregated analysis would be needed.

'A lot of young people that you refer to the clinic come to obtain SRH services. But the important point is that some of them abandoned the mid-term care or do not use any services. Some say they have financial problems. Others seem to not want to expose their problem despite the discretion and privacy that are reserved for them. Others are reticent; they are afraid or ashamed despite the reduction in costs of services.'

Youth co-assessor

Further, youth-led research identified a problem with the assumption that information and peer-to-peer dialogue will result automatically in service uptake. The research showed that social and structural barriers can limit or prevent the positive changes being sought in the A+ project.

'My situation does not allow me to continue services that cost me a lot, because I am an orphan and I live with two younger brothers who are in my care and whom I brought up myself.'

Young woman, Lokassa

Engaging with marginalised and vulnerable young people using a mobile clinic



Mobile clinic

A mobile clinic has enabled ABPF to travel to villages that were difficult for service providers to access and where residents had problems travelling to static service points because of challenging travel conditions or lack of money for transport.

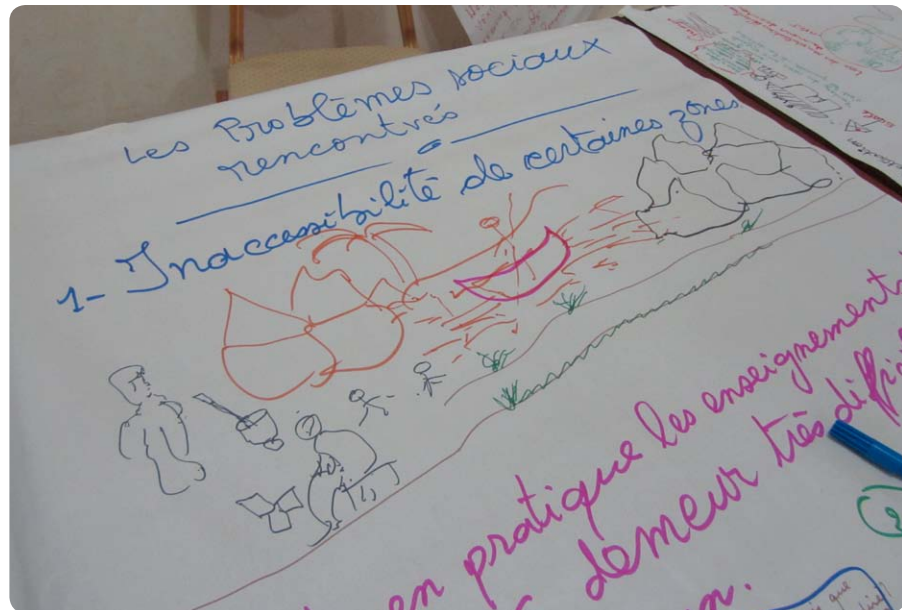
A peer education outreach strategy was developed around the mobile clinic visits. First, peer educators visited the rural location before the scheduled visit. They talked with community leaders to assess need and get leaders' support. Then they talked to young people and made them aware of the mobile clinic's impending visit. From the youth-led research, they identified the engagement of partners and local actors as one of the most important determining factors in the uptake of sexual and reproductive health services by adolescents and young people.

'I represent my people and their health is my preoccupation. My involvement with the activities of ABPF and the YAM is sacred and unconditional.'

Male co-assessor

However, youth-led co-assessors identified several difficulties in implementing the outreach strategy to rural, hard-to-reach areas. The areas were far from where the peer educators lived, bad weather caused flooding and the roads were in poor condition. Their coping strategies included using the ABPF bus from Cotonou, hiring a car or using a motorbike taxi. These difficulties have been reported through youth monitoring of the A+ project. They would like waterproof clothing and more bikes, for example.

Youth co-assessors identified hard-to-reach areas as one of the problems they encounter during their outreach work



Young peer educators also recommended using local radio as a means to access populations who are more difficult to access physically.

'Without radio these populations are on the margins of everything.'

Youth co-assessor

The A+ project, with its focus on strengthening youth-friendly services, emphasised working with peer educators to provide sexual and reproductive health information and engage in peer-to-peer activities which help young people exercise their sexual and reproductive rights. The project also supported strengthening youth participation in dialogue to influence community leaders and local authorities. This attention to both peer dialogue and gaining the support in the wider community was an essential combination. Given the power of social and cultural norms in influencing young people's decision-making, access to sexual and reproductive health services and their ability to exercise their rights, particularly in poorer rural areas, gaining the support of families and communities tackled a potentially powerful barrier to improving sexual and reproductive health and rights.

Advocacy

The advocacy strategy was developed during the project with the participation of young people. It focused on teachers, community leaders, local elected representatives, parent-pupil associations, apprentice workshops and related associations, religious leaders and health workers. The aim was to increase the involvement of the community. Youth co-assessors identified the direct involvement and voices of young people in these conversations and awareness raising events as a main determinant of their effectiveness.

‘Advocacy has enabled us to persuade the people we’ve met; others have even arrived in contributing money to help us in our movement to increase information to areas that are most remote in Lokossa.’

Female co-assessor

For example, the A+ project has gained support from regional political representatives, such as the prefect and mayor in Lokossa.

‘Our advocacy activities have helped us to persuade people and some have even contributed fund to support our transportation to more far flung parts of Lokossa.’

Peer educator, Lokossa

During the project, ABPF reported that the number of young women involved in advocacy increased by 50 per cent between 2011 and 2012, empowering them to have a stronger public voice about subjects which gender norms have prevented them from addressing.

At institutional level ABPF has worked to develop and implement a policy for mainstreaming young people’s sexual rights, and an internal child protection policy was drawn up in 2011.

Gender dimensions of the A+ project

In Benin, gender inequality is expressed across all social roles for girls and women and boys and men, interacting dynamically with other social determinants to reinforce that inequality and make it hard to change. Béninoise girls and young women have less freedom of mobility and more direct parental control of their time, mobility and activities than young men and boys.

ABPF has tried to counter these gendered norms and opposition at home. They let young women leave their peer educator kits at the centres. They individually contact parents to explain why their daughter has joined the Youth Action Movement and how she might benefit. ABPF staff members know that parental support is very important to getting girls to participate, and prioritise communicating with them to raise their awareness.

All the young peer educators who took part in the assessment workshop had benefited from a full school education, and most were continuing in education. They were at the upper limit of the youth age range and were more experienced. There were six young women and four young men in the workshop but this does not reflect the peer educator gender balance, since recruitment and retention of girls as peer educators remains a challenge for ABPF.

ABPF made concerted efforts to promote young women’s participation in the A+ project, with significant improvements reported in planning, activities and monitoring. For example, they participated in the coordinating committee and steering committee of the project and were able to express their own voice and perspectives directly, particularly in decision-making. Nevertheless, in 2012 there were 25 per cent more male peer educators than women.

'It's really difficult and it's true in fact that we recruit more girls than boys but over a period of time it's the girls who drop out. Sometimes they find it difficult to play the role. Initially they are enthusiastic but afterwards they realise that it's not so easy to talk about sexuality with a friend or that it is embarrassing to talk about condoms and then parents aren't always very understanding when they discover a stock of condoms on the peer educators kit.'

Female Member Association staff member

ABPF has been addressing gendered norms as they affect young men's participation in the Youth Action Movement. According to Member Association staff, the biggest change in their participation was due to the improved entertainment materials and equipment at the socio-educational centres. The outreach and awareness-raising directly with parents was also noted as a positive contributory factor.

Strengthening partnerships

ABPF has strengthened a range of ongoing and new partnerships and relationships with local actors in each of the A+ project sites, including schools, clinics, NGOs, churches and media outlets. It was clear to the A+ assessor that ABPF understood the potential for increased efficiencies and effectiveness that partnerships and working relationship with key local actors could help ensure.

The A+ assessor met with representatives of NGOs which shared common cause around sexual health, educational and religious representatives and local media. Most partnerships or relationships appeared to mainly be about ABPF negotiating access to and providing services, rather than establishing deeper, more robust partnerships with a longer-term view, for example, to integrate comprehensive sexuality education within these partner institutions. This could be explained by the fact that comprehensive sexuality education had only recently been introduced as a strategy in ABPF's youth programmes. Partners and local actors tended to see their relationship in terms of their own priorities, rather than being based on agreed shared objectives.

Partnerships to improve sexual health

Partnerships, such as with local NGO, Venus, enabled ABPF to pool resources and fill gaps in expertise in order to expand the reach of their health services. Venus focused on prevention and testing for Hepatitis B; ABPF provided HIV testing, but not hepatitis B testing, thus their collaboration was a way to integrate testing services for clients, particularly in rural areas where there was a high level of unmet demand for testing and test kits.

Venus is not focused particularly on young people, since hepatitis B affects more than half of the population. ABPF peer educators have helped [the NGO] have that focus.

'[The NGO] has local contacts but ABPF have the young peer educators ... It's important that young people talk to the young people for the message to pass. The young people identify a community to target and are part of the planning.'

Male director of a NGO



Local NGO partner, Venus

Partnerships with schools

Schools have been an important partner according to Member Association staff and peer educators. They have welcomed ABPF's intervention, in particular in terms of contributing to a reduction in STIs, unwanted pregnancy and school dropout rates.

A college teacher tasked with teaching sex education singled out the value of having contraceptive samples in class.

'You know it's easy to go into a class and say condom to a child and talk about IUDs and talk about lots of things in regard to sexuality but sometimes it's better to see for yourself. The simple fact of being in contact with objects and to see them that already leads them to thinking a little better about their sexuality.'

Male college teacher



Visit to a boarding school for young women

The peer educators visited the director of a boarding school for young women to advocate for running an awareness-raising session in the school. She supported them talking to students, mainly because she thought they would convey useful information about how to prevent STIs and unwanted pregnancies.

'The work of the PEs is highly beneficial... It is a shame that A+ might be coming to an end. My hope is that the current project can be renewed for the wellbeing of young people. I also hope these awareness-raising sessions can be accompanied by moving images and the price of consultations and products can be reduced for young people.'

The peer educators agreed on a theme, discussed the running order of the awareness raising session and distributed roles and responsibilities amongst themselves. Afterwards, they remained available for one-to-one discussions with young women who did not want to share their concerns in front of the whole group. One of these women vowed not to have unprotected sex because she understood that most STIs were caused this way. Another one said,

'Last year we went to the ABPF centre after an awareness-raising session about STIs. A test revealed the early stages of an STI. But with treatment it has been cured.'

However the partnership relies on the initiative and significant continued contributions by ABPF in terms of resources, volunteers, quality materials and practices. Reduced resources from ABPF have directly translated into reduced activities. As one teacher put it, without continuity, 'the information gets lost after a while...'

'The peer educators help, but some move on so there is a lack of continuity in what is available to ensure sessions. Strategies are needed to improve this. Planning for the activity needs to be better organised in regard to when and where sessions will happen.'

Male college teacher

ABPF and the schools could work together to build more sustainable approaches, using a more integrated use of young volunteers within the school; teachers could be trained in comprehensive sexuality education; ABPF could collaborate to build an integrated structure of peer education within the college.

In Lokossa, a former Youth Action Movement peer educator, who was now a teacher, provided an example of how a more skilled and committed teacher could carry forward such an approach.

'I would say that the knowledge that I had already has served [here in this school]. I identify problems for young people I know that the ABPF can resolve and I make contact with the peer educator in order to organise awareness raising sessions.'

He had organised conferences and sessions with young people and made use of ABPF and IPPF materials to introduce sex education themes into English lessons with 15 year olds. He supported approaches that would integrate sex education, peer support and referrals in schools.

Teachers and PEs mentioned the need to have more and up-to-date materials for awareness raising. Multimedia materials, in particular in local languages, would be better suited to a wider range of young people, for example. Despite the knowledge and insight from peer educators and teachers about what was needed, school authorities didn't seem particularly committed to integrated approaches to sex education. Without national policies to promote comprehensive sexuality it was difficult to achieve more.

Stories of change from participatory youth-led research and co-assessment

The youth-led research and co-assessment focused on the A+ project in Lokossa, which is both a commune (of 260 sq km) and the administrative centre for the Mono Department in south-west Benin. Population estimates vary between 75,000 and 100,000 people. In Lokossa district the economy is mostly agricultural. As an administrative centre, Lokossa houses various government offices and has two public hospitals. In the more urban central districts of the town, there are apprentice workshops where young people who are out of school learn trades, often without remuneration.

In Mono department high numbers of children and adolescents are not in school. Among 6–18 year olds, 31.9 per cent of girls and 22.3 per cent of boys are not enrolled.¹² Due to overall poverty (per capita income in 2009 was US\$740), young people often did not have the financial resources, either themselves or their parents, to pay for health services, especially preventive care or services that were not due to illness. Stigma, discrimination and highly unequal gendered social and cultural norms limit young people's ability to access or pay for sexual and reproductive health services. HIV prevalence was 1.2 per cent in 2009, similar to the national prevalence rate. Endemic hepatitis B is a problem locally, as well as nationally.¹³

Cultural attitudes about sexuality, reinforced by some community and religious leaders, make it difficult to discuss sexuality openly. Parents often consider this a taboo subject for a young unmarried person, and it is commonplace for parents to assume that discussion of sexuality encourages sexual activity. In contrast to young men, young women lead restricted lives in terms of their individual decision-making power in the household and community, their higher burden of domestic responsibilities and limited freedom of mobility.

Prior to the A+ project, Lokossa had an established Youth Action Movement that was based at the youth socio-educational centre housed in the ABPF clinic. The A+ project enabled ABPF to improve the resources in this centre, to recruit and support more peer educators and community-based distributors, to equip the peer educators with audio-visual equipment, to buy a bus to facilitate their outreach in the community, to provide more information and materials to support their awareness raising activities and to employ an agent social in each project location to coordinate the growing youth-focused activities.

Why peer educators do what they do

Young people became involved in the A+ project for different reasons, demonstrating the importance of outreach to young people that appeals to their interests and needs – usually very diverse, despite the common factor of age.

'I joined YAM through their awareness-raising activities. They came to our school to sensitise people and for this occasion I prepared a poem. When I recited my poem, I think it really impressed them because they approached me and talked to me about YAM and their work. So I came to their meeting a couple of times and it was during my third meeting when they presented A+ project and after that I joined YAM.'

Female co-assessor

¹² Ibid. Population Council (2009)

¹³ One of the ABPF partners reported anecdotally that one testing activity in a school found 22% of students infected with hepatitis B.

'I joined YAM in 2006. I first saw them doing awareness campaigns and I became interested in the work they were doing so I asked how I could get involved. It really interested me because it involved young people getting together, playing, and talking about their sexuality. They told me to come to one of their meetings and this is how I became a member of YAM.'

Female co-assessor

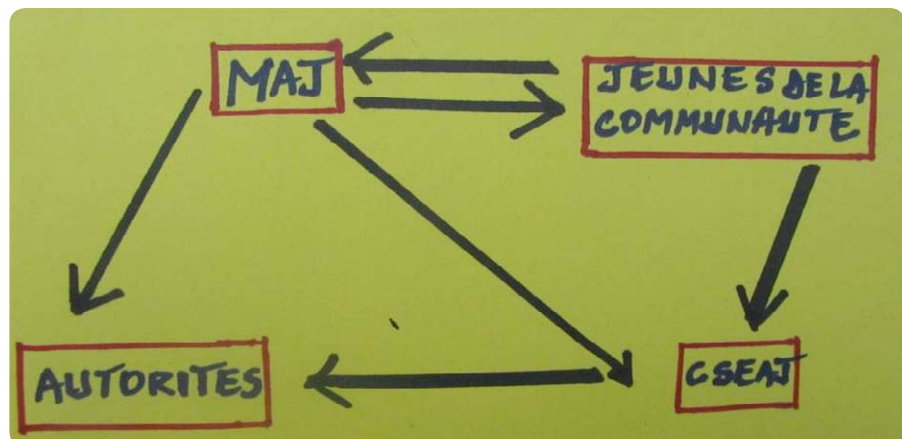
As a starting point for their work as co-assessors, the peer educators articulated their own objectives for their work as part of ABPF's Youth Action Movement:

- To inform adolescents and young people about sexual and reproductive health in order that they can freely decide whether or not to be sexually active
- To create an environment which enables each adolescent or young person to know his or her sexual and reproductive rights and fully enjoy those rights
- To contribute to a reduction in STIs and HIV/AIDS and unplanned pregnancies
- To help adolescents and young people to understand the importance of responsible sexual behaviour
- To help young couples opt for family planning
- To contribute to a reduction in maternal and child mortality
- To increase adolescent and young people's access to sexual and reproductive health services
- To promote a gender-sensitive approach.

'The young YAM volunteers serve as a link between adolescents and young people in the community, parents, authorities at different levels and service providers. They do this through advocacy, awareness-raising, interviews and educational discussions.'

Youth co-assessor

Youth Action Movement serves as a link between adolescents and young people in the community, authorities at different levels, and service providers



They then explored what the world would be like if their objectives were achieved and what kind of world they wanted to live in, in relation to sexual health and rights. Their vision illustrated the diversity of attitudes towards rights and their own differing views about rights-based work and respecting existing, but unequal, social norms.

In an ideal world

- All young people are sexually fulfilled and enjoy good sexual health
- All young people can freely choose to be sexually active or not
- Laws supporting young people's sexual and reproductive rights have been drawn up and implemented
- There is parental support and an environment where questions about sex are no longer taboo
- Freedom of choice for young people is guaranteed
- Young people know their rights
- All community leaders play a part in respecting the rights of young people and in enabling the promotion of sexual and reproductive rights
- There would be social stability
- Respect for young people's intimacy
- There is a reduction in the prevalence of STIs, HIV/AIDS and unwanted pregnancies
- Young people abstain or make correct use of prevention methods to guard against STIs and unplanned pregnancies
- The absence of sexual violence
- Respect for social norms and civic mindedness
- Young couples have the desired number of children and at the time of their choice
- There is a reduction in mother and infant mortality
- All sexual and reproductive health services are available and effectively used by young people
- There is no discrimination in regard to the availability and use of sexual and reproductive health services
- Women and men are equally engaged in the elaboration and application of activities.
- Men enable the social integration of women.
- Men respect the opposite sex.

Overall, the youth researchers concluded that wider social, political and economic change was needed to achieve the A+ project's objectives, as well as their own. Young people needed to be respected and be able to enjoy their rights, as well as know that they had rights. In their words:

'If young people's sexual rights are to be respected and if they are to live sexually fulfilling lives with good health, then more is needed than simply being well-informed about sex.'

The peer educators were very hard-working and committed, despite the challenges thrown up by their participation in the Youth Action Movement.

‘As regard the YAM volunteers themselves, you know our motivation is closely linked to the means of transport at our disposal. It would be good to find other sorts of motivation for young people to better encourage them and also very good for allowing other young people to be able to take part.’

Youth co-assessor

‘Last month our training workshop coincided with classes and we had to miss our classes, even for this workshop we’ve had to miss classes to come here during the week. Those are the kinds of sacrifices that we make in order to ensure that our activities succeed on the ground.’

Youth co-assessor

Based on their experiences, the peer educators had suggestions for how to address some of the challenges they had identified.

‘The activities that we undertake on the ground also at times need more specific support – materials to be precise – to enable us to record and preserve what we have done. We do try and do this with our own resources, it’s true. But if nevertheless the YAM could be provided with kit such as digital cameras and recorders that would help us document and compile testimonies and create a real advocacy tool for use with authorities and other people who can support us.’

Youth co-assessor

How to increase access to services for young people, including affordability

The peer educators identified several key themes about what had helped and what were challenges in working to improve and increase young people’s access to youth-friendly services and promote their rights.

Refurbishment of socio-educational centres and additional information and entertainment resources were really valuable

The A+ project supported the refurbishment of the centres and expansion of audio-visual resources and equipment to play videos. Member Association staff affirmed that these improvements helped make the centres more appealing to young people, especially young men.¹⁴

‘At the beginning of the project the YAM members held activities at the centres but they didn’t always manage to get a lot of people. But as soon as they started to use the video projectors etc and the TV and all the stuff we bought as part of the project they noticed more attention to their activities. Especially with the video projections – young people watch educational films and then there are discussions afterwards.’

Member Association staff member

Better equipping socio-educational centres with games and books was an important way to encourage young people to visit the centre. Once there, they were engaged in discussions about sexual health and rights and could access services, if they desired.

‘The entertainment material attracts young people. They come to the centre instead of getting involved in debauchery [literal translation to ensure meaning is kept]’

Youth co-assessor

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The improved entertainment facilities was seen by Member Association staff as a major factor in attracting more young men, which is a finding that was also identified in other case studies.

According to one of the co-assessors, the biggest success of the project was increased use of the centres.

‘Before the A+ project, people didn’t really know about the centre. Today, I can say that the centre is really well known among young people. There are at least 10 young people that come to the centre each day, sometimes just to get some advice, read or engage in leisure activities. So I would say that the greatest success is the increased attendance of the centre.’

The visual materials improved the peer educators’ ability to reach out to young apprentices, who could not read information leaflets and who did not normally follow French-language radio programmes.

Hairdressers with picturebook



Bringing services and information to harder-to-reach young people

The peer educators were well aware that their interventions and the information they shared with young people were competing with other messages and points of view that young people were hearing.

They countered this situation by giving quality information to and talking with young women who worked in the market. They also encouraged the female vendors to access services themselves, so that they could benefit and be able to tell positive stories to their friends and customers. This was a good strategy for reaching marginalised youth.

‘You know these days in our markets we encounter many young people who have been abandoned by their parents. So now we have another strategy where instead of a home visit we go to the markets and talk to these young people who are there rather than in school.’

Youth co-assessor

Peer educators recognised the value of building relationships. One strategy, used in Porto Novo in each district, was to identify certain peer educators specifically as focal points. According to a local peer educator:

‘This is the go-to person to buy condoms initially but by coming into contact with the focal point, young people also get to know that they are there and start to seek out other help and advice...They become known within the community of young people.’

The peer educators felt that their outreach work was having an impact on young people, who were accessing services and contraceptive products in greater numbers.

'If one pupil decides to go to the centre to take care of their health and wellbeing then for me that's a positive outcome.'

Male youth co-assessor

'As regards the awareness-raising work, a good number of young people, whether in or out of school, do come to the centre to access services as well as for advice about their sex lives, and if they have an infection – our outreach sessions address these themes.'

Female youth co-assessor

Lokossa has seen an increase in the numbers of young people accessing services, which the youth co-assessors attributed to the increase in intensity and quality of outreach and awareness-raising.¹⁵

'Since the project started there has been much focus on awareness-raising: we talked to young people, we invited them to come. And it worked. So when you see the statistics today, young people attend the centre now, and they come often because they are informed, they are sensitised and they know what we can offer in case of need.'

Female agent social

Their assertions about the impact of awareness-raising were endorsed by some local leaders who were supportive of the project.

'I have already noticed the impact on young people in my church. They have understood. They have understood that they need to behave differently about sex. In their discussions and their day-to-day conversations you can feel that they've understood. [...] Maybe it's the proximity. We hear this information on the radio and television all the time but when you want to convince someone from a distance it can be difficult. You reap better results when you are close, face to face.'

Religious leader

Tackling the challenges of poverty and economic pressures on young people

In spite of noted success in raising the level of knowledge and awareness of young people and adolescents about sexual and reproductive health and rights, there were still obstacles to overcome. This included young people's limited purchasing power when it came to accessing available services.

'We can observe that the access to quality sexual and reproductive health services remains a challenge for adolescents and young people. This is explained by their limited financial resources and dependence on parents who are often not well informed about their children's problems in regard to sexuality. Hence the necessity to provide free sexual and reproductive health services for young people and adolescents.'

Youth co-assessor

¹⁵ While the peer educators may be responsible for increased service uptake, the service data available for the assessment made it difficult to know very much about what caused or prevented service use.

Having identified economic hardship as a major theme, youth co-assessors organised rapid action research to get more evidence and understanding, by discussing these concerns directly with those most affected. The peer educators organised an awareness-raising session with young and adolescent apprentice hairdressers in Lokossa. After this interactive session, the young apprentices approached the peer educators for one-to-one discussions. As one young woman explained,

'My situation doesn't allow me to follow an expensive care regime. I am an orphan. I live with two younger brothers I am responsible for and I am still in school myself.'

A Youth Action Movement member interviews a young woman who was referred to a clinic about her reasons for not attending



The peer educators then went to the clinic to interview a service provider about the uptake of services by the young people who had attended awareness-raising sessions. The provider noted that many of the referrals did attend the clinic and get services. But some stopped attending before the end of treatment and others did not come back at all.

'Some explain that they have financial problems which mean they can't afford the services. Others seem reluctant to talk about their problems in spite of the discretion and confidentiality that is accorded to them. Others are reticent. They are afraid or ashamed in spite of the reduced costs of services.'

Youth co-assessor

There seemed to be many other young women and men with similar circumstances who rarely had the opportunity to discuss their inability to pay for sexual and reproductive health services. For example, they cited parental reluctance to pay for sexual health care for their children. While this might have been due to lack of money, some parents refused to talk about sex with their children, as they believed discussing sex would encourage sexual activity. It was an area peer educators believed needed more attention.

'It is a good thing to provide information to young people and adolescents, but it is also important to follow up in order to understand the specific difficulties encountered by vulnerable young people because in doing so we observe significant drop out from referrals.'

Youth co-assessor

A+ partners and ABPF staff discussed affordability, and added a dimension to the discussion when they mentioned an expectation amongst some communities of free or low-cost services. The complexities in attitudes toward poor people's expectations and decision-making about health were echoed by a co-assessor.

'It's characteristic here to expect that everything should be free, and when it comes to finding the money for health care they find it a bit difficult. You hear people saying that they don't have the means that they need free condoms that family planning should be free and so you have to talk with them, to persuade them so that they understand the need to pay for health care. But with this situation in mind, the advanced strategy services that are sometimes organised using the mobile clinic are almost free ... This remains a challenge for us.'

Female agent social

Social realities challenge sexual rights

Peer educators found that a significant disconnect existed between the ideas and information that they shared among themselves and with other young people, and the social, cultural and economic realities within which young people and adolescents live in Benin. This was a complex and major challenge. In the workshop, they told many stories about the young people they met and contradictions between what they appeared to understand about sexuality and how they acted.

'Young people find it difficult to resist fashion and sex and at the same time they are reticent. They are afraid or ashamed. Young people are being informed about their sexual rights and the risks to their health, family planning, good behaviour that they should adopt and so on. But they don't want to act according to the information they are given. They say 'Okay but everything you tell us is old fashioned.' Often they say, 'But if I follow your advice my friends will drop me.' And that means that young people don't like getting advice about how to manage their sex lives. They are really very reticent about this.'

Youth co-assessor

The peer educators had a range of views on what were effective strategies for addressing those diverse understandings and perspectives amongst the young people. Some argued for more outreach of the same kind they were doing, that is, placing emphasis on individual behaviour change through information dissemination to encourage young people to get tested or avoid having multiple partners.

'We have to help young people, we have to convince them. We have to go back several times. When we only go once, the young people understand at that moment but then they don't act on what they've understood. When it's repeated it sticks. We target a place and go several times to that place then I don't think there will be these problems.'

Female youth co-assessor

Other peer educators made reference to recent training conducted by ABPF in comprehensive sexuality education. This training emphasised careful targeting of one group or community and working to raise awareness and debate from different perspectives on sexuality. Not just the same messages again and again, but approaching different aspects of sexual health and rights. The training had taken place only a few weeks before. The peer educators had not had time to absorb this into their outreach activities.

Emphasis within ABPF and therefore the A+ project was often on individual behaviour change in their sessions with young people, in particular the avoidance of STIs and pregnancy, rather than enabling young people to consider how they can make choices. This is a big challenge which they recognised and acknowledged needed further support to address.

Yam member showing social realities through drawings



Gendered inequality is a major barrier to realising sexual reproductive health and rights

There was an awareness of gendered barriers which young women and girls faced in accessing sexual and reproductive health services and claiming their sexual rights. But there was also clearly a mixture of gendered norms and attitudes, even in the A+ project staff and peer educators, about social and reproductive roles for young women and men.

'You see, a girl is a mother of tomorrow, she carries life, so it is important to provide her with sexual education. Girls, unlike boys, when they become mothers they care about those things, they know they have to be responsible. And part of being responsible is to have a responsible sex life, not to have numerous partners, etc. So the sexual education of girls is a little more delicate matter. Now I am not saying that boys don't have the same right of sexual education, but I think that because of the fact that girls will one day become pregnant they have to know about the importance of pregnancy and of becoming mother before starting their sex life.'

Female agent social

According to the co-assessors, gendered norms have been a factor in limiting the number of young women accessing the socio-educational centres and participating in the Youth Action Movement.

'...I think the problem is that parents are often scared. Girls often lie to their parents if they're going to meet with boys. So when they say they're coming to ABPF, that they're involved with YAM, parents don't believe them. If the A+ project continues I would plan to meet individually all those parents and try to explain what we do and convince them to let the girls participate in YAM.'

Female agent social

'It's difficult for them [women] to come to the clinic because of the culture and prejudices... but when young women come they say they are coming for consultations for tests but they come in fact for contraceptive methods without other people knowing. They are obliged to do that because husbands would not accept.'

Female agent social

Discussions about what the involvement of young men meant, and the challenges in involving them, were also complex. Notably, even when there was clarity about the difficulties for both girls and boys from gendered social and cultural norms, the peer educators and Member Association staff did not have strategies for addressing them, due to the tendency to focus on biological sexual and reproductive health information and clinical health-related messages (how to prevent STIs or get tested for HIV or hepatitis B, for example).

In the meetings with Member Association staff, they were very aware of differences in lived experiences between young women and men but they did not make a connection between these social realities and sexual and reproductive health problems or how these social realities limited or prevented accessing services or claiming sexual rights. Therefore, gendered social realities were not sufficiently included in the A+ project thinking or strategy or integrated into awareness raising or advocacy (either in building community support or in terms of influencing national policies).

It was clear from discussions with young people, Member Association staff and partners that there was a lack of clarity about what exactly was gender. During the participatory research workshop, co-assessors raised gender equality as part of their vision for a better world. They were able to articulate concerns related to gendered inequality, gendered power relations and biological differences and sexual and reproductive health needs. But they seemed awkward and unsure in how they expressed their thinking around it.

Engaging partners and local actors to support sexual and reproductive health services for young people

In Lokossa, community engagement was important to gaining local leaders' support for the project and increasing youth participation and uptake of services.

'Advocacy targeted parents, professors, teachers, educators and cultural leaders. We even managed to get through to the mayor and the prefect who now know that ABPF has such a project and they approve it. It has facilitated the task of going around the town of Lokossa. When we meet young people we tell them about the project. It is thanks to the advocacy that we were able to reach out to them. We explain what the projects brings and this is how they support it. They help us access the villages.'

Female agent social

The youth co-assessors and Member Association staff explained that working with young people alone was not sufficient. It was essential to build partnerships and engage with local actors to overcome contextual barriers which constrained the realisation of young people's rights. The peer educators saw themselves as linchpins, connecting ABPF youth programmes with their partners and with other important local actors, including parents, teachers, employers of apprentices, religious leaders and local elected and traditional leaders. They were on the frontline of making and maintaining these relationships. This pivotal role had highlighted the importance and challenges of gaining their support for improving sexual and reproductive health and rights for young people in their communities.

'It can be difficult to meet political leaders to advocate, for example in the town halls or different districts where we want to run outreach activities. You have to go several times and it's difficult for them to adhere to the information and understand that we can raise awareness.'

Youth co-assessor



Youth assessors interviewing the Executive Director of the NGO Venus

Youth researchers identified engagement as a major theme to be explored in their assessment research. In 2012, they had seen significant changes resulting from a seminar that ABPF organised in Mono-Couffo to increase information and exchange with partners and local actors in order to encourage greater engagement in the promotion of sexual and reproductive health for young people and adolescents. They felt that the seminar and their dialogues had helped to change attitudes and practices. Some of the actors were very supportive.

'I collaborate with ABPF through a partnership due to the complementarity of our health promotion activities in regard to adolescents and young people. ABPF works for the prevention and treatment of STIs and HIV/AIDS, while my organisation carries out testing and treatment for viral hepatitis. I note that nowadays many of the schools principals have understood the importance of communication about STIs and HIV and testing for infections. A recent testing scheme at one local secondary school reveals that 22% of pupils tested positive for hepatitis B.'

Male director of a NGO

Dialogue with resistant community leaders

However, peer educators regularly faced resistance from community leaders. They reported cases where adults would not talk to them unless they were accompanied by an ABPF staff person. In the meeting with local partners and leaders, a number of the leaders were continuing to oppose the promotion of sexual and reproductive health and rights for young people and adolescents. This was the case with one [male] village leader and a [female] local official, who supported his opinion.

'In my parents' day, questions of sexuality were never discussed publicly. We lived with a certain harmony and respect of our cultural values. Nowadays you want us to talk about these matters with children who due their young age should under no conditions be discussing such things with their parents. How can you expect me to discuss sexuality with my children? This is what is at the heart of the depravation of our values ... Girls are made for housework and marriage and I find it inconceivable that anyone discusses sexual matters with them before they are married.'

Peer educators regularly face resistance from community leaders



After the resistant community leader had explained his views the peer educators talked to him about the importance of sexual and reproductive health information, as a means of preventing risky behaviour. The peer educators presented what they saw as the advantages of being well-informed about sexuality in order to behave responsibly. This session lasted for about 30 minutes. By the end, they discerned the beginning of shift of perspective for this community leader.

'I understand what you've been saying. But I don't think I can personally involve myself in such discussions. But I can allow you to talk to my children and other young people in the village under the condition that this does not encourage debauchery amongst the girls in my village.'

Male village leader

Asked for their impressions at the end of the session, some young people found the discussion very interesting and wanted the peer educators to make regular visits to their village to speak with their parents and gain their support so that they might access information and sexual and reproductive health services.

Engaging with religious leaders

The impact of highly gendered religious attitudes and beliefs on access to sexual and reproductive health services and young people, especially young women and girls, and on their ability to claim their sexual rights cannot be underestimated. Religious leaders play an important role in Benin's society. Consequently, engagement with religious leaders by the Member Association and peer educators has been a priority. In particular, they have made a concerted effort to approach and engage with those religious leaders who have often voiced concerns about peer educators talking to young people about sex. These leaders believe that these discussions and information encourage young people to have sex. ABPF has engaged these leaders by organising specific awareness raising events for them. Additionally, they visit churches and mosques. In Porto Novo, for example, they have visited every religious organisation in the city.

There were a few examples from the peer educator of where a religious leader was won over through demonstration. These cases involved religious leaders who were unhappy about an awareness-raising activity near their church or mosque. They went to listen or protest, and ended up engaged in discussion or listened and learned about the importance of this work. A religious leader in Lokossa explained how he came to be convinced by the project after being invited to a meeting by the local agent social.

'I attended a few seminars with [the agent social] and I was touched by the themes that were presented, all the work that she's doing and I heard her on Radio Lokossa. I was interested and I invited her several times to present these themes to the young Methodists. So as a result, on several occasions and in several parishes she gave talks on a number of themes which are important for young people. Amongst others, this included young people dealing with family planning and STIs. There are lots of things that we've done together. I sent her to other areas to develop these themes with our young people ... And I've also seen what she does with the YAM, this is a very active movement that has had an impact on the population in Lokossa.'

The religious leader thought there was still a lot of work to be done within the Christian community. Young people in a lot of parishes still needed opportunities to discuss SRH and get information.

ABPF believed that the most effective way to advocate for young people's sexual rights was for young people to be their own advocates. However, they have also had to recognise the need to balance young people's contributions with the involvement and support of adults (parents, community leaders) and sexual health professionals. Consequently, they started to draw on influential friends to influence others.

'The strategy that we began to adopt was that the young people would bring together leaders of the same kinds at the centre, religious leaders for example, and hold a discussion. Sometimes in this group there would be leaders who endorsed the promotion of rights for young people's health. When a leader underlined the young people's message, it helped convince other leaders who were opposed to the promotion of these rights. And it's been the case that later these leaders asked their children, girls and boys, to get involved in the same activities as these young people.'

Male Member Association staff member

Key lesson from the youth-led participatory research

It is through regular communication and advocacy sessions that we can influence the behaviour of community leaders who are largely opposed to the promotion of sexual and reproductive health for young people and adolescents.

Moving forward: Main lessons and recommendations

This concluding section highlights the main lessons emerging from the case study. Suggestions of possible ways forward are included to help illustrate what next steps might include.

Overall

The A+ project was ABPF's first experience with restricted funding for a youth project. It fitted in well with their existing youth programming and approaches, which ensured that the funds could be absorbed efficiently into existing strategies, processes and structures. ABPF has taken an integrated approach to strengthening youth-friendly services, recognising the importance of building a central role for young people.



Peer educator talking to apprentice hairdressers

The dedicated young women and men working as peer educators and community-based distributors are the driving force and strength in the A+ project. Interpersonal communication, trust and relationship building were at the heart of their positive project outcomes. Confident, competent young people shared sexual and reproductive health information and encouraged discussion, reflection and action amongst other young people. The availability of peer educators for one-to-one discussions after group awareness-raising sessions was crucial to reaching more reticent young people. Their awareness-raising sessions in schools helped students, some of whom were then taking these messages and information home to their families. The peer educator and volunteer model, while a key to success, also has limitations that need to be taken into account in the future. These issues are addressed in more detail below.

Young women and men were represented in ABPF governance, even though the project was not designed to affect that representation. However, both young women and men became more involved in a coordination committee and the steering committee for the project. Overall, young people were substantively engaged in project planning, implementation and monitoring and evaluation. The case-study research showed a number of areas where improvements could be made.

ABPF and the young people who work and volunteer in it are to be congratulated on the important progress they have made, and the positive results they have achieved in improving youth-friendly services. As a first-time, short-term (three-year) project, it is not possible to avoid issues around effectiveness and sustainability. But, those are normal challenges and ABPF stated its commitment to addressing them as the project comes to a close in 2013.

Involvement of young people in youth programming

The A+ project has helped ABPF put young people in a more central role in helping to deliver and increase the number of young people accessing youth-friendly sexual and reproductive health services. The youth co-assessors demonstrated organisational, communication and leadership skills developed through their involvement with the Youth Action Movement. They were confident, which one Member Association staff member considered to be one of the main successes of the project. The existing processes of planning, implementation and reflection on the activities seemed robust and useful. The important and central role of the young people was both a main strength of the approach, but at the same time, it has challenges and risks that need to be managed creatively and positively.

It required a lot of time and effort to meet with young people and establish trust and relationships. Accessing hard-to-reach young people took even more time. Reaching students, although easier logistically, was also time consuming, due to the planning and communication needed with school staff. In fact, the work of improving young people's sexual and reproductive health and rights required significant and sustained resources over a relatively long period of time. Further, the work needed to be carried out in multiple ways, with a diverse community of actors, a complex set of intersecting factors that affected young people's access to services and their ability to claim their sexual rights. Co-assessors wanted to make sure that the nature and complexity of their work was fully understood, including the direct and indirect costs they incurred by being involved in the Youth Action Movement.

The youth-led participatory research and co-assessment demonstrated the value of ensuring that young people are substantively engaged, in ongoing ways, in sharing their knowledge, perspectives and solutions concerning youth programming.

- Young people's needs and constraints were real, and efforts to meet them would be well rewarded. Reflecting on why there were certain constraints could improve project management and implementation. Relying on volunteers needs to be examined fully. Ideally, that conversation would involve the Member Association, IPPF and the donor. The assumptions behind having poor people act as volunteers warrant careful scrutiny. The strains on the assumptions increase when project objectives target poorer, more marginalised populations.
- Expanding and deepening ongoing monitoring, evaluation and learning would strengthen what ABPF knows works and does not work to support youth participation and effective youth-friendly services. Monthly reflections meetings involving project management would help capture findings relating to more complicated realities and offer a chance for lesson learning and rapid adjustments. Adding process indicators to measure the how and why of change would enhance monitoring and evaluation.



Agents social such as Fidelia contributed to successful youth programming

- ABPF was aware of the need to foster peer recruitment, training and mentoring. Young people grow up and move on. Awareness-raising and relationship building benefit from continuity of people involved. Developing strategies for youth programming to be a source of staff recruitment has been successful in other Member Associations. The more ABPF wants to engage with more marginalised youth, the less the volunteer model will work. Danida funding supported an expansion of staffing and youth involvement which has been important. Now attention is needed to develop sustainability strategies, including sound plans for how to downsize flexibly and minimise funding shocks when funding levels change.
- Retaining the agents social in youth programming would be wise. Their knowledge and coordination of peer educators contributed to the success of activities, and the addition of focal points appeared to be an effective addition. They were highly active in building trust and influence with young people and community leaders, and providing continuity.
- The case-study research clearly showed that building community support was vital to increasing access to youth-friendly services, and that young people could be effective in building that support. However, as ABPF had learned, young people often need the involvement of other leaders and adults when some parents or leaders reject their approaches. Therefore, building a more diversified approach to community advocacy would be helpful. Notably, ABPF's move to use its network of relationships with a range of leaders is very good.
- More activities and interactions to build trust and relationships were needed in reaching out to young people and in engaging with parents and community leaders. There was a sense of a good start, but that more than one-off interactions had better results.
- Member Association staff recommended more conversations and relationship building with parents and tutors to help address the chronic barriers to young women participating in Youth Action Movements. Additionally, a stronger gender lens in project management would help to ensure the equitable distribution of leadership roles to young women for actual implementation.

Promoting sexual rights in the context of social realities: strategies for building community support by changing social norms

The youth co-assessors highlighted two main findings in their project assessment:

- If young people's sexual rights are to be respected and if they are to live sexually fulfilling lives with good health, then more is needed than simply being well informed about sex
- It is through regular communication and advocacy sessions that we can influence the behaviour of community leaders who are largely opposed to the promotion of sexual and reproductive health for young people and adolescents.

Advocacy that raised awareness of young people about the negative consequences of sexual acts has been a short-term success in contributing to increased treatment and prevention of STIs and avoiding unwanted pregnancy. These dialogues, information sharing and referrals also appear to have contributed to increased uptake of sexual and reproductive health services by young people.

Limitations on the effectiveness of these approaches was mainly due to deeply entrenched social and structural barriers, including gendered power relations, inequality, religion, poverty and lack of education.

Peer educators were operating at the intersection of these dynamic and powerful social drivers. Much of what they were trying to address with their peers, with parents and with community leaders was taboo. Socially and culturally subjects that are taboo require more than information to change. They were aware of these challenges and complexities of supporting young people to make informed choices, and they were comfortable describing a number of the gendered barriers to sexual and reproductive health and rights. But they had less knowledge and understanding about how these complex barriers interacted and about what strategies to use for addressing them.

Their understanding of and capacity to facilitate discussions about sexual rights and sexuality were also weak. Training in comprehensive sexuality education had taken place at ABPF a month or so earlier. There was a feeling that such training would be important to peer educators to help them understand and be able to frame messages about rights more effectively to young people.

Peer educators were aware of the IPPF declaration on sexual rights,¹⁶ and it was shared in outreach and advocacy. What seemed to be missing was a facility for them to translate that information into their own understanding of lived rights. Additional support would enable them to articulate sexuality and rights for themselves, which is a first step to being able to articulate these issues with others.

The ability to facilitate discussions around sensitive and taboo topics cannot be presumed, and it often takes ongoing, more integrated approaches to social change to address and positively affect deeply-held attitudes and beliefs. It also requires organisational development of structures and processes that support rights-based, social change programming. A project-based approach would not be likely to succeed in isolation.

As the A+ project ends, ABPF has the benefit of extensive and valuable insights, evidence and understanding of what is working and what is not in improving sexual and reproductive health and rights for young people. As a service delivery provider, it has been sensible to focus on providing quality health information and encouraging young people to access services. But the evidence from this case study is consistent with what is known about how social realities limit this approach.

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http://ippf.org/system/files/sexualrightsippfdeclaration_1.pdf

It would be helpful if:

- Member Association staff and young people worked together, with a facilitator, to work out a theory of change for their youth programming. This would be grounded in a strong context analysis, use a gender lens and adequately identify and test the assumptions and attitudes driving the theory of change. An integrated, youth-centred, rights-based approach could link up strategies for communicating and working with different actors, in different ways, and different times.
- Member Association staff and peer educators' reflection on their own attitudes and knowledge around sex and sexuality were strengthened through participatory, learning and action capacity building that uses a gender lens. More use of IPPF material, such as Exclaim¹⁷, would help strengthen their facilitation skills around sensitive, contested and taboo subjects, like sexuality. Much effective experience and methods of addressing sexuality have been gained in HIV prevention work, including Stepping Stones and STAR methods and SASA community dialogue method to reduce gender-based violence.¹⁸ Building partnerships with organisations working in these ways on HIV prevention could be another way of addressing this identified need. Such methods can all help shift from an emphasis on prescriptive, and often proscriptive individual behaviour change to more inclusive, affirming, rights-based approaches that are rooted in understanding of social justice change.
- Monitoring, evaluation and learning approaches for a more integrated, rights-based and social change approach to youth programming were able to benefit from a more participatory, process-oriented methodology. More traditional, results-based evaluation would still be appropriate for measuring and assessing the mechanisms used to implement the project.

Strengthening partnerships with schools

Stakeholders in the school system, especially those with more authority, valued youth awareness-raising as health promotion on very specific illnesses and conditions. They wanted help in reducing STIs and unwanted pregnancy. This support weakened as soon as the topics extended beyond illness. A number of areas were identified by the co-assessors and other education stakeholders about how these partnerships could be strengthened. The main thrust was that the partnerships needed to be more integrated with other school activities, better organised and more continuous, less reliant on ABPF inputs and capable of building a culture of respect for sexual and reproductive rights.

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Exclaim: ippf.org/system/files/ippf_exclaim_lores.pdf

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Stepping Stones: <http://www.steppingstonesfeedback.org/>;
 STAR: <http://www.comminit.com/hiv-aids/content/societies-tackling-aids-through-rights-star>
 SASA!: <http://www.raisingvoices.org/publications.php>

Recommendations



Joint work with schools could build more sustainable approaches

- Improved information-sharing strategies, including asking young people to share information with their peers and through youth clubs for wider dissemination
- ABPF and the schools could work together to build more sustainable approaches, including using a more integrated use of young volunteers within the school; ABPF could collaborate to build an integrated structure of peer education within a school setting¹⁹
- Improving the skills of teachers, for example training in comprehensive sexuality education, and their engagement in awareness raising would help to integrate sexual and reproductive health activities in the school more sustainably. Teachers stayed at the schools, while students moved on
- More up-to-date materials are needed for awareness-raising, such as multimedia materials, in particular in local languages, as they are better suited to a wider range of young people
- Having students engage with parents about sexual and reproductive health information, when coming from a school-based context, might make some parents more amenable to such discussions in the home. There was anecdotal evidence to that effect. Regardless, engaging parents in sexual and reproductive health dialogues is vital to support desired change for daughters or sons, as well as being important to wider community-based changes in social attitudes and norms. Schools have credibility and established positions in society as being sources of new information and knowledge
- Different strategies are needed for out-of-school young people. They would include engaging face-to-face with peer educators and having multimedia materials that do not require literacy. The strategies need to take into account less time availability for apprentices, unpaid work burdens of the very poor, especially girls, and different needs and interests of young parents who are out of school.

Strengthening service delivery partnerships

ABPF's partnerships increased the effectiveness of their own service delivery work by extending their sexual and reproductive health services to their partners' young clients. This expansion was welcome, but fragile, mainly because the youth work was approached as a division of labour and was completely dependent on ABPF resources. Partners were concerned about the availability of affordable, quality contraceptives, for which they relied on ABPF.

- Engage in dialogue and strategising with partners to find cost-effective ways to institutionalise the youth-focused work, in part by increasing the sense of ownership and capacity of the partners. The dialogue would permit suitable discussion of partners' interests and capacities. It would include the participation of peer educators, to ensure that knowledge about what was working in the partnership and what wasn't, from young people's perspectives, was fully available. Part of this type of strategy would include training.

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There is evidence in the general evaluation literature about the limits of presumptions about the effectiveness of such follow on techniques. Consultation would need to be undertaken to ensure that approaches based on this sort of concept have been validated for having demonstrable positive impact.

Advocacy

The case-study research showed the importance of advocacy for a wider national policy framework which would address legal protection, gender equality and education policy reform to include a comprehensive sexuality education curriculum. Calls to ensure access to affordable, quality sexual and reproductive health services and products by those unable to pay for them would also require more national advocacy.

- It would be helpful to unpack the communication elements of what is being called advocacy, to see how individual awareness-raising communication and dialogues can link up with community level dialogues with parents and leaders and link up, too, with communication that is about influencing political and policy change (which can be at a local or national level). This way, important differences can be understood, and it would be easier to identify the types of capacity building that are needed for different types of communication and advocacy. It would help clarify that communication and advocacy are cross-cutting organisationally and in programming.
- Communication and advocacy to change unequal social and cultural norms requires more than information. It must be grounded in local context and include trust and relationship building, working at different levels with different actors in different ways and the direct involvement of the people affected by the discrimination.
- In terms of strengthening national policy advocacy, there was room for increased involvement of young people, for example, in engaging in policy change with local and national authorities. They would provide a further vital link between communities and national policymaking.



No shame in reality

Young people open up about sex, health and relationships in Oyugis, Kenya

Report of a participatory case study of the IPPF Danida-funded A+ project of Family Health Options Kenya

Hannah Beardon

Panos London

May 2013



A note from the author

This story explores the changes that came about through the Danida A+ project in Western Kenya. I have not attempted to give a comprehensive report of everything learned and shared during the case study, or to answer all of the questions in the overall assessment plan and terms of reference. Rather I have tried to convey the complexity of working on sensitive, controversial and above all very personal issues which affect not only individuals' lives but also community and social dynamics. I hope that this case study shows not just the challenges of this, but also the positive momentum and the effectiveness.

I have also tried to show the relationships and connections between the different stakeholders at different levels, from local young people in their own change process, and local authorities from education and health, to national and international organisations working for improved sexual and reproductive health and rights.

By showing how the project is explained and communicated by these different stakeholders, we can start to identify some common threads and objectives, where collaboration and shared direction strengthens the impact and effectiveness of the work. It also highlights areas of difference, where miscommunication and cross purposes can impact negatively on the momentum and effectiveness of such a global project. This can have important implications for future planning, partnership and communications. I hope, that by telling the story I heard in Kenya, from these different perspectives, I can support a useful process of reflection and learning for those involved in the project and do justice to the passion, commitment and impact of these young people and their supporters.

Finally, I would like to thank all the inspiring young people who carried out the youth-led research – Calvince, Elizabeth, Esther, Ken, Nerrie, Pamela, Peter, Phelix, Robert and Zachary.

About IPPF

The International Planned Parenthood Federation, or IPPF, is one of the major global organisations working on sexual and reproductive health, with Member Associations providing sexual and reproductive health information, education and services in countries across the world. The foundation for all of this work is a commitment to sexual rights as set out in *Sexual rights: an IPPF declaration*. IPPF understands that people's sexuality is not just a health issue, but central to their identity and well-being, and subject to dynamics of power including age, wealth and gender. This is fundamental to the way services are provided, and also explains the organisation's focus on advocacy and education. Furthermore, IPPF has a strategic focus on youth, working to help create the conditions for young people to exercise their sexual rights

Abbreviations and acronyms

| | |
|--------|--|
| CSE | Comprehensive Sexuality Education ¹ |
| Danida | Danish International Development Agency |
| FHOK | Family Health Options Kenya |
| IPPF | International Planned Parenthood Federation |
| PTA | Parent Teacher Association |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| VCT | Voluntary Counselling and (HIV) Testing |

¹ The IPPF Framework for Comprehensive Sexuality Education states: 'Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views 'sexuality' holistically and within the context of emotional and social development. It recognises that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values'.

Introduction

Family Health Options Kenya (FHOK) is a Member Association of the International Planned Parenthood Federation (IPPF) and has 42 branches throughout Kenya including 14 clinics (nine static and five mobile) which provide sexual and reproductive health services and nine youth centres. The organisation has an active youth programme, with youth centres attached to several of its clinics, and partnerships with the ministry of health to implement youth-friendly services in their centres, as well as a well-established structure for youth volunteering called the Youth Action Movement. FHOK is a leader in providing youth-friendly services, contributing to the small proportion (7 per cent) of Kenyan sexual and reproductive health service providers offering specific youth focused services.

FHOK is one of 16 IPPF Member Associations that has benefited from a three-year grant from the Danish International Development Agency (Danida) called the A+ Programme. The A+ Programme was implemented in 2010 – 2013 and had four main objectives:

- 1 To increase institutional commitment of IPPF Member Associations to young people's sexual rights
- 2 To build a supportive community, environment, and legal framework for young people's SRHR.
- 3 To strengthen and expand existing services for young people, especially the most underserved and vulnerable.
- 4 To increase access to comprehensive, youth-friendly, and gender sensitive sexuality education.

FHOK developed the 'YES' (Youth Education Sexuality) project as part of the Danida A+ programme. The YES project aimed to promote and increase access to comprehensive sexuality education for young people in Kenya's Nyanza province. The main strategies of the YES project included:

- School-based extra-curricular health clubs at primary and secondary schools
- Out-of-school peer education and community outreach activities
- District level advocacy to promote comprehensive sexuality education
- Internal training and capacity building for FHOK staff and volunteers on comprehensive sexuality education

This case-study research, which represents one of four international cases, lies within the context of a full assessment that also includes a desk review, survey of all of the MAs implementing the A+ project, interviews with the Central and Regional Offices of IPPF. The main objectives of this in-country and regional research are to:

- Explore understanding of different perspectives, including youth perspectives on sexual and reproductive health and rights
- Understand what it is like to be young and how rights are realised in different contexts, including reviewing how change happens and understanding what mechanisms or strategies in different contexts result in desired outcomes for young women and young men; and
- Consider how the A+ programme has contributed to these desired outcomes.

This report shares the story of a group of young people in Oyugis, a rural town in Western Kenya, who were supported by the YES project to build their own knowledge and skills around sexual health and rights, and work with their peers and wider community to do the same. Through a participatory workshop, this group of young people articulated their own vision of a world of positive sexuality, which is not so different from the declaration of IPPF. And yet, as this story shows, in the reality of their lives, it is not so straightforward to realise all of these rights. This story shows how they make sense of these rights and principles and have been working to apply them in their own lives and own context. At the same time, it is the story of IPPF, and how such a large organisation, can coordinate work between London, Nairobi and Oyugis around its vision of a world where young people can realise their sexual rights into reality.

Methodology

This case study is the outcome of a field visit by the Panos London assessor, Hannah Beardon, to meet stakeholders of the Danida A+ project (referred to as the YES project in Kenya) and the change process in Oyugis, Kisumu and Nairobi, in September 2012. The Danida A+ programme is a global project to promote young people's access to appropriate sexual and reproductive health services and education, directly and through advocacy with local and national leaders. It has been carried out by IPPF Member Associations in 16 countries across the globe, coordinated by IPPF and funded by Danida. As the three-year project is ending, IPPF has commissioned Panos London to undertake a review and assessment of the main achievements and learning, primarily to inform future youth sexual rights and education programming.

- **My physical and emotional needs are considered, and satisfied – I don't feel deprived.**
- **Sexual experiences are enjoyable – it's about pleasure not fear or performance.**
- **I take responsibility for myself (and others) – sex is safe and pleasurable for both, we consider the different needs of men and women, we support our peers.**
- **I have options for preventing potentially harmful consequences – condoms, contraception, safe abortion, VCT, good reliable information.**
- **I don't have any regrets – and nobody makes me feel bad.**

**Positive sexuality:
the vision of Oyugis youth**

The Kenya visit was the first of four research visits to feed into the overall assessment, and also to stand alone as a case study. This means that this story is not the only report of the Kenya work, which will also be reflected in the overall assessment analysis and report. The expectation is that the methodology used for the in-country research will be produced as guidelines and made available to IPPF Member Associations and Regional Offices looking to generate and document similar types of insights and information.

The visit centred on a five-day participatory process with a group of 11 young people directly involved in the project as peer educators and counsellors in and out of school. Using games, drawing, group work, discussions and photo-story techniques they explored what sexual rights mean for young people in that context, what kind of changes they want and what has already started to happen, and how they happen.

To validate and give more texture to these findings, the Panos London assessor also visited the young people's schools and homes, met and interviewed teachers, district health and education officials, and visited the FHOK clinic in nearby Kisumu. She was also able to check and discuss her findings with the project management team who accompanied her in Oyugis. At the end of the workshop, she checked her interpretation of what she had heard with the young people in a presentation, and helped them to put together presentations of their own photo-based stories of change.

Using these presentations, the Panos London assessor went back to visit the staff and management of FHOK, the IPPF Member Association implementing the project, to understand the strategic priorities and direction of the organisation, and to feed back and hear their reaction to what she had learnt at the grassroots. This brought out interesting insights into how the organisation manages short-term and long-term objectives, given the short-term nature of much funding. Incorporating some of this learning and feedback into the presentation, she visited the IPPF Regional Office coordinating the project in Nairobi, to understand its autonomous strategic direction, and the added value of the A+ project within that. Again, interesting reflections were shared about the different roles, decision-making and how change objectives are planned for and monitored.

Being young in Oyugis: sexual rights in practice



A typical farming plot in Oyugis

PHOTO BY NERRIE



Young men hanging out at the barber's shop, Oyugis

PHOTO BY ELIZABETH



Girls' dormitory at Wire secondary school

PHOTO BY NERRIE

Oyugis is a small, rural town. The streets are busy with pedestrians, buses, motorbike and pushbike taxis coming and going, and lined with small trading enterprises, bars and mobile phone points. Chickens strut around the side streets with their brood of chicks, and small herds of goats or cows pass through town controlled by young men with rope whips. Around the town are compounds of mud brick, tin-roofed houses dotted among the fields and green hills. These fields are rarely mature, with small plants of spinach and corn and banana trees, the most common sights. Women sit at the roadside selling these crops or other home produce, such as straw brooms. The formal sector is barely visible, the economy made up of small business enterprise and farming.

For the young people future options can seem quite limited. Some had aspirations, mostly in journalism, while others just focused on the present. Poverty is always present, tempering hopes and expectations, and some of the poorest young people – such as orphans who had not found a new home – could not be heard at all, only glimpsed in the photographs and descriptions of others. For many young people, life seems quite slow. They may need to help out at home, particularly the girls, and those who are at school and have to study. But without money or transport they don't have many opportunities to get together with their friends in social spaces, or get involved in structured activities. Idleness, they claim, is a major problem as negativity and boredom set in. This is considered the cause of a lot of 'immoral' behaviour, including premarital sex and drug abuse.

Being young can be tricky anywhere in the world and Oyugis is no exception. Many of the young people expressed very mixed and sometimes conflicting feelings about what was good, moral or right – especially when it came to sex. The Seventh Day Adventist church is very strong in the area, preaching that premarital sex, masturbation, abortion and contraception are immoral or wrong. The traditional values, including dowry and conjugal rights, reinforce the sense that sex is largely for the pleasure and needs of men. Many parents want to decide who their sons and daughters will marry, and when.

In reality, most young (unmarried) women do not have control over their own image, with families and school authorities laying down strict rules. They are not supposed to dress provocatively, which includes the wearing of trousers – knee-to-calf length skirts are the only acceptable dress. Secondary school girls routinely have their heads shaved to prevent their early 'sexualisation' using braided hairstyles, make-up, and jewellery. But this dowdy image does not protect girls from their own sexual development and interest, nor does it protect them from the sexual interest, advances and even exploitation of others. Young people explained how young women, and to some extent men, often get into sexual acts and relationships because they are offered money or other material needs, including sanitary towels, soap and school fees. So poverty and material need increase young people's vulnerability to sexual exploitation and, along with these conflicts of interest with their families and moral authorities, undermine their ability to exercise their sexual rights.

Attitudes to sex and sexuality

‘Everyone has rights but young people’s rights are assumed because they have no power ... Everyone is aware that young people are having sex, they condemn them, and assume that when you give them information they understand.’

Dina, Kisumu clinic manager



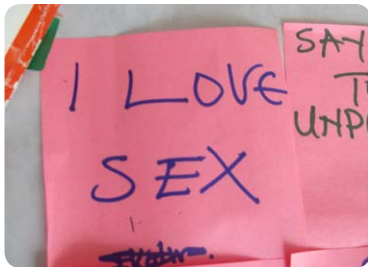
Sex information sign at Oyugis school

PHOTO BY ZACHARY

When young people talk about sex, sexuality and sexual health all of this background and context comes through. Some young people talk about their sexual needs and urges, some talk about having sex or wanting to, about the worry of pregnancy, of getting beaten if their parents find out. Others say that they aspire to talk freely about sex, and openly about different sexual experiences and desires. One young person told me proudly:

‘Because of YES I know my rights and I fight for the rights of young people. Through me, others benefitted.’

But some talk about feeling threatened by, and uncomfortable with, forms of sexuality and sexual expression that do not fall within their traditional moral code.



Post-it from workshop

But these are not necessarily two separate groups of young people, nor are they boys versus girls. These different views can often be found in the same person, to different degrees, depending on the question or on who they are talking to. Young people admitted that they feel they are supposed to suppress their sexual urges, by abstaining and not masturbating, but many find it very difficult to do so – and this makes them feel bad. They have learned about positive sexuality through the project supported by IPPF, they share messages and promote openness, but also display contradictory feelings – about gender sensitivity and a husband’s rights or sexual diversity and homophobia.



Poor communication in the household

PHOTO BY NERRIE, PETER AND PHELIX

It is within this context of mixed messages, conflicting feelings and negativity that young people are making decisions about, and undertaking, their early sexual experiences. While they act as if sex were the last thing on their minds when with their parents, teachers and church elders, they also think about sex, and talk about it, and do it. As a result, young people are not able to access good, reliable information about safe sex, are not supported to develop the skills and means to protect themselves from harmful consequences such as infection or pregnancy, or much less to develop responsible and caring relationships to ensure that their sexual identities and feelings are properly fulfilled.

One teacher said that she was called by a young man who had had sex with a girl and was worried she was pregnant. He had bought some pills from the pharmacist to provoke an abortion (they often use anti-malarial medicines), and asked her to take the whole packet. He started worrying, and in a panic called the teacher to ask her advice. She immediately contacted the girl and found that the girl had decided not to take the pills at all, but take the risk of pregnancy. In fact both condoms and legal safe abortion are available to these young people, if only they knew where to ask – or had the confidence to do so.

Opening up: talking about (safe) sex

'In our culture talking about sex with children is taboo.'

Pamela, health official

For over 20 years the non-governmental and public sectors have been trying to promote safe sex messages to combat the rise in HIV/AIDS infections in the area. The focus shifts, according to the time and the organisation, from promotion of abstinence and faithfulness to information and education about prevention of infection and safe sexual behaviour – also known as behaviour change communication. Yet still, in this area of high HIV prevalence, where people routinely lose loved ones to AIDS, stigma and misinformation – and the kinds of attitudes to sex discussed above – undermine these efforts.

One-on-one counselling and advice

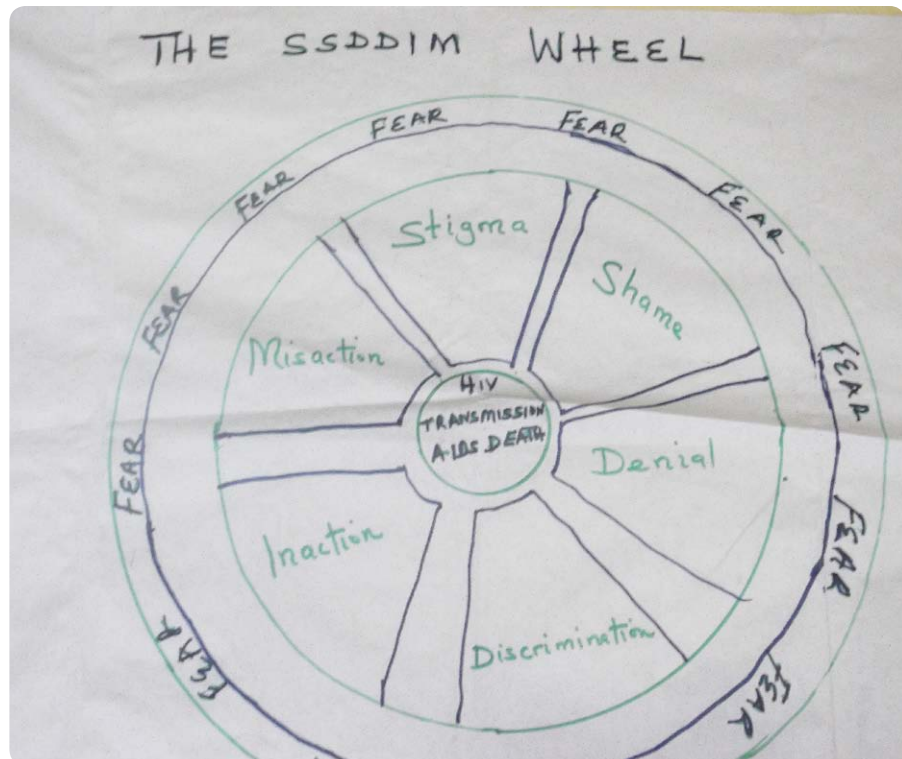
'As as peer counsellor, I teach people to overcome fear'

Esther

Esther, a young woman from Oyugis, has been involved in the YES project supported by IPPF as a peer counsellor and educator. She explained how fear creates shame, stigma and denial, affecting the way people act and make choices around sex, illustrating this with the wheel diagram.

The 'wheel of fear'

PHOTO BY ESTHER





Esther on her way to visit Mary

She tries to help them conquer their fear by telling them stories of others who have done it, or gives them material to read, until they make their own decision to change their behaviour and ‘overcome’, as Esther puts it. This doesn’t happen overnight: Esther spends time with people, visiting them or being there to answer questions as long as they need her.

She gave the example of Mary, a young married woman who had called on Esther when her husband was tested HIV positive, while she and her child were found negative. Her husband did not want to use a condom, and she even doubted whether she could even be infected, having stayed negative so far. Esther spoke to her and her husband about HIV transmission, and the methods and benefits of safe sex. *‘I went to see her, and talk to them, many times,’* Esther said. *‘Mary told me that when I left last time he still would not use one, but by the time I came back she said he had decided to use a condom so that if he dies she can survive to look after the kids. Now he helps her around the house, and to get water from a bore-hole.’*

Calvince described his interaction with a young woman, Mercy, who feared she might be pregnant. As a trained peer educator, he was able to counsel her to get a pregnancy test, explaining that she could get one done at the health centre for free, without telling her parents – which she feared most. He explained to her the options for safe abortion, and offered to accompany her to the clinic. Fear of what would happen if she were pregnant kept pushing her back into denial and inaction, but Calvince stayed with her and talked to her until she was able to take the test and decide what to do from there.



Elizabeth and Calvince demonstrate correct condom use

PHOTO BY ROBERT

Other young people in the group explained how they had taken time to convince young men to use condoms, debating with them the pros and cons, debunking myths about condoms, overcoming mixed feelings about immorality of condoms and so on. They admitted that this is not always a simple or easy task; that some people continue to resist; others take some time to be convinced. Religious and social attitudes are still strongly prohibitive, and condoms are still considered immoral by many, but others claimed that this was changing, especially among young people.

Secondary school student Phelix explained how his own (and his family’s) attitudes to condoms have changed: *‘Previously condoms were for big people. If you were to take a condom home, you could even be beaten ... After we have been educated about them, we are free to touch them, and use them. We can even advise our parents to use them. Nowadays, everybody walks with condoms as a security. If I take a packet home, there’s no problem – our parents are familiar with them.’*

Spaces for discussion, debate and support

'In our youth resource centre we show movies about sex and follow up with discussions; they really capture the room.'

Kennedy

'When young people have access to information, the picture changes.'

Washika, A+/YES Coordinator



School health club members working the 'shamba' (kitchen garden)

PHOTO BY PETER

In the schools around Oyugis, students have the opportunity to meet once a week to discuss and learn about issues relating to puberty, sexual health and hygiene. *'We are taught the essence of good relationships and knowing our boundaries. This helps us to have good relationships with our fellow men,'* Nerrie said. Nerrie is 18 years old, studying at a mixed secondary school, and an active member of her school health club. She explained how she had helped to organise a debate between boys and girls, around gender roles and relationships. *'In the end only one boy crossed the floor,'* she explained, *'but it was good even to be able to air these issues and then for people to go away and think about them.'*

Teachers, specially trained as part of the YES project, run the extra-curricular clubs and encourage the members to research issues and organise activities for themselves. One of the teachers, Pamela, explained how they use the curriculum to work with students: *'We teach them, but they also give us their approach and ideas ... they have beautiful ideas on how to teach good social behaviour; through drama, competitions, debates, cluster activities, lectures, they research the issues and share the information with their peers.'*

The teachers are also available to provide guidance and counselling to their students. However, though the teachers receive training and some funding for the club activities, the role and the subject is voluntary and extra-curricular so their levels of involvement and commitment vary. What's more, many teachers have mixed feelings themselves about acknowledging that young unmarried people have sex, and the policy of the Ministry of Education is that teachers must promote abstinence in schools, precluding any discussion of condoms. This severely limits the options teachers have for teaching comprehensive sexuality education, and means that more open minded or pragmatic teachers are only able to advise students about contraception and sexual and reproductive health services in unofficial one-on-one discussions.



School girls receive sanitary towels from the health club

PHOTO BY PETER

Phelix, also a secondary school student, added that usually there are very limited opportunities for boys and girls to mix and interact. The health clubs provide an opportunity for girls and boys to work together, for example on small income-generating kitchen gardens – and in that way they get to know each other and break down barriers of communication and understanding. And crucially, the income generated can be used to supply sanitary towels to girls, which teachers and students alike asserted was one of the most important contributions that could be made to schoolgirls' lives. Washika, the YES project manager explained: *'Girls who were not able to afford [sanitary towels] had become susceptible to sexual manipulation from village bicycle/ motorbike taxi boys, teachers and other sugar daddies in the community. The towels had a big impact on retention of girls in school and uniquely increased the learning contact hours for the girls with teachers.'* Or, as the health club members more succinctly put it: *'An investment in sanitary pads is an investment in girls' education!'*

Sign in the ‘talking compound’



Other signs of the health clubs at work can be seen around the school grounds in what they call the ‘talking compound’ project. Health club members got together and thought up positive messages to encourage their fellow students to think and discuss healthy attitudes and behaviours. They painted these messages on boards and stuck them up on trees around their school compounds, or sometimes painted on walls. The idea is to get other students thinking about, and crucially discussing, the messages and their meaning. In this way they reach out to others, bring new members and interest to the club, and also expand the space in which talking about sex, sexuality and health issues is normal and acceptable.



Kawaindi Youth Resource Centre, Oyugis

PHOTO BY ROBERT AND CALVINCE

But school kids are only a proportion of Oyugis youth, and there are other places where these kinds of activities and debates are taking place. In the local youth resource centre, on the main street, the discussions about sex are a bit more direct. The centre is a place run by young people for young people. It is a place to hang out, with a pool table, TV and computers, and a place to get informed, with walls covered in information materials and a small library and information centre. Robert and Kennedy are from the youth group based at the centre: *‘We came up with the idea of the youth resource centre to do away with idleness which is a problem facing our youth. We want to embrace unity. We want to exploit our talents. We train people to use computers. We run a small community garden. We also enlighten people about health matters through education and entertainment.’*

Peer educators like Robert and Kennedy, trained with support from IPPF in comprehensive sexuality education, have brought these educational activities into the youth centre, sharing information and offering advice, organising debates and finding creative ways to share information and get people thinking and talking about positive sexual behaviour. They also take this education work outside, sharing safe sex messages and getting young people interested through puppet shows, drama, rap competitions and other creative methods. Once young people are interested, they talk to them, give them information, invite them to the centre, refer them to relevant services and distribute and demonstrate condoms. On some occasions they are accompanied by mobile sexual and reproductive health services, including voluntary counselling and testing (HIV testing or VCT) facilities. Another peer educator, Zachary, uses a small homemade radio transmitter to share messages and information with his peers within a 1km range.

Kennedy explained the value of this type of approach: *‘Young people are the hardest to work with, they ask you things you don’t know how to answer – but they really appreciate it when you talk to them openly, honestly – tell them what they want to hear.’*

Several peer educators told me that young people respond best, are more active and engaged, when they are dealt with directly, without parents or elders around. *‘When there are older people around they suffer from “cocoon brain”;*’ as Calvince put it. They also repeatedly told me that young people responded to being told *‘what they want to hear’*, direct, honest and open talk. In this context, where young people have different sexual attitudes and identities, where issues of morality and sexuality are expressed differently in different situations and with different people, it seems that plain speaking from peers with reliable information is very much appreciated. Young people know that the peer educators are *‘conversant with the idea of safe sex, more than abstinence’* as Kennedy put it, not so *‘caught by the traditions and religion’*, and this inspires trust – *‘Young people know that we understand them.’* Gradually, new ways and new opportunities to talk about sex are opening up for peers, and slowly these are also reaching across age barriers, although that is a much slower and longer-term process.

Seeing these changes is very satisfying for the peer educators. Esther and some of her peers have been so motivated by their experience, and by the needs of their community, that they have established a new youth group for young women: *Safegirls for Change*. *‘It is a group that we girls formed, to teach other girls to change their behaviour and overcome. Mothers can’t talk freely and share with their daughters. So we started this group to teach and support girls. We distribute sanitary towels, teach them behaviour change and self-defence,’* Esther explained. *‘We fund it out of our own pockets – I do it because I love my people and I want to change the community.’*

**Safe girls for Change –
a youth group formed by female
peer educators**



Working in partnership

'YES is the only project linking to the Ministry of Health for youth and we wish it to continue.'

Pamela, district sexual and reproductive health official

FHOK has implemented the YES project in Oyugis, linking up with existing youth groups and partnering with the district health and education authorities, to implement comprehensive sexuality education on the ground. The partnership with the education sector enabled the project to train and support teachers to implement activities with students in schools. The partnership with the Ministry of Health ensured that out-of-school peer education outreach processes could link up to appropriate youth-friendly services – so that peer educators could not only inform and advise, and provide condoms, but also refer people for counselling, testing or treatment as necessary. In many cases, health personnel were able to accompany peer educators on outreach to offer more straightforward services, including voluntary counselling and testing, on site.

These partnerships with local youth groups and schools and sexual reproductive health service providers were essential to the implementation and effectiveness of the project, which has been able to add value to existing local processes rather than creating new ones. Local youth groups have been encouraged and supported to do what they already do, but add in more effective and direct focus on sexual health and relationships. Health services have been given training and support to offer more youth-friendly services, and supported to reach their own objectives of improving sexual and reproductive health and awareness amongst local youth. As for education, interested teachers have been given the opportunity and funding to work on these issues in the classroom, and develop evidence of the value of comprehensive sexuality education in terms of results on behaviour, learning and performance of pupils, as well as (crucially for the schools and education authorities) demonstrable positive results in terms of girls' enrolment and pregnancy rates.

Developing a ‘Kenyan CSE’

‘It can be difficult to match the dos and don’ts of the church, of education, of YES – but it is good.’

Pamela, teacher (and church elder)

In Kenya, the YES project’s main focus is on increasing access to comprehensive sexuality education. This strand of education recognises the need to work appropriately with children and young people on issues of sexuality, while also expanding sex education beyond simple biological aspects of disease or pregnancy prevention to include knowledge and skills to enable independent, critical thinking and decision-making. It is a concept which has been developed and refined in global forums, based on evidence from across the world around how people learn and change in relation to their sexual behaviour, and also on fundamental values of non-discrimination, tolerance and respect for diversity, celebrating sexuality as a core aspect of our humanity.

Senior managers in FHOK said that work on comprehensive sexuality education was entirely consistent with its own strategic direction and approach, its focus on sexual rights and young people. However, it was also recognised that the concept was foreign, and needed to be contextualised and adapted to the Kenyan context, with one manager stating that at the beginning, *‘Staff weren’t sure about the sexuality concept of Danida’*.² Carlos, a finance director from the IPPF Africa Regional Office also felt that work on such deep-rooted cultural attitudes needs to be careful and respectful, though still vigorous: *‘We need to fight for change, until people understand it is important for the people, but change is slow – you can’t impose it.’*

To begin the process, the YES project manager, Washika, looked into existing resources which could be used to develop a local curriculum. Working with the Ministry of Education he found that Kenya does have a piloted curriculum, *Action for Better Health*, though the pilot has yet to be evaluated. There are also health guidelines and integrated HIV and life skills topics which are currently in place in schools, although these have no clear mechanisms for implementation or accountability. Washika explained: *‘It was brought out during project implementation that schools had copies of these curricula but seldom used them. In the end, no meaningful activity was done around sexuality issues in school. Socio-cultural and religious orientations and sexual expectations of teachers often affected attempts at implementing these good curricula.’*

Taking these existing guidelines, and using the resources available in *It’s All One Curriculum*, a joint production from IPPF, the Population Council and others, Washika was able to pull together the foundations of a ‘Kenyan CSE’ curriculum for implementation in the project.

These various guidelines were used to train key partners and stakeholders in the project:

- Health personnel were trained on providing youth-friendly services using the government’s training manual on adolescent sexual reproductive health
- Teachers from all of the 30 local schools were trained on teaching comprehensive sexuality education using the government’s *Action for Better Health* curriculum, and *It’s All One Curriculum* to work with young people on particular topics
- Forty young people were trained as peer educators and counsellors using *It’s All One Curriculum*, which they also use to work with their peers
- Parents involved in parent teacher associations were introduced to the main issues and topics of the curricula, to bring them on board to support their children’s education and development.

2

It should be noted that the A+ programme under review is the second Danida-funded project addressing comprehensive sexuality education for FHOK, and this respondent is probably referring to the first, which was managed by the same staff member with similar objectives but carried out in a different field location.

These different documents do not yet constitute a 'Kenyan CSE'. There is an apparent incongruity between the project concepts – drawn from the IPPF framework and emphasising life skills and positive attitudes as well as, more controversial, 'pleasure' – and the types of messages heard from the young people involved in the project, which were about abstinence, and protecting yourself from pregnancy and disease.

In the FHOK office in Nairobi, and in the workshop with young people in Oyugis, reference was made to comprehensive sexuality education as 'preaching', with comparisons between this and the work of the first missionaries in Kenya to convert people to Christianity. This seemed at odds with the idea that this approach is empowering and liberating, allowing people to define their own sexuality and make their own choices. It felt especially strange considering the difficult relationship between comprehensive sexuality education and the Church, which can be felt as opposing forces by young people, and which struggle to find common ground on sexuality issues. It felt that the Kenyan version was not, in fact, comprehensive sexuality education at all – but typical behaviour change communication.

Having heard more, it was clear that what was emerging was indeed a 'Kenyan CSE'. Again and again the young people stressed the importance of taking time, building relationships and trust, giving information and letting people reflect, come back and ask questions, speaking honestly and treating them with empathy. These young people are working in a culture of secrecy and denial, negativity and moral judgement which flavours how they talk and think about sex, let alone behave. The 'Kenyan CSE' that they are developing neither confronts these contradictions head on, nor shies away from them, but seems to be slowly opening up spaces to allow greater exploration and communication of these issues – first amongst peers, then across age barriers.

Shifts on talking about condoms, around gender roles and relationships, and even the beginnings of discussions with parents, are examples of how change is happening – gradually. This change, these change agents, are not confrontational, but neither are they complacent; they need time to work through their own conflicts and contradictions before they can ask others to change. And at the same time, they share messages of practising safe sex more effectively by building long-term, trusted relationships with peers, a fundamental element of comprehensive sexuality education. So from the initial training and documents, adding time, context, experience and personality, something new seems to be emerging.

That said, clearly this 'Kenyan CSE' is still in its infant stages. Peer educators, school health club members, and their peers are starting to open up and gain confidence around these issues. As one teacher said, *'Talking about sex is no longer a taboo, students approach us to talk about sex. It is satisfying especially when you see a child change.'* Parents and teachers are slowly starting to become allies in some cases, but Washika admits that they are still manoeuvring around religious leaders and have not found a good entry point to engage at that level. The Ministry of Education still has a policy of not discussing safe sex and condoms in school, limiting the role that teachers can take and the space that can be made in schools.

Changing mindsets, starting with me

'Peer educators are the first change agents – they change before the community.'

Kennedy, peer educator

Peer educators believe that the change starts from within – they are role models leading by example. They said: *'We are eager, we can motivate and inspire others. We say, "Samaki Mkunjo Angali Mbichi" – mould the dish while the clay is wet.'* But, as this story attempts to illustrate, very few people in this context can be completely straightforward about sex, and many peer educators openly held conflicting views about homosexuality and sexual diversity, or (men's) conjugal rights and gender sensitivity. One young man talked about using condoms in the workshop context, and then as we walked near his home admitted that he would not want to go out with a neighbour in case *'the condom burst and she got pregnant'*.

It seems that people are very easy with the dual (or multiple) identities and mindsets, right through the organisation, including in the FHOK head office and IPPF Regional Office in Nairobi. There, people were aware of the values the organisations have signed up to, and that they espoused in their work. They could face personal attack for standing up for a woman's right to choose abortion, and talked proudly of standing up for the rights of gay people. However, sometimes these values were held fairly superficially; they were, after all, with cultural and traditional backgrounds, not just 'managers' or 'medics'. Participants in the reflection session at the IPPF Regional Office in Nairobi partly concurred with this. Carlos commented, *'Everything we've been talking about here are bad values for us as African people! In Africa we can't talk about these things, I can't talk to my kids about these things. Even people in the [Member Association] can't talk clearly about abortion and other such issues ... We ourselves need to change.'*

And this change does not happen through 'values clarification' workshops alone, but is much deeper and more gradual – in exactly the same pattern as the peer educators, and their peers. Opening up space for reflection and discussion of values, admitting that we are not 100 per cent transformed and giving permission to air misgivings, may be a more honest and thorough way of supporting staff members to change – themselves first and then the others. As Carlos suggested, *'Let people be free to admit difficulty then we can talk to them, help each other.'*

Supporting activities on the ground

Once the initial mapping and research had been done, the partnerships established, and key stakeholders had been trained, the YES project was able to provide financial and logistical support to peer educators and school clubs to implement different activities. Washika explained how the project worked with the Ministry of Health to provide biomedical sexual and reproductive health services to the unreached rural and disadvantaged youths in the community.

'The Ministry of Health provided health services and utilities while FHOK provided logistics,' he said. 'Services provided in these integrated community outreaches included management of sexually transmitted infections, family planning (contraceptive) services, voluntary medical and male circumcision, HIV testing and counselling among others.'

Furthermore, the project supported the youth groups to meet regularly to share and monitor their progress.

Peer outreach

We use many different ways of reaching our peers:

- Radio Zawadi is a home radio station of Zachary, a peer educator.
- We work with puppeteers with giant puppets
- We talk with peers one-on-one
- We make signs to put about the place
- We develop drama plays and poems
- We have open forums within youth groups
- We show sex-related movies on TV and hold discussions



Active, not stressed



- With the health club, at least they engage in productive activities including gardening.
- The gardens also generate income for the health club, which we use to buy sanitary pads for the girls. We also help fellow students to acquire books, pens and sometimes personal items such as vaseline and soap.

- The income can also be used to host colleagues from other schools who come for intercluster meetings and debates.
- When we are no longer idle, and we have some income, we feel more comfortable, we don't have stress, we don't have things to think about except the activities and the academic work.



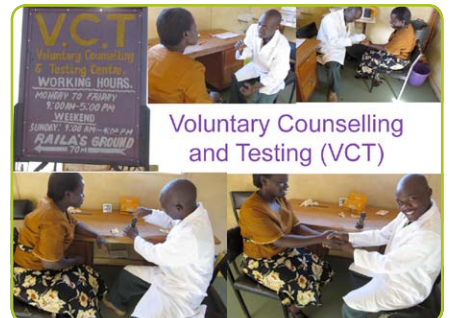
Being free with condoms



- Previously condoms were left for big people. If you were to take a condom home, you could even be beaten
- Even touching one, was considered an abomination to our land. We were told that condoms were brought to kill Africans.



- After health club we have been educated about them. We are free to touch them, and use them. We can even advise our parents to use them.
- Nowadays, everybody walks with condoms as a security. If I take a packet home, there's no problem – our parents are familiar with them.



Voluntary Counselling and Testing (VCT)

However, financial and reporting systems within the FHOK/ IPPF accountability and funding relationships routinely created problems with disbursement of funds to the field, meaning that at several times during the project life the YES project was not able to fund activities on the ground. This caused some problems in terms of effectiveness (due to a reduced number of activities) and efficiency (due to staff and vehicle being paid for but unable to operate due to lack of available budget for fuel and other activities). This is a serious issue in terms of how the project has been managed and implemented, and an exploration of this would draw out important lessons for future planning and value for money. Because the project was so well-rooted in existing peer education and communication structures, schools and resource centres, however, the stop-start funding may have affected the speed and momentum of the change process, but did not stop it in its tracks. Frustrations with FHOK or YES, if they existed, did not derail the process.

The whole package: income generation, honest communication, youth-friendly services

Peer educators mentioned a major challenge: how to deal with the expectations of their peers that an NGO-supported project can provide material incentives, such as T-shirts, to reward participation. It is the issue of sustaining people's interest when all you provide is information. They noted that it is more effective to provide at least some written material, or direct access to appropriate services, such as voluntary counselling and testing, and goods such as condoms or other contraceptives.

They also recognised that the most effective long-term changes had been motivated not by material gain but by care and concern, as Kennedy stated: *'It's a question of loving what you do.'* The *Safe Girls* project is a case in point – established by young women for young women, to guide and support them, provide them with condoms and sanitary towels, teach them self-defence, but motivated by love and the good feeling you get by helping your community.

The project's momentum was clearly derived from the local and internal process of the young people involved. But at the workshop, they identified several other aspects of the project which underpinned its effectiveness – and the first amongst these was *income generation*. Both the school groups and the youth centres mentioned income generating activities, such as kitchen gardens, as a core part of their work and effectiveness. Phelix told me that the biggest change for him as a result of his engagement with the project was his ability to earn a little income, to pay school fees mostly. And when I asked about the link between income and sexual health everybody from school kids to teachers and programme managers were clear: poverty is the key factor in vulnerability to sexual exploitation; income is the key factor in empowerment and the ability to make your own choices.

Yet income generation is hidden in the project plans and reports.

It is not officially a strategy for reaching the project objectives of increased access to comprehensive sexuality education and a stronger supportive environment for young people to access sexual health rights and services. It is not in the budget lines, or indicators of the project. But it has consistently been referred to as the most effective strategy for sustaining engagement, and reducing vulnerability.

Another important factor was the ability to link information and education to services. Peer educators found that providing people with information is not enough, because inevitably they will want to follow up with services and/or treatment. The YES project has worked on increasing access to youth-friendly services, but this was not paid for or reported within the project structure.

Building institutional commitment

One of the A+ project objectives was to *'Increase institutional commitment of the Member Association to young people's sexual rights.'* This recognised that in order to create sustainable change and momentum, any learning and impact generated by the three-year A+ programme would need to feed into and strengthen the organisation's own mandate and focus on youth.

FHOK primarily provides services, with nine clinics across the country providing subsidised primary and sexual and reproductive health care. The organisation has a strong commitment to young people, partly because of the obvious and largely unmet need of young people for these kinds of services, as Muchira Muraguri, FHOK's programmes director, noted: *'Statistics show how important it is for us to focus on young people, and the situation is not getting better. Drop-out rates for teenage girls in school are alarming. Classes are full of boys. It is proper and rational for us to be involved.'*

In addition to offering youth-friendly services, young volunteers and teachers make up the majority of FHOK's board of directors, bringing in essential expertise and perspectives to improve youth programming. FHOK has also produced guidelines, assessment tools and advocacy resources for youth-friendly services and assessment. But still, there is more to be done to meet the needs of youth in sexual and reproductive health and attract more young people to use the FHOK clinic services.

The IPPF Regional Office supported FHOK to develop a child protection policy and mainstream child rights throughout the organisation. This policy is now being approved and will then need to be implemented across the organisation, including a planned review of other policies for consistency and to strengthen child rights and youth focus.

In the same vein, the A+ manager provided training in comprehensive sexuality education for staff, volunteers and board members at national level, which saw the concepts being integrated into work in youth centres and projects in other areas, specifically Mombasa and Eldoret. This has also helped the staff of FHOK to understand the concepts of sexuality education, and how they relate to the core values and direction of the organisation. The executive director of FHOK commented that with the new organisational constitution placing a heavy emphasis on youth, *'Youth programming is bubbling up throughout the organisation.'*

The programme director agreed, but acknowledged that this kind of education was *'very direct on sexuality'*, and an area that *'We are not very sure what is in store for us. There still could be choppy waters ahead, as we start to address head on issues that could conflict with the church and other.'* But he was also clear that the organisation was ready to take on such challenges, particularly after recent successes in advocacy over abortion.

Building support for young people's sexual rights

'I should first know my right, then I know the right of others'

Dina, Kisumu clinic manager

Much of the work on the ground, through peer educators and teachers, and including parents and other community members, has attempted to open communication, understanding and support for young people to make safe and responsible choices about sex and relationships. As discussed above, this is a slow process and has so far been most effective among young people's own peer groups. But there is a clear intention and belief that this open and honest communication among young people, and selected elders, can spread further across age barriers. As Kennedy explained, *'It is a good idea to start with the youth. They will try to practise what they're told before the parents are enlightened. But we need to share this understanding with the parents – to just give one side can be very difficult. Then how can you go home and perform the right you were empowered in school?'*

The young people clearly stated that they needed support to work across 'age barriers'. Nerrie said that she would like the YES project to *'Give me more skills and knowledge so that I know how to deal with and educate older people.'*

Parents are very powerful direct influences in the choices and opportunities of young people, but there are other players at the boundary of young people's decision-making, who need to be addressed, for this type of honest communication to open any wider.

And beyond the ministerial policy of teaching abstinence even in informal settings, there is the all-pervasive church teaching, often mentioned but never directly addressed or confronted. The fear of upsetting or contravening church teachings not only creates the duplicitous ways of thinking and talking about sex amongst young people, but also affects the scope of action of the project itself. As the project manager, Washika, said: *'We are manoeuvring around them. It is a sector you deal with carefully lest they upset the whole approach on CSE ... On this project, we decided to approach sensitive topics like condom use in a public health oriented way, where the clients are themselves Christians but still want to be seen to be religious.'*

As FHOK's programme director explained, *'We are talking about social change – and that takes time. Some say that CSE is a Western concept and dismiss it outright.'* In that context, understanding progress, and weighing up the risks and costs of getting involved, requires some recognition that this is a long-term, and gradual change process. Muchira Muraguri explained: *'Christianity took a long time to take hold, early adopters were outcasts... irrespective of outcome, we may have to spend big at first just to convert a few.'* This points to the question of value for money, and how investments in long term, gradual change processes can be measured and defined.

Policy advocacy: expanding access to comprehensive sexuality education

'If CSE were given a little more time there would be better behaviour.'

Pamela, secondary school teacher

Another aspect of building a supportive community is policy advocacy. The YES project has partnered with the district education authorities to deliver comprehensive sexuality education in all 30 schools in the Oyugis area, training teachers and funding the extra-curricular clubs and activities. But FHOK is not in the financial or strategic position to provide this to all Kenyan school children; this can only be done if this strand of education is properly implemented through public schools as a compulsory and examinable part of the national curriculum. The teachers and young people in Oyugis were all of one voice when it came to this: comprehensive sexuality education should be on the curriculum, and it should be examinable.

One teacher explained: *'[CSE] should be in the curriculum. Life skills and HIV is not enough because it is not examinable, it is covertly done, and students learn very little – most teachers won't do it.'*

While FHOK does have an active youth volunteer programme which seems to fit the peer educator model, its work under the A+ programme to support comprehensive sexuality education in schools only makes sense as a long-term strategy if it is integrated with a policy advocacy process.

The project in Oyugis has demonstrated that even extra-curricular comprehensive sexuality education activities in school have an impact on statistics for girls' enrolment or retention in school (up in 16 and level in four out of 22 schools where data was available) and for student pregnancy (also down in 16 and level in four of the 22 schools). Anecdotal evidence also shows that provision of sanitary towels and improved relationships between boys and girls increases the quality of participation in class, and quite probably the academic achievements or exam results of students. One teacher said, for example, *'The impact of YES has been great – we've seen a reduction in pregnancies since 2010 – I'm convinced it is because of YES because the impact can be seen in all the schools.'* Further research into the link between sexuality education and educational performance and attainment would also be useful to strengthen the arguments.

Across the organisation, people know what needs to be done, as summed up neatly by programme director Muchira Muraguri:

'We need to build consensus among stakeholders, develop a common goal, one voice. This is a new area: we need to decide who delivers, who trains teachers? We need to look at the modalities of getting it into policy, provide evidence that it works, and convince stakeholders of the need for this policy. We need a focal point at the Ministry of Education, continuous engagement with the ministry will mean a brighter future for CSE, and raise awareness in district planning units.'

It is encouraging to hear the commitment of FHOK to advocacy on this issue, but in reality this has been the weakest part of the implementation of this project. FHOK is fairly new to advocacy, and this young department conceded that until now the issues they have been working on have come more from donors than from the organisation's own work in the field.

With a new advocacy strategy in the pipeline, the intention is to develop more interventions based on issues identified in field reports: *'What comes from Washika will be important for us,'* an advocacy officer said, though *'a lot more needs to be done to work as a team.'* Clearly, it is also important to strengthen young people's participation and leadership in such advocacy processes. But there appeared not to be concrete plans for how this could be funded or coordinated.

There is a danger that poor coordination between advocacy and project staff will continue to weaken the opportunities for effective advocacy on this issue. It seems like Washika, 'Mr Sexuality', with all his knowledge of the potential and value of comprehensive sexuality education, what makes it work, and his experience as a trainer, would now be more strategically placed close to the advocacy team and the policy and decision-makers, rather than on the day-to-day implementation of local projects. But for an organisation dependent on external funding for much of its programme and advocacy work, staff such as Washika are too often allocated to, and paid for by, short-term projects, making this more logical or strategic structuring more difficult.

Short-term strategies for long-term change

When the YES project was viewed from the perspective of young people in Oyugis it made total sense. Where there is no comprehensive sexuality education in schools, put on an after school club. Bring some training and resources to youth centres and peer educators and link them up to local health facilities to offer advice, information/edutainment and referrals to their peers. Looked at from the perspective of the FHOK head office in Nairobi the project makes sense: comprehensive sexuality education fits well into the strategic focus and mission of FHOK and its focus on youth and rights. Working in schools should not be a long-term strategy, but an intermediate measure to develop evidence to lobby for its compulsory inclusion in the school curriculum. But for this to make sense, and be effective, it has to move beyond what IPPF Regional Office staff called *'the project approach'*.

Regional youth programme manager, Leonard, reflected that this assessment process had shown that *'CSE is seen as a project, a tiny bit of the Association, whereas it needs to be factored in as a programme,'* to be more integrated and strategic. This frustration is also felt in the advocacy work, where gains are incremental, but planning and reporting is based on big wins which don't do justice to – or even show up – the movement that is happening. Regional advocacy manager Josephine explained, *'We are so pressured to deliver these big results that we miss opportunities to engage, develop, grow.'*

We all understand why this happens, project funding is made available, and projects are designed to fit. We all do it, and yet when we step back and look we can see that this approach ends up fragmenting our work and our organisations and reducing our effectiveness. Financial constraints can make it hard for an organisation like FHOK to design and prioritise their work in a completely autonomous manner, but still the balance between donor and project-driven work, and planning based on longer-term social change and development goals needs to be struck consciously, and be the subject of frequent reflection. Planning and evaluation approaches which emphasise or prioritise the larger social change goals, such as theory of change, can help to rationalise and apply shorter-term projects within longer-term objectives.

Where now for YES?

The A+ programme, and YES with it, ended in December 2012. The youth groups continue to function, with whatever funding they can get their hands on, and some of the school clubs also hope to continue. FHOK is already implementing another comprehensive sexuality education project, Choices, and continues to work with young volunteers and peer educators across the country. But it is clear that the work of the project is not finished.

Young people said that they would want:

- The project to continue funding the outreach and education activities, allowing them to expand to more schools and reach out to more peers
- To receive more training, to refresh and update their skills and knowledge, and bring in new areas such as how to work with peers with disabilities, and how to work with adults
- Information resources to refer to, printed resources and access to web or mobile sites. To be able to link their education work to more youth-friendly services, and sustain it through support for income generating activities.

FHOK managers said that they would invest in advocacy, specifically coalition building, and to support implementation of comprehensive sexuality education through their own youth participation structures.

It is further suggested that FHOK should:

- Invest in a long-term process, which may mean working with groups it already has a long-term relationship with (such as Youth Action Movement, or FHOK youth centres). Find the funding to fit the process, not the other way around. It may not be constructive in the long run to implement short-term projects through youth groups, and then leave them without even training and support in project management and resource mobilisation
- Start with young people who are active champions and good, creative communicators – who have compassion and empathy and are motivated to help their communities
- Make sure they have the infrastructure around them to reach their peers and back up their information and advice with access to youth-friendly services
- Support them (with ongoing learning, support and exchange) to make real changes in mindset and empowerment from the individual, through their relationships and out to peers, parents and elders
- Link sexuality education to youth-friendly services and livelihoods in a ‘multisectoral approach’. Young people can’t and don’t compartmentalise their needs – income, health, gender, age and power, sexuality, safety and wellbeing, education ... Projects may be designed to address one aspect but they will not be successful unless, at least from the young person’s point of view, they are more widely relevant.

Income generation is the key piece of the puzzle – it should not be hidden. An income generation element strengthens sustainability of the autonomous youth movement, in terms of basic infrastructure and also motivation of individuals to stay involved. It reduces the vulnerability of poor and marginalised young people to sexual exploitation and increases their ability to make positive choices.

- Prioritise policy advocacy to get comprehensive sexuality education taught in schools, using experiences like YES to build evidence and test training and curricular materials.



Hesitating at the door



Differences in perceptions between genders and generations on sexual and reproductive health and rights in Kaski, Nepal

Report of a participatory case study of the IPPF Danida-funded A+ project with Family Planning Association of Nepal

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May 2013



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About IPPF

The International Planned Parenthood Federation (IPPF) is a global organisation addressing sexual and reproductive health and rights, with Member Associations providing sexual and reproductive health information, education and services and advocacy for sexual and reproductive rights. Underlying this work are commitments set out in *Sexual Rights: an IPPF declaration*. IPPF regards sexuality as not just a health issue, but as central to identity and physical and psychological wellbeing, and subject to power dynamics, including those related to age, wealth, gender, sex, sexual orientation and identity and ethnicity. IPPF promotes a model of youth programming that has the three pillars of youth-friendly services, advocacy and sexuality education, with an emphasis on youth participation. It also strives to support institutional commitment and to create the conditions for young people to exercise their sexual and reproductive health and rights.

Abbreviations and acronyms

| | |
|--------|--|
| CSE | Comprehensive Sexuality Education ¹ |
| Danida | Danish Development Cooperation Agency |
| FPAN | Family Planning Association of Nepal |
| IPPF | International Planned Parenthood Federation |
| SARO | South Asia Regional Office |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| VDC | Village Development Committee |
| YFS | Youth-friendly services |

¹ The IPPF Framework for Comprehensive Sexuality Education states: 'Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views 'sexuality' holistically and within the context of emotional and social development. It recognises that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values'.

Introduction

Youth sexual and reproductive health and rights and the A+ programme

This case study describes issues of sexual and reproductive health and rights from the perspectives of young people and provides an analysis of the context in which the Family Planning Association of Nepal (FPAN) is providing youth-friendly services and comprehensive sexuality education.

FPAN is an IPPF Member Association and was established in 1959 as a non-profit organisation using information and education to promote family planning. It works in 32 districts across Nepal and has 28 branch offices with associated branch clinics and community clinics. FPAN started its family health education programme in 1981 and its women's empowerment programme in 1984. It started to work on youth-friendly services in 2002. Soon after, it recognised the need to address the lack of comprehensive sexuality education in Nepal and so, in 2008, with funding from the Danish government, FPAN started a programme of work in Kaski.

FPAN was one of 16 IPPF Member Associations that benefited from a three-year grant from the Danish International Development Agency (Danida) called the A+ Programme. The A+ Programme was implemented in 2010 – 2013 and had four main objectives:

- 1 To increase institutional commitment of IPPF Member Associations to young people's sexual rights
- 2 To build a supportive community, environment, and legal framework for young people's SRHR.
- 3 To strengthen and expand existing services for young people, especially the most underserved and vulnerable.
- 4 To increase access to comprehensive, youth-friendly, and gender sensitive sexuality education.

The A+ project was implemented in four mountainous areas of Nepal: Doti, in the far west of Nepal; Dankuta, in the far east; Kaski in the west; and Kavre, in central Nepal close to Kathmandu. These areas were chosen so that there was a cross section of different contexts across Nepal. All were, however, selected in mountainous regions rather than on the terai where there is generally better provision of transport and sexual and reproductive health services.

The A+ project in Nepal has an emphasis on youth-friendly services. Government services are scattered in each of the selected areas so one aspect of the programme has been the provision of services through mobile clinics. There was also training of staff and some service providers in providing youth-friendly services. There has also been an attempt to make clinics more welcoming with information, leaflets and billboards about sexual and reproductive health issues, and separate times when young people can visit clinics without adults also coming for consultations.

A particular focus of the A+ project was on training peer educators to be agents for change. Each peer educator was provided with training and support to run peer groups, with a total of 111 peer groups for the four districts where the project was implemented. There was an emphasis in Nepal to reach more marginalised young people by trying to work with peer educators and peer groups of young people who are 'out of school'. FPAN also has representation of young people on a youth sub-committee that feeds into their central executive committee. Young people feed into decision-making in the executive board at branch as well as central Member Association levels.

The case study is one of four international cases and is part of a fuller assessment that also includes a desk review, survey of all of the Member Associations implementing the A+ programme, and interviews with the global and Regional Offices of IPPF. The main objectives of this in-country and regional research are to:

- Explore understanding of different perspectives, including youth perspectives on sexual and reproductive health and rights
- Understand what it is like to be young and how rights are realised in different contexts, including reviewing how change happens and understanding what mechanisms or strategies in different contexts result in desired outcomes for young women and young men; and
- Consider how the A+ programme has contributed to these desired outcomes.

This research explores the role of comprehensive sexuality education and youth-friendly services in meeting sexual and reproductive health needs and rights in different contexts, and examines how institutional commitment and building stronger communities have been achieved in different case-study contexts.

The report shows the priorities of young people and the complexity of their lives in their local contexts. It also provides additional perspectives from the service providers, service users and peer groups of young people. Some additional analysis from Member Association and Regional Office level is included, and this analysis is also carried through into the main report.

How the different levels from local to regional have connected and communicated is critical to achieving objectives and longer-term impact, as is ongoing attention to youth participation and changing political and social contexts. Particularly important issues to explore at Member Association level have been the institutional capacity to support more youth-friendly services and comprehensive sexuality education and how this fits into an ongoing and developing youth programme. At the regional level, the sustainability of the approaches taken in the A+ programme and the way in which success and value are measured have also been critical to understanding the results and impacts of the A+ project. The case study provides recommendations formulated with young people and then discussed with FPAN and also with the IPPF South Asia Regional Office.

Methodology

The case-study research was carried out over a fortnight in Kaski by the lead researcher for the A+ assessment, Dr Vicky Johnson, with the assistance of a local facilitator, Kamal Tara Bajracharya, the A+ project officer, responsible for the overall coordination of the project for FPAN. An insider-outsider approach to the evaluation was integral. Facilitation in the local language established trust among local stakeholders and an understanding of cultural subtleties, as well as an external view of how the A+ programme had been implemented with new approaches and a fresh perspective on the issues and learning arising from the case-study research.²

The critical story of change has arisen from the research carried out with young peer educators who worked together with the researchers/facilitators in Kaski in Western Nepal.

This assessment has been carried out before the completion of the project so that learning can inform other projects and programmes in the Member Association as well as funding and sustainability strategies. IPPF commissioned Panos London to undertake this assessment of the main achievements and learning, primarily to inform future youth sexual and reproductive health and rights and sexuality education programming. This case study in Nepal is analysed using key assessment themes, alongside the desk review and survey of 16 Member Associations where the A+ programme has been implemented. All the findings fed into the main assessment report.



Youth educators discussing issues with female peer educators needing encouragement to speak out

Kaski was chosen as one of four sites in Nepal on the basis of learning opportunities in the location and logistics. Kaski has urban and rural sites and issues of accessibility in remote rural areas have led to mobile clinics being implemented as part of the A+ project. In the area, out-of-school children and young people carry out manual labour as well as household chores and some are involved in activities associated with tourism including selling drugs and sex work. These issues have been noted by young peer researchers and were thought to be of interest in understanding their research. Young peer educators input as participants in the assessment as well as identifying issues, collecting data, taking photos and conducting interviews, analysing evidence and presenting findings.

The research carried out with young people involved a participatory process with a group of 12 young people associated with the A+ project (aged between 15 and 24 years), of which 10 carried out the field research (nine of whom were peer educators), three young men and seven young women. Most of the peer educators were out of school themselves and could therefore relate to the young people who were in a similar position. Many of the peer educators were female as there is a strong gender preference to send boys to school in Kaski, leaving young women to do most of the chores in the household, as well as doing paid work to contribute to household income. All young people had been trained as peer educators and received support as part of the A+ project to hold peer groups on a regular basis in the different regions where they lived around Pokhara and throughout the district.

The participatory methodology included creating a fun and relaxed atmosphere, while systematically collecting data from the peer educators. Methods included ranking lines, games, drawing, group work and skits.

² See *Learning from our peer educators: A guide for integrating and reflecting participatory youth research in the A+ assessment country case studies*

The young peer educators were also prepared to identify issues of importance when considering the local context, how the A+ project and other local initiatives had influenced youth access to services and education, and their ideas about the way forward. The key research strategy was for young people to identify issues and then create photo stories to illustrate the realities for young people and the strategies that had worked or could work in the local context. Young participants carried out the research and analysis and created presentations for local decision-makers that were then shown and discussed by the lead researcher at the head office of the Member Association and the IPPF Regional Office.

Research was carried out between the workshop days by the lead researcher and co-facilitator, while the young people carried out the field research they had planned in groups. This took the form of semi-structured interviews using the assessment plan questions to delve deeper into changing local sexual and reproductive health and rights and the role of the A+ project.

An ethical protocol was applied throughout the workshop and the field research. It was critical that the young people both gave their consent to be participants in the research, but also that they knew how to obtain consent and conduct research ethically in their new roles as youth researchers.

Central to the A+ assessment and learning is to understand the different contexts in which the project operated and to identify what works, for whom and why, in these varying settings. From this, successes, failures, opportunities and constraints can be the basis for shared learning. In the Member Association and Regional Offices, the lead researcher carried out further investigation, using assessment questions and visual tools designed to aid analysis into the aspects and strategies in the A+ programme that had been effective and those that could be improved in different contexts.

The realities of sexual and reproductive health and rights in Kaski

The changing context

FPAN is working in a context where, at a government level, HIV awareness has grown since the late 1980s and alongside this there has been increasing international attention on population growth.

Despite recognising the need for sexual and reproductive health services in communities, especially in urban areas, it was after the Maoist insurgence, with the formation of the new Constitution in 2000, that the provision of basic social services to poor rural areas, with a focus on marginalised populations and women and children, was initiated. After recognition that unsafe abortions had contributed significantly to maternal mortality, a new law was passed in 2002 to make abortion legal and NGOs and government worked together to ensure rapid implementation of awareness raising and provision of women friendly services. In 2009, progressive legislation relating to citizen status for transsexual, bisexual, lesbian and homosexual people was passed.³

Messages in communities across Nepal have, however, remained quite contradictory to the emerging policy context, with many community adults pushing a message of ‘say no to sex before marriage’ as services are still fairly inaccessible to many rural communities and especially to young people. In communities FPAN noticed the stresses of hard labour for women resulting in, for example, young women menstruating earlier. As women and men have migrated for work and moved around more due to political instability they also noticed there were more reported cases of abuse and more growing concern about sexual and reproductive health.

The reality of being young in Kaski

Many people do not talk openly about sex and sexuality and premarital sex is not accepted or encouraged in both urban and rural communities in Nepal. Early marriage has been practised over the years in certain ethnic groups in the mountainous regions, including in Kaski. It is also now a choice for some young people who want to have sexual relations with their partners and do not feel that they can have a fulfilling emotional and sexual relationship outside marriage.

This support for early marriage among young women and men needs to be seen in a cultural context where it is hard for them to meet and talk together or show emotions openly. Parents often feel they are protecting their children by restricting their interaction with the young people of another sex and this has been taken to another extreme in legislation that has increased the age of consent for marrying from 18 for boys and 16 for girls in 1971 to age 20 years for males and females in the Gender Equality Act (2006). It is also very obvious when an unmarried young woman is talking to a man as the *sindur* (a painted dot on a woman’s forehead) is a physical indication of their marital status. There is therefore very little opportunity for young men and women to talk together, especially the most marginalised young people who do not have the chance to go to school and who are restricted from going outside the home.

³ In Nepal, transsexual and transgender are often referenced as the ‘Third Gender’. In this report, this term was retained when used by participants in the youth-led research or other stakeholders who were interviewed.

Pokhara, the main city in Kaski district, is a tourist destination for many visiting the magnificent Annapurna Range of the Himalayas. This mountainous environment means that scattered government services have to be accessed by many people by foot, having to walk sometimes many miles to reach clinics. Children and young people are often relied upon by households for manual labour to provide income for poor families and there is an acceptance that girls and young women will often be kept out of school to perform household chores.

Cultural and religious beliefs also mean that community members are suspicious about sexual and reproductive health services and the use of family planning. Gender discrimination is widespread and accepted in the culture throughout Nepal and, despite some differences in the realities of how power dynamics are played out, it runs across ethnic groups and castes. Especially amongst poor families and in remote rural areas, there is a gender preference for boy children and to send boys to school. The dowry system reinforces these practices, as when a girl is born the family knows that eventually when she marries, they will have to provide money and gifts to the family of the husband to be.

Gender violence is experienced by women throughout the Kaski district, and was a big concern of both young people and service providers. There are cases of incest in the community; although this is not culturally accepted and rare, it is still part of the picture painted by service providers and peer educators.

Young people in the A+ project in Kaski

The mechanism of peer education is important within the FPAN youth programme and there is an established and recognised path for the progression of peer educators in the organisation. The chairperson of the FPAN executive board, the FPAN A+ project officer and the youth coordinator in the South Asia regional office were all youth volunteers. FPAN prioritises having young people as representatives on governing boards at national and branch levels and this has been extremely important in implementing effective youth programming across the organisation.⁴

Constraints on the programme

The A+ project of realising sexual and reproductive health and rights has been restricted by two main factors. First, there was transformational organisational change, which included major reform of the executive board membership. This has ended up being very positive change that brought about a supportive environment for the project, but nevertheless delayed activities. As such, there was a lull in activities and youth-friendly services in 2011 while the new board was appointed. The programme then recovered with a resurgence of energy and focused support from the IPPF South Asia Regional Office to regain ground in 2012 and there has been agreement for a no-cost extension for six months into 2013.

Second, the rights-based nature of the A+ programme, as it was conceptualised at global level, is restricted by the cultural context. The extent to which staff and peer educators feel that they can explicitly talk about sexual and reproductive health and rights for young people at a community level is limited, despite sexual rights being openly discussed and incorporated in policy and legislation at a national level under the Maoist Coalition Government in Nepal.

⁴ Increased participation of young women and men in MA governance and organisational management is also covered in Section 4 of the main report.

Involvement of men and women

In Kaski, the A+ project has been largely implemented through 10 young peer educators who have set up and run 45 peer groups around the region. IPPF core funding and then A+ funding have supported a youth information centre alongside clinics, mobile clinics and comprehensive sexuality education training. Peer educators are an important mechanism for delivery of the FPAN youth programme so that with training and ongoing support young people can help to motivate peers to access services that have been made more youth-friendly and improve the flow of information and knowledge about sexual and reproductive health and rights in Kaski. The A+ project has provided more funding for peer educators in other programmes: expenses for travel and communication and also a substantial input of training at the beginning of the project.

Young people who participated in the research were peer educators with an additional young man and women at the workshop who were associated with youth work at branch level in FPAN.

In assessing the achievements of A+, young men said that they were pleased to have the opportunity to work in their own villages to understand the situation and to raise awareness with other young people and community members. Most important to these young men was the detailed information about family planning and information they provided to others to improve access to family planning devices for young people. This conflicted with the dominant cultural perspectives about young people not having sex and their feelings that abstinence was the best course choice for young women and men.

Young male educators involved in the research also felt that they had obtained confidence from being given responsibility to run peer groups and to understand more about sexuality and family planning. They discussed how their own behaviour had changed although several of them highlighted the importance of life skills and economic empowerment programmes that they felt would be important so that poor people would have the choices that they currently don't have in their lives.

'This project has supported me to change my own personal behaviour about sexual relationships, have opposite sex friendships and talk to others about life skills and capacity development. It's really interesting and achievable while working in groups with peers.'

Young male peer educator

Young women expressed the importance of young people being able to discuss their feelings about relationships and sexual health with others.

'I am so happy to share feelings between friends. Many youth don't express their inner feelings and selves and in this way they don't get any solutions. By this project I have got the opportunity to help them by understanding their problems.'

Young female peer educator

They also expressed concern that there were still many people in the community, especially those who were not literate, who would need the knowledge and education that they could provide in peer groups. Further work was also needed on attitude change with adults. Awareness among peer educators broadly related to increasing access to youth-friendly services and changing attitudes and behaviour of adults in communities towards young people to allow them to exercise choice with regard to relationships, both in terms of having friendships with people of another sex, and having space to discuss personal issues relating to sex and sexuality.

Both young women and male peer educators ranked the A+ project as having been very positive in achieving the goal of reaching some of the more marginalised out-of-school young people, and that as a result of working in peer groups there had been increased knowledge about sexuality and family planning.

One young male peer educator in education thought that some of the illiterate young people they had been working with had received more comprehensive sexuality education than many of the young people in school. In the remote mountainous areas of Kaski, so many young people are forced to work instead of going to school and some suffer from mental and physical strain due to hard labour, while others are seen as 'helping hands' in their households.

The young peer educators thought the project had provided information and knowledge, rather than working in a more rights-based way with young peers, determining the issues that they wanted to change and becoming activists or advocates in their own communities. As discussions progressed around sustainability, the young people identified the need for more partnerships with different locally-based organisations and local advocacy both within communities and with decision-makers at district level.

Convincing families and the community

Young peer educators felt that they had made a good start on increasing awareness about sexual and reproductive health with their own families. Some family members had been suspicious when they started to work as peer educators, but had gradually accepted the young people's new roles and increased their own understandings of sexuality and safe sex.

Many peer educators were still confronted with conflicts between messages about youth sexual rights in their work with FPAN and the reality of their lives in the communities. The young men felt that parents supported them because they could see their children learning new things and gaining knowledge in creative ways, but the young women thought that the parents themselves were learning more about sexual relationships and sexual and reproductive health. They understood that the work would lead to young people taking better decisions. Families were thought to have changed their attitudes more than the other community members.

'In the community there are various types of people and they have different views – some people accept it, but some people have negative attitudes and they are difficult to convince... So we have to work hard and educate and convince about the sexuality programme and its benefits.'

Young male peer educator

The young peer educators identified how valuable the A+ project had been in building their confidence and helping them to work with the community in a different way. What had been most important to them was to have the space in the peer groups to meet together and discuss personal and emotional issues relating to sexual and reproductive health. This gave them the confidence to talk about relationships, sexual health and sexual and reproductive health choices with their families and to other young people and adults in the communities.

Youth educators having the time and space to discuss issues together gave them confidence to speak out to the wider community



The use of leaflets and billboards also helped them both to direct young people to youth-friendly services, and to raise issues relating to sex, sexuality and health with adults. They want to continue to work with peers and to change adult attitudes and behaviour and, as is apparent in their recommendations, continue to work to influence government and to have more partnerships with other local non-governmental organisations also working on youth rights.

In order to have more effective youth participation in the programme, young people suggested that skills for income generation needed to be delivered alongside education about sexual and reproductive health and rights; without economic empowerment of poor and marginalised young people rights could not be realised and it was confirmed by FPAN branch staff that without this type of empowerment, the programme was less sustainable. FPAN are starting to act and training for youth will be delivered in skills such as mushroom farming and sewing weaving cottons for traditional cloth for tourists, although young people also wanted skills relating to motorcycle mechanics and other small enterprise development. This is re-emphasised in the youth critical story of change told below.

Peer educators supported the idea of having youth information centres with general information about health, including sexual and reproductive health, and other youth activities. Within a context of interacting with young people and service providers, young people could then acquire knowledge and seek services relating to sexual and reproductive health and rights confidentially.

This recommendation is discussed later in this case. It challenges a recent study carried out by academics from the London School of Hygiene and Tropical Medicine in Nepal that suggested that youth centres are not effective in increasing the uptake of sexual and reproductive health services because referral pathways are not direct but complex. It shows that more longitudinal research is needed to show the links between youth empowerment and their uptake of both physical and psychological sexual and reproductive services.

Young people's critical story of change

Young peer educators' research priorities

The young peer educators spent two days discussing their situation, what they meant by sexual and reproductive rights, prioritising the issues that they wanted to research and how they would visually research their issues with interviews, discussion and photos. Their task was to explore: what affects young people's sexual and reproductive health and rights in Kaski; what has been achieved, including in the A+ programme? And what still needs to be done? The peer educators split into three groups and named them after the majestic Himalayan peaks: Machhapuchhare, Annapurna, Ganesh and Dhaulagiri.

The young peer educators identified the following themes for further research and analysis:

- Lack of education, awareness and information
- Gender discrimination and violence
- Early marriage and cultural and religious beliefs
- Discrimination and marginalised populations, including drug users, street children and third gender.⁵

Lack of education and awareness of youth in Kaski

Young people in the Machhapuchhare group presented their stories of adolescent girls forced to do household work instead of attending school and how early marriage affected their lives and their health in the short and long term. This was a recurrent theme, as other research groups also examined gender discrimination. Young people examined cultural beliefs and practices and reasons *why* young people and adults in the remote mountainous areas of Kaski did not access sexual and reproductive health services was selected for further research.

Young people also raised the problem of unsafe abortion being practised due to unwanted teenage pregnancies and unwanted pregnancies in marriage, and the importance of increased access to youth-friendly services.

Annapurna group added the element of violence that is prevalent in young women's lives, particularly the ongoing humiliation that women feel when they give birth to daughters instead of sons. Analysis of the Ganesh group and research responses confirmed that women often suffered in silence as they were treated badly by men in the family, or suffered sexual pressure and harassment from their husbands. Incidence of incest were also discussed and highlighted by service providers, although families tried to hide evidence of any damaging sexual practices, especially towards children within households, as this is not accepted culturally.

The Dhaulagiri group brought attention to the importance of focusing on the most marginalised young people in society. Although the A+ project had achieved this by working with out-of-school youth, they argued that the most marginalised in society were still excluded.

5

Author's note: Rather than describing all of the research findings separately in these four groupings I am going to include the young peer educators' analysis that runs across the research groups, as religious and cultural beliefs and adult attitudes towards young people featured strongly in all of the findings. I will also include their more detailed analysis that fed into their prioritisation of issues and presentations and the critical story of change that emerged from their discussions of issues that cross cut the research group findings.

In the Kaski branch of FPAN, mobile clinics are recognised by peer educators as being crucial in reaching more remote communities and providing basic family planning and advice, also referring young people and adults to their clinics, including their branch clinic in Pokhara. Services have been made more youth-friendly by having a day where only young people come. They are able to visit the clinics more confidentially and talk to service providers without adults seeing that they are seeking consultation. FPAN also recognises that in order to make services more youth-friendly, medical practitioners have to be trained to interact respectfully with and understand young people.



Young and old women have to work for the household

The comprehensive sexuality education programme, in which 22 teachers from different schools in Kaski have been trained, is separate from the peer education programme. The training for teachers in Kaski has been given with the support of the branch office and delivered by the FPAN A+ project officer, but has not been delivered through the peer educators. The assessment is therefore more prominent in the Member Association level analysis and in interviews in a local school during the field research in Bharatpokhari.

Although FPAN defines comprehensive sexuality education as being the programme of training with schools, it is defined by the peer educators as being for in and out-of-school young people and for people in the communities. The current programme seems comprehensive and covers important issues of sexual and reproductive health rights, although the project officer of A+ admits the difficulty in the cultural context of addressing sexual rights. Teachers have been given many pedagogical approaches for addressing sensitive and emotional issues relating to sex and sexuality although it has still been a challenge to address rights explicitly.

Gender discrimination and violence



Young people represented women with a picture of a tree bare of leaves – *'silent and humiliated'* in their cultural context in the high hill villages of Kaski. In order to avoid this constant feeling of shame and embarrassment when they give birth to too many daughters, women are compelled to have sex-selective abortions, which are often unsafe, and to get pregnant numerous times in the hope that they may have a son. This situation is perpetuated and reinforced in part by the dowry system. It is expected that when a woman marries, the family will have to provide money and/or gifts to the man's family and the bride will also go to live in his household with her mother-in-law and provide labour for his family. Her family therefore not only has to provide financially, but also loses her labour from their own household.



The different roles expected of girls and boys: The boy ready for school, the girl ready for work

One of the issues young educators raised was that women were so busy doing household work that they do not see any of the financial benefits of having work outside of the household, as do the young men in the family.

Gender discrimination has been practised throughout Nepal, including in Kaski, for as long as anyone can remember and the young researchers summarised women's despair as a total lack of decision-making power, including within sexual relationships in or outside marriage. According to the young women and men, within relationships young women had no say in whether or when they have sex and often felt obliged to keep silent as their husbands were violent towards them and put pressure on them to have sex.

Religious and cultural beliefs

Gender discrimination is often accentuated by different cultural and religious beliefs. There are many religious beliefs and social taboos that lead to suspicion of family planning methods. Peer educators identified the need to change attitudes, behaviour and knowledge, especially among adults in remote rural communities who do not have as much exposure to information about sexual and reproductive health services or clinics. Young people and adults in Kaski hesitated to talk openly about young women and men having friendships, let alone discuss personal issues and sexual relationships.

Stories of beliefs relating to menstruation

When a woman is menstruating she is not allowed to worship and visit temples or religious places. There is a strong belief that she should not get involved in certain tasks or functions in the family or to go anywhere outside the household. In field research, young people talked to women about how their lives had to change when menstruating – they had to sit, eat and even sleep in a different area of the house or even outside the house with the animals. Traditionally there are deeply ingrained suspicions about menstruating women not touching men or the food they eat themselves. Women are also not allowed to touch plants or water them when menstruating, as there is a belief that the plant will then die.

Examples in the field research showed that young women were following ‘improper hygiene practices’ during menstruation, such as an adolescent girl only washing her hair rather than her total body. This might be because of the shortage of private washing areas/facilities, but peer educators highlighted the lack of education related to hygiene during menstruation.

Early marriage

Awareness is increasing on the costs to child health of early marriage and legislation has also led to an increase in the age of marrying. Where the ages of girls marrying used to be as low as nine or 10 years, it is now more common for girls in their early to mid-teens to be thought of as too young to be married. The legal age has now been raised to 20 years. Despite early marriage having been practised more prevalently in some ethnic/caste groups in certain areas of Nepal, in Kaski it was not thought to be ethnicity or caste specific. In this youth-led research, peer educators highlighted examples of older people in the community who suffered the long-term negative effects on their internal organs, such as one elderly woman who had a prolapsed uterus. They also suggested that early marriage and pregnancy resulted in young mothers who had absolutely no idea about baby care.

The research confirmed that there is an assumption that once a woman is married she will not need contraception. Young married women who were informed told peer educators that they would like to access family planning to space their children and address sexual and reproductive health problems that they face. There was also evidence suggesting that women did not have enough rest during pregnancy or after giving birth because of their heavy workloads. Unsafe abortion is being practised when women cannot cope with having yet more children. Peer educators concluded that married women need education about family planning and safe abortion, as well as a safe and confidential space to discuss problems that they are having with their health, sexuality and relationships.



A woman has to sit, eat and sleep separately during menstruation



Adolescent girl washing only her hair during menstruation

A focus on marginalised groups

Young peer educators suggested that a focus was needed on the most marginalised young people who are drug users, girls in danger of trafficking and sex work, street children and transsexuals and transgender people. This would include having more understanding of intersex, transgender, transexuality, lesbianism and homosexuality in young people's lives.

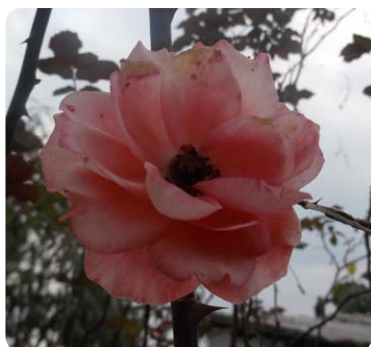
Kaski is a tourist destination and peer educators talked to young people who highlighted the issue of many young men not only using drugs but also supplying drugs. Children and young people act as suppliers of cigarettes, drugs and alcohol and there was an implication, although not fully discussed, that young women are involved in tourism-related sexual abuse.

'...[there is] easily and cheaply available alcohol and intoxicating substances in rural areas ... children are used in transferring tobacco, alcohol and drugs.'

(Group analysis, Santosh and Srijana)



Young man smoking a cigarette and discussing the serious problems of drug abuse in tourist areas



Rose depicting marginalised third gender youth being able to open up and talk about their sexuality

There are many pressures for children and young people to work and peer educators represented the physical and mental suffering through pictures of young people carrying heavy loads and working in hard labour. Despite this pressure, there is still high unemployment amongst young people in Kaski and peer educators re-emphasised the need for economic empowerment. With more emphasis on sexual and reproductive rights and human rights in the youth programme, educated young people could work with more marginalised peers on access to services and increasing knowledge about rights in communities.

Although there is legislation in Nepal relating to non-discrimination toward transsexual, transgender, bisexual, lesbian and homosexual people, peer educators photographed a rose coming out to signify third gender young people not being able to introduce themselves openly or talk freely about their sexuality. Young researchers did not believe that third gender people can seek advice about family planning devices and sexual and reproductive health services.

What is already being done?

The assessment research suggested that there is more access for young people in the areas where they run peer groups, to information about sexual and reproductive health including safe legal abortion and to family planning devices. The mobile clinics help and there is effective information given to young people through dissemination of pamphlets, hoarding boards in public places and door-to-door campaigns. There is also effective dissemination of simple family planning devices, such as condoms. Young people interviewed and peer educators said that the condoms distributed by FPAN, although free, are not of a good quality: they split and have an unpleasant smell.

Peer groups that have been set up in different village development committees are regarded as successful due to the initial training for peer educators, their performance review meetings supported at branch level and the encouragement of monthly peer meetings so that young people can share their problems.

What more could be done to realise sexual and reproductive health and rights?

Peer educators suggested that although there is information on sexual and reproductive health and rights, there needs to be more awareness raising and education on associated issues including:

- Gender discrimination and violence
- Marginalisation and the mental and physical pressures for working children and young people including street children and young people from poor families
- The problems faced by people of the third gender in expressing their sexuality and talking openly about sex; and
- The involvement of young people in alcohol, tobacco and drugs.

They felt that the mechanism of working with peer educators was effective and that sufficient expenses were provided to keep young people on board. They suggested increasing the number of peer groups.

In order to change the situation for children and young people, peer educators requested funding to be trained in street drama and said they would also like to continue to document their achievements and the challenges they faced using photography. All of the research teams raised women's empowerment as a priority in communities, including their economic empowerment.

Those peer educators who were in school felt that the curriculum should be developed to include comprehensive sexuality education. Although the comprehensive sexuality education programme was run quite separately to the peer groups with out-of-school youth, peer educators felt that it should be extended to these young people and to adults in the community. They noted the shyness that is associated with talking about sexual and reproductive health and how teachers and facilitators need the training to help them to talk about these sensitive issues.

Sexuality programmes needed to be run in formal and informal ways and young people recommended that if there were information centres or libraries, where young people could go to see films and use the internet, they would feel less embarrassed about accessing information and services relating to sexual and reproductive health services. Films could relate to drug use, gender relations, discrimination and violence, early marriage, menstruation and sanitation, as well as having some recreational films to create an informal atmosphere.

For increased support in communities and sustainability, peer educators suggested working in collaboration with other organisations. They asked for greater participation in political advocacy work and suggested that they would like more support to advocate for policy formation or at least to understand how existing policies could be implemented. Recognising progress that has been made in working with government services in being more sensitive to women and setting up information and counselling services for women, peer educators felt that continuing to work with government health clinics and the district office is important. The continuation of youth-friendly services through mobile clinics was also felt to be critical to meeting demand for services locally.

Research in Bharatpokhari

The additional research carried out by the lead researcher and co-facilitator in Bharatpokhari reconfirmed many of the key findings in the youth-led research. FPAN has worked in this village development committee for 15 years, although the youth programme has only been active for the last three years under the A+ project. There is a local clinic, far from any government services, which takes referrals from mobile clinics and is supported by the A+ funding (the building was paid for by Japanese funding).

Comprehensive sexuality training has been conducted with teachers from 22 local schools in Kaski, one of which was in the village development committee. The research involved interviews with a head teacher in a local school, a male local community representative who is a teacher, two female service users at the clinic, a service provider who is a clinician, the mother of one of the peer educators and three young women and three young men from the peer group. The peer educator facilitating this group from Bharatpokhari is a young married women, who participated in the workshop and peer-led research.

Young women in the peer group were pleased to have been able to discuss issues about their relationships more openly and obtain information about having a healthy sexual life, safe sex, menstruation, how to use condoms and take pills, for example. Young men found discussions useful, especially about masturbation, using condoms, gender violence and treating young women with respect. They all said that after the project had ended they would still continue to meet and discuss issues. The peer group members felt that they would like the same kind of training as the peer educators on sexual and reproductive health so that they could also go and work. They also suggested that drama would be a good way to spread messages to non-literate adults in the communities. They felt that uneducated people in the community would not allow social interaction between young women and men and confirmed that there needs to be far more education of adults in communities.

The clinician prioritised discussions with young women and men on how to work towards more fulfilling sexual relationships inside and outside marriage and naturally this would be done in the strictest confidence. Young people are seen at the clinic on a separate day from adults so that they can come to the clinic without pressure from adults or embarrassment. The clinician seemed to have gained trust from both adults and young people in the community.



Co-facilitator interviews the mother of one of the peer educators

Key aspects of youth-friendly services that the clinician, service users and the young people in the peer group identified were:

- Young people's consultation on a different day from the adults
- Privacy and confidentiality ensured
- Posters, materials and books accessible with sexual and reproductive health information
- A youth-friendly clinician who is known and trusted by the young people (ideally a male and female clinician)
- Staff who are aware of young people's issues and problems
- Sexual and reproductive health services provided in the context of broader health services; and
- A good referral system, both from mobile clinics and to the district clinic.

Service users interviewed felt that the clinic provided cheap services close to where they lived, and one of the women noticed that young people had started to talk more openly about SRH.

Sexual and reproductive health in schools

Community members, teachers and young people confirmed that teachers were embarrassed to talk about sexuality and sex. The teachers worried about mischievous behaviour from pupils when discussing sensitive personal issues. At the school in Kaski, the comprehensive sexuality education training was appreciated. It was the head teacher who was trained and who felt that it had made a big difference to thinking in the school. Large posters were up in his office and he discussed how to integrate the learning into the school programme.

The training had really helped to provide different methodologies for working with young people on sexual and reproductive health, including using games, visuals and drama techniques. There were no complaints from parents and the young people and teachers appreciated the interaction, although more training was needed. It was noted that the training delivered by the project officer did not really fully address sexual and reproductive rights, as opposed to health needs and services, due to concerns about sensitivity to sex and sexuality in the cultural context.

Recommendations and analysis

The achievements of the A+ project have helped to raise awareness of youth-friendly services, and the learning in the youth programme can help to achieve more of a rights-based approach in the longer term. In order both to go beyond information, addressing sex and sexuality in a non-biological more emotional way, and to analyse and address gender discrimination and power dynamics in the community further, the project would need more time. The A+ project is providing learning to the broader youth programme and feeding into advocacy in both youth-friendly services and comprehensive sexuality education (discussed in the main report for this assessment research). The way in which success in the programme is measured and how to achieve greater sustainability and define value for money are also discussed across the cases in the main report.

The key recommendations formulated with young people for the programme in Kaski have been discussed at branch, Member Association and Regional Office level and highlight the following areas for future consideration:

- The mechanism of delivering youth programming in partnership with young peer educators should be encouraged and peer groups of youth sustained with comprehensive sexuality education training provided to both the educators and groups, ideally with resourcing
- Support and access needs to be extended to more marginalised groups including consideration of inclusion of caste groups, third gender, street children, drug users and sex workers. Peer educators identified the need to do more to engage with marginalised groups who have insufficient access to sexual and reproductive health services and which lack knowledge regarding their sexual rights.
- Youth-friendly services are best provided in the context of broader health services or youth-friendly libraries, raising awareness through the use of a variety of media including video and film. This can help to provide young people with more anonymity and encourage a space where young women and men can interact and discuss emotional and personal issues, as well as accessing information and services more freely and confidentially. This is further discussed in the main report.
- Future interventions need to focus on changing the attitudes and behaviour of adults in communities, including the orientation of religious leaders. Young people and community members felt that an effective way to raise awareness on the broader issues of sexual and reproductive health and rights as opposed to simple health-related messages was to receive training on developing community drama/ theatre and multimedia approaches.
- Information boards about youth-friendly services can continue to be placed in public places as this is seen to be effective and non-controversial, although it does not reach those that are non-literate. The use of logos has been important in helping community members to identify with different services and can be used with other visuals on the boards.
- Mobile clinics are effective in accessing remote rural areas and distributing medicines and simple family planning devices free in mobile clinics, as long as the quality of the devices is maintained, although they need to continue to visit areas regularly with youth-friendly services. The quality of condoms distributed by FPAN needs to be improved as they often split and have an unpleasant smell.

- Comprehensive sexuality education can be extended to community adults and youth as well as in schools. Peer educators found that many of the key barriers to realising rights were firmly held beliefs and long standing cultural practices.
- Advocacy should be supported to continue to include comprehensive sexuality education in the school curriculum with accompanying materials developed. Work with the National Teacher Training College and the Ministry of Education through networks is encouraged. Teachers saw training as essential to provide approaches to address sexual and reproductive health more openly and with confidence. This could also be extended to make the training more rights-based in its application.
- Life skills and economic empowerment programmes for young people could contribute to the sustainability of the programme and should be prioritised. Otherwise there is a continued pressure on young people to migrate for work and therefore a high turnover of peer educators and volunteers especially in rural areas.
- Additional documentation of the project work could contribute to learning and ongoing advocacy work on youth-friendly services and comprehensive sexuality education. Although an impact study is being commissioned as part of the completion of A+ in Nepal in 2013, the assessment process with peer educators could be extended and include providing cameras to peer educators to document their work, learning and achievements.
- Completion and implementation of the planned child protection policy for FPAN as there is room for abuse and the FPAN/IPPF should ensure it protects staff and the young people who it works with
- Continued advocacy about youth-friendly services and comprehensive sexuality education with networks, and the national government, is encouraged, as is ensuring that local partnerships in communities continue to be built upon rather than lost as the funding comes to completion.

Much of the additional analysis at Member Association and Regional Office level that adds to this story of change will be presented in the main report across cases which review and suggest ideas about models for youth participation, institutional journeys in supporting rights-based programming, assessing progress and learning, and messages on sustainability and value for money.

The support from the South Asian Regional Office has also been noted as timely, appropriate and appreciated on the ground in Nepal and has contributed to the successful implementation of the A+ project.



The better option



Young people's participation, sexual rights and services in Nicaragua

Report of participatory research and
assessment of the IPPF A+ project with
Profamilia in Nicaragua

Hannah Beardon

May 2013

A note from the author

I hope, that by telling the story I heard in Nicaragua from these different perspectives, I can support a useful process of reflection and learning for those involved in the project. I also hope that this story can do justice to the passion, commitment and impact of these young people and their supporters.

My thanks goes to Ahtziri, Eveling, Fernanda, Gilberth, Harvin, Haury, Jessica, Josseleny, Luby and Marlon – the inspiring young people who carried out the youth-led research.

About IPPF

The International Planned Parenthood Federation (IPPF) is one of the major global organisations working on sexual and reproductive health, with Member Associations providing sexual and reproductive health information, education and services in countries across the world. The foundation for all of this work is a commitment to sexual rights as set out in *Sexual Rights: an IPPF declaration* (2008). IPPF understands that people's sexuality is not just a health issue; it is central to their identity and wellbeing and subject to complex, changing and intersecting social and structural determinants, including gendered power roles and relations, age, wealth, sex, religion, sexuality, sexual orientation and ethnicity. This understanding is fundamental to the way services are provided, and also explains the organisation's focus on advocacy and education. Furthermore, IPPF has a strategic focus on youth, working to help create the conditions for young people to exercise their sexual rights.

Abbreviations and acronyms

| | |
|--------|--|
| CSE | Comprehensive sexuality education ¹ |
| Danida | Danish Development Cooperation Agency |
| IPPF | International Planned Parenthood Federation |
| NGO | Non-governmental organisation |
| SRH | Sexual and Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| UNFPA | United Nations Population Fund |
| YFS | Youth-friendly services |

1

The IPPF Framework for Comprehensive Sexuality Education states: *'Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships. It views 'sexuality' holistically and within the context of emotional and social development. It recognises that information alone is not enough. Young people need to be given the opportunity to acquire essential life skills and develop positive attitudes and values'*.

Introduction – making sexual rights real

This story of change describes the A+ programme work of the Nicaraguan sexual and reproductive health provider, Profamilia, with young people in different parts of the country, in the context of sexual rights in Nicaragua. From feedback from young people, and the reflections of different stakeholders on their perspectives, the Panos London assessor has derived insights into the role and added value of Profamilia and the International Planned Parenthood Federation (IPPF) to strengthen young people's access to sexual and reproductive health services and rights in Nicaragua, in the past and in the future. The story is drawn primarily from interactions with members of Profamilia's youth clubs who participated in the research workshop, as well as with staff and other stakeholders. It focuses on the issues, activities and changes that young people chose to share in the workshop and the role of Profamilia in supporting these.

'For people to attain the highest standard of health, they must first be empowered to exercise choice in their sexual and reproductive lives; they must feel confident and safe in expressing their own sexual identity...

'IPPF is committed to fulfilling its goals through an approach that embodies the principles of universality, interrelatedness, interdependence and indivisibility of all human rights.'

**Sexual Rights:
an IPPF declaration**

One of the main principles guiding this review of the A+ programme assessment is the value of putting youth themselves at the centre of the assessment, through participatory research with youth project participants at the start of country visits. In the workshops, young people provided details about the reality of their lives and what was important to them. In this way, the context, findings and issues revealed through the workshop guided interviews with Profamilia staff and other key actors and other information gathering during the Panos London assessor's country visit.

Profamilia works in very challenging and complex situations in relation to youth sexual and reproductive health and rights. This story demonstrates the effectiveness of responding to these challenges by adopting youth-centred strategies organisationally and through programming that addresses the social barriers to accessing sexual and reproductive health services. It seeks to convey the complexity of working on sensitive, controversial and, above all, very personal issues which affect individuals' lives, but also community and social dynamics. It highlights the difficult balancing act between social, health and financial objectives that Profamilia has to manage, and the relationship between these dynamics and tangible programmatic outcomes.

Profamilia is an NGO and not-for-profit health care provider with social objectives. A member of IPPF, it has been working nationally for 40 years, providing sexual and reproductive health and primary health care services through a network of clinics. Although Nicaragua has a free public health service, Profamilia works to provide complementary services at low cost, often working with local public services to reach the most vulnerable and underserved people. In response to the high proportion of young people (65 per cent of the population are under 30 years and, according to the 2005 census, over 49 per cent are under 19²), and the highest rate of teenage pregnancy in the hemisphere, Profamilia has a strategic focus on youth services. The organisation runs youth-friendly services with specialist staff and facilities out of several of their clinics. They also invest heavily in young people's participation, both in reaching out to the youth with information and services, and in the organisation's own governance and decision-making structures.

Profamilia was one of 16 IPPF Member Associations that benefited from a three-year grant from the Danish International Development Agency (Danida) called the A+ Programme. The A+ Programme was implemented in 2010 – 2013 and had four main objectives:

- 1 To increase institutional commitment of IPPF Member Associations to young people's sexual rights
- 2 To build a supportive community, environment, and legal framework for young people's sexual and reproductive health and rights.
- 3 To strengthen and expand existing services for young people, especially the most underserved and vulnerable.
- 4 To increase access to comprehensive, youth-friendly, and gender sensitive sexuality education.

The IPPF A+ project has allowed Profamilia to strengthen and deepen its focus on youth, and invest in expanding its youth-friendly services. They established youth clubs associated with their clinics where young people have learned about sexual health and rights, promoted the youth-friendly services available at the clinic, and been involved in local advocacy around young people's sexual rights. Most importantly for them, they have built strong social relationships with each other, built their own self-esteem and awareness and their attitudes to sexuality and rights have matured.

This case-study research, which represents one of four international cases, lies within the context of a full assessment that also includes a desk review, survey of all of the Member Associations implementing the A+ project, and interviews with the global and Regional Offices of IPPF. The main objectives of this in-country and regional research are to:

- Explore understanding of different perspectives, including youth perspectives on sexual and reproductive health and rights
- Understand what it is like to be young and how rights are realised in different contexts, including reviewing how change happens and understanding what mechanisms or strategies in different contexts result in desired outcomes for young women and young men; and
- Consider how the A+ programme has contributed to these desired outcomes.

I decide:

- What is appropriate for me:
I am faithful to myself.
- Who I want to be with
- The right moment to start sexual relations

I need:

- Information on relationships, sexuality, family planning and physical development
- Communication, with my partner, family, friends.
- Consensus decision-making, respect and tolerance
- Prudence and judgement

**Positive sexuality:
by the workshop group**

The Panos London assessor met with 10 young people who are involved in youth clubs attached to four different Profamilia clinics, Chinandega, Los Robles (Managua), Somoto and Tipitapa, the last three of which have established separate youth-friendly clinic services with A+ funding.

Over three days in a participatory research workshop, they shared many of their thoughts, feelings and achievements in relation to Profamilia, sexual rights and health and progress towards their vision of positive sexuality. The results are the basis for this story.

Methodology

Given the complexities of sexual reproductive health and rights and young people's lives, the best way to summarise the findings is in the form of a critical story of change. This story approach allows the assessment team to explain the findings of the participatory research component in an integrated way, in the context, and in relation to other information gathered through interviews and as background information. The participatory research activities and use of the story of change format encourages reflection and learning from the findings with the young people themselves, as well as with Profamilia and IPPF Regional Office staff. The outcomes from reflection and discussion create a loop of additional information to feed into the assessment.

Analysis and discussion and findings and recommendations will be carried out in the next phase of the assessment, which will be added to the case study stories of change for each of the four countries, as well as becoming part of the wider A+ programme assessment.

This story conveys the main findings of a field visit by Hannah Beardon, a member of the Panos London A+ assessment team, to meet stakeholders of the project and to find out more about the change processes related to sexual reproductive health and rights of young people involved in Profamilia programmes in Managua and Somoto, in October 2012. The visit to Nicaragua centred on a five-day participatory research process with a group of 10 young people (six girls and four boys aged between 15 and 24 years), directly involved in the project as members of the Profamilia youth clubs and peer educators.

Using games, drawing, group work, discussions and photo-story techniques, participants explored what sexual rights mean for young people in that context, what kind of changes they wanted to happen and what has already started to happen, and how these changes come about.³ To bring these discussions alive, participants made and shared their own audio-visual stories of change. Participants also created presentations about their activities and experiences with Profamilia, as well as photo stories to illustrate and explore in more detail the changes happening in their own communities. At the end of the workshop, the Panos London assessor checked her interpretation of what she had heard with the young people in a presentation.

To validate and give more texture to these findings, the Panos London assessor visited a Profamilia club and youth-friendly clinic in Somoto, where she met with and interviewed people from local civil society, police and public health, as well as national partners. She was also able to check and discuss her findings with the project management team who accompanied her throughout her visit.

Using these presentations, she went back to visit the staff and management of Profamilia to understand the strategic priorities and direction of the organisation, and to report back and hear their reaction to what she had learned at the grassroots. This brought out interesting insights into how the organisation manages social change, financial and health service priorities, and how this work can be built on and outcomes and impact further strengthened, which are reflected in the story of change in this section.

³ The methodology used for the in-country participatory research portion of the assessment has been produced as a guide and made available to IPPF Member Associations and IPPF regional offices looking to generate and document similar types of insights and information with young people.

Sexual rights, social realities

Gendered social roles have been changing for young people in Nicaragua, especially for girls and women. Traditionally, Nicaraguan society has been strongly Catholic and highly patriarchal. Just two or three generations ago, women married very young, often without much of a say in the matter. Young people claimed that only two generations ago it was not uncommon for women to have over 20 children. Girls were rarely educated and female roles were mainly reproductive (child bearing and rearing and being responsible for the household and caring for other family members). They operated mainly in the domestic sphere, and yet they had little say in household decision-making, and were highly dependent on their husbands for even their most basic needs. As the workshop participants put it,

'Women used to need a husband to get ahead, now they are more independent.'

Women's rights were not generally recognised in terms of legal and social rights and protection. Violence against women and girls was endemic. A 1998 national survey of married and cohabiting women showed that 27.6 per cent had suffered physical violence and 10.2 per cent sexual violence in the past.⁴

Sexual and gender-based violence is still very common and widely socially accepted. At the same time, both young people and adult staff in Profamilia clinics and management explained that women now experience more freedom and independence, are more likely to study and go out to work, and to participate in decision-making both at home and outside in the wider social and political environment. There is a lot more awareness of women's rights, and legal structures have been put in place to support women to defend these rights.

These shifts stemmed in large part from the social and political changes after the Sandinista revolution in the 1980s. The government invested in education and health for all, and promoted women's rights and participation, culminating in Violeta Chamorro being the first female president in the country in 1990. Partly due to these structural changes, and much greater access to family planning methods and information,⁵ the average number of children per woman has dropped dramatically to a current level of 2.08.

Despite the declining fertility rate in certain age groups, Nicaragua has an overwhelming number of young people, with 53 per cent of the population under 25 years old.⁶ In Nicaragua, many children grow up in extended family units, with lots of other young people around, and family kinship ties are very strong. This strong social glue can protect young people from the worst effects of poverty, marginalisation and underemployment. Youth club members explained, however, how social problems surround them and influence their lives, decisions and expectations, including in relation to their sexuality and rights.

4
<http://www.eclac.cl/publicaciones/xml/5/22695/lcl1744i.pdf>

5
According to a World Bank report, in 2007 72% of married women used contraception compared with only 27% in 1981. See <http://siteresources.worldbank.org/INTPRH/Resources/376374-1278599377733/Nicaragua62910PRINT.pdf>

6
CIA factbook <https://www.cia.gov/library/publications/the-world-factbook/geos/nu.html>

Life in the barrio

'I have friends in gangs but I can't approach them, because other gangs will think I'm passing them information. So I have to start to discriminate. But they have hearts, they feel too.'

Eveling, member of Profamilia youth

Jessica (19) and Josselyn (17) are committed members of Profamilia's Los Robles youth club. Their neighbourhood in Managua, Barrio La Luz, has high levels of unemployment, school dropout and teenage pregnancy, as well as strong influence of gangs and drugs. They told how some of the children in their neighbourhoods are left to play on the streets all day, with little parental care or attention. Older girls and boys can be tempted by easy money to sell drugs or sex, which is how gangs recruit and grow. Some parents are worried about lack of security and presence of gangs in the local school, and keep their children out.



Children out of school, Barrio La Luz

Rivalry between gangs is fierce, and cycles of violence and killing are fed by gang pride and their culture of revenge. According to the participants, as young men get deeper into their gang identity they rebel and are less likely to use condoms or respect women's rights. For young women in the neighbourhood, this has a big impact on their physical security and integrity and freedom: they do not feel safe going out after dark and have to be careful who they mix with. Girls and young women are often coerced into gang actions against another gang or member, and one participant told how she had been held at gunpoint by members of one local gang because she had previously had a relationship with someone who had subsequently become a member of a rival gang. In this way, the gang actions and culture perpetuate a vicious cycle of violence, fear and discrimination and alienation for young people in the community.

But not everyone falls into this cycle. Many of Jessica's and Josselyn's neighbours work hard to make ends meet, look after each other and *'keep themselves clean'*. Jessica explained how many women in her neighbourhood create small businesses and *'look for any honourable way to get ahead and feed their children. Despite their poverty, they don't give up and they fight for their children to have everything they need and be good people.'* Young men, many of whom may have left school early, also find legal ways to earn money, usually as mechanics or helping out with their mothers' small businesses. As Josselyn explained: *'They don't have an education, but they know how to work hard.'* One of the young people at the workshop, Marlon, explained how he had changed his own violent behaviour, since being involved with the Profamilia youth club. *'My dad taught me to fight and not get beaten by others.'* he explained, *'But when I learned about rights and laws and realised that violence was not the only way to resolve issues, this opened up a world of opportunities.'*

Teenage pregnancy

Apart from the gang culture, the main concern that the young people wanted to share about their neighbourhoods was the high levels of teenage pregnancy.⁷ Jessica told the Panos London assessor how many of her neighbourhood friends are pregnant or already mothers, and this reflects the wider society: Nicaragua has one of the highest teenage fertility rates in the world. And once they get pregnant, most of these young women (and some teenage fathers) leave school.



Maria Enoe (19) and Erwin Jose (17) pose for a photo

Jessica and Josselyn provided some clues as to why teenage pregnancy is so common in their neighbourhood, through their photo-story report. They called in on Maria Enoe, who is 19 years old and five months pregnant. Her boyfriend, Erwin, is 17, and when he found out she was pregnant he left school and moved in with her and her family. Ana Maria, Maria Enoe's grandmother, is happy that he is showing such responsibility, and happy about the situation. Teenage pregnancy and large, extended families are quite normal for this family and their friends and neighbours. In this family, what is important is that the couple is being responsible. They were happy to pose for the photos; they are in love and excited about the forthcoming birth. Erwin has started working fixing cars, and is pleased to be able to support his new family.

When Jessica visited them, she explained why she wanted the photo, and gave them more background on her involvement with Profamilia's youth club. They were very interested and asked a lot of questions. She explained that it is a social group that she attends every week, where they learn about sexuality and sexual health, and share information with others about sexual health services and rights. She told them why she is involved, what she learns and why she enjoys it. She explained that learning about sexual rights is not just about sexual activity and contraception, but it is also about informed decision-making, about recognising and standing up for your freedom of expression and the right to equality.

At this point Erwin told Jessica that perhaps if they had known about this earlier, they would not be in this position now. Grandmother Ana Maria agreed. She blamed Maria Enoe's pregnancy on failed contraception and lack of quality public health services for young people. *'The young people are not always to blame'*, she explained to Jessica.

Lack of information was a common story, school-based sex education is superficial, talking about sex within families is taboo, and other than Profamilia, sexual health services do not specifically target or cater for young people. The doctor at the youth-friendly Profamilia clinic in Somoto explained:

'Most young people are embarrassed to talk about sex with their parents. They would rather tell their parents that they are pregnant, than admit that they are using contraceptives.'

One of the most important structural drivers is the fact that all abortion for any reason is illegal and this law is strongly supported by the government and the Catholic Church.

7

Nicaragua's 25% teen (ages 15–19) pregnancy rate (30% in rural areas) is the highest in Central America (<http://www.nicaraguanbugle.com/2012/07/29/un-program-to-help-with-teen-pregnancy-in-nicaragua/>), with live births above 100 per 1000 (UNFPA State of the World' Population 2011). More than 170,000 live births between 2000-2010 were to girls under age 14 (Nicaragua Ministry of Health; www.ipsnews.net/2012/08/pregnant-nicaraguan-girls-forced-to-become-mothers/).



Ana Maria, Maria Enoe's grandmother

Youth clubs are the better option

‘Young people need to see that change can happen; they don’t need to ask permission from a society which discriminates and stigmatises.’

Marlon, member of Profamilia youth

‘My participation creates change.’

Gilberth, member of Profamilia youth

Young people in Nicaragua outnumber the older generations, but they still feel quite powerless, because they are not listened to or understood by adults, and suffer age-related discrimination. Chantal Pallais of the UNFPA youth programme in Nicaragua explained, *‘Parents are the biggest issue. They don’t understand, there is no democracy in the home, it is very authoritarian. There is a problem of “adulthood”.’* And on top of that, despite the general reduction in machismo, young people said that they still experience gender discrimination in the family and in the community.



In her photo story, one workshop participant, Eveling, showed how she is discriminated against in her family, because she is a girl. She shared pictures of one evening, where her dad and brothers were sitting around relaxing, eating, chatting on their mobiles, shaving and showering. She also showed her mother cooking and helping her young niece with her homework and washing, and the piles of washing up and washing left for Eveling to deal with after returning from the workshop. She is at university, but has to put the domestic responsibilities before her own studies.



Eveling’s experience of sexism and inequality in her household is incredibly frustrating for her, not least because she feels that, if she refuses to help, it will be her mother who will suffer. *‘I know my rights’,* she explained, *‘and I learned to defend them. But nobody listens.’* It is not only her brothers and father that ignore her requests for equality, but her mother too tells her that women should behave the way her mother does. *‘We need to re-educate our parents,’* Eveling declared. *‘When my mum asks me about what I have been doing at the club, somehow I try to inform her about the wrong she is doing me.’*



Part of Eveling’s photo story: her brother texting and mother cooking, and the pile of dishes left for her to deal with when she got home.

There are communication barriers between young people and adults, and most young people find it hard to talk to, or ask advice from, their parents. *‘Amongst young people we have a lot more trust’,* Marlon said, and this gives the members of the Profamilia youth clubs a great opportunity to influence and inform other young people. As Jessica put, members of the Profamilia youth clubs can be *‘the better option’,* where members act as role models and provide reliable and open information and advice on sex and sexuality to their friends and peers. She explained: *‘We want to help our community and the best way of doing this is working in high-risk areas to contribute to the development of young people, so that they can grow up in a healthy, safe community without discrimination.’*

Breaking the cycle of discrimination and exclusion with love and empathy

Jessica wants to break through the negative social norms and discrimination and work with empathy and love to encourage the virtuous circles of education, self-esteem and social inclusion. And this is an approach echoed in quite a surprising sector in Somoto, in the north of Nicaragua, another community where Profamilia runs a youth club and clinic. There, Captain Sandra Mejia, a policewoman in the crime prevention unit runs a pilot project with young people at high risk of getting into gang life. Captain Mejia explained that when the young people were first approached and invited to take part in the project, they were very happy just to be given some attention and support:

‘They told me “no one ever comes here to talk to us, we have got nothing to do, no work, no education, no recreation”.’

The police invited these at-risk young people to a series of sessions looking at issues, including drugs, crime and sexual health, and partnered with Profamilia to provide them with counselling, advice, testing and treatment. *‘Profamilia are so good on the emotional side,’* Captain Mejia told me, *‘then young people start asking questions, they get interested and want to know more.’* This process would not be possible in a public health centre or hospital, she explained, because they are only able to focus on problems and treatment, rather than prevention. For one thing, public health facilities do not work with psychologists who, she considers, are fundamental to this type of approach. In fact, she said that if these young people were to go to a public health centre they would probably be turned away: *‘They [health workers] would throw their hands up and be straight on the phone to us!’* she exclaimed.

By taking the initiative to break the cycle of discrimination, the Somoto police have been able to achieve positive results, with over half of the first cohort of youth finishing the project’s course, security increasing and levels of drug abuse declining, and trust in the police increasing. *‘The dynamics of the project encourage reflection, and people change,’* Captain Mejia told me. *‘And parents are happy because they see their kids changing, even the way they dress. Parents are amazed that we are talking about treating their youngsters with love and support, they just assume that the police are going to harass and arrest them.’* The police have also learned from the experience *‘Even me, I’ve changed!’* said Captain Mejia.

They are now applying this approach to other local problems, such as street drinking. *‘We can serve the public in a different way now,’* she declared. She hopes to find the resources to continue the project beyond what has been a successful pilot, and break the funding dependency cycle to embed this approach in the local policing strategy. So this approach, based on empathy, is taking root in individual young people, in institutions like the Somoto police, and in organisations like Profamilia.

Profamilia: targeting and involving young people



Young people at Profamilia Tipitapa clinic

Given the youth ‘bulge’ demographics, Profamilia has practical, as well as social, reasons to target young people. ‘*To put it bluntly, they are our market*’, explained Wilbur Martinez, the treasurer of Profamilia’s board of directors. They need to balance the books and young people are the biggest group to whom Profamilia can provide services. But their youth focus neither stems from, nor is it sustained by this financial imperative. Rather, it is the fact that young people are one of the groups most in need of their core sexual and reproductive health services, and, at the same time, they are underserved by the public health system.

Becoming a youth-focused organisation

Young people need information about sex, sexuality and sexual health, and they need services designed specifically for them. There are specific challenges, as most are unmarried and may find it difficult or embarrassing to talk about sex, meaning they are less likely to proactively seek the services they need. Over 10 years, Profamilia has been exploring ways of engaging and reaching out to young people, to enable them to access the sexual and reproductive health services they need.

There are three main strands to this work:

- Creating the right clinic environment and services
- Mobilising and informing young people about sexuality, sexual health and services; and
- Working with others to strengthen the legal and policy framework for young people’s sexual rights.

Sometimes they have had support and resources from USAID or IPPF, and the work and learning have accelerated, but they have never lost this youth focus. ‘*Of course,*’ Freddy Cardenas, Profamilia’s director told me, ‘*while there is money everything works.*’ But they have worked hard to sustain progress, and continue investing in their staff and facilities, even when donor funding has not been available.



The Profamilia clinic, Somoto

As a result, Profamilia now has a strong reputation and is considered a pioneer and leader in providing appropriate services to young people. Key informants both in and outside Profamilia considered it as a reference and a model in working with young people. And this has had an impact on the organisation itself, which has turned its youth focus inward and strengthened youth participation in its management and implementation structures.

As part of its membership agreement with IPPF, 20 per cent of members of the Profamilia board of directors have to be under 25 years of age, although this target has been missed recently because of incumbents reaching age 26 and new members not being recruited on time. Many of the youth board members over the years (including two presidents) have come up from the organisation’s grassroots through the youth clubs. This provides opportunities for young people to develop skills and experience, and for their volunteering to be rewarded through structured progression. Furthermore, with funding from this project, the organisation has been able to provide training and awareness-raising activities for its management team, board members and human resources staff, and develop and approve a new youth policy.



Profamilia provides targeted services for young people in seven of their 17 clinics

Despite the challenges in meeting and keeping the age-related board membership targets, the senior management of Profamilia claimed that they have made a transformative difference to the nature and decision-making of the organisation. *'It has helped to strengthen our youth focus'*, executive director Freddy Cardenas explained. *'Young people see things differently. They are particularly good on sexual and reproductive health issues, and have helped to give a different feel to the board.'* The younger board of directors broke new ground in approving a standing allocation of 1 per cent of the budget for youth-friendly services, which is, according to Mr Cardenas, *'the single most important thing for integrating youth into the organisation.'* These changes have allowed the organisation to look beyond self-funding health services, and maintain an emphasis on youth participation and education. As a result, the organisation has shifted its own objectives in relation to young people, from a focus on delaying first sexual experience and pregnancy, to promoting youth participation and strengthening their opportunities and options. This is reflected in its 2012-16 strategic plan, in which one of the three strategic objectives is 'Profamilia Youth', specifically:

'To rejuvenate Profamilia in response to demographic changes which are making Nicaragua a country of youth ... through policies which promote management by young professionals and the reorganisation of customer care for young people, based on the youth-friendly services initiative.'

Providing youth-friendly services

'Profamilia are well known for their youth clubs and services for young people. They also do good outreach activities, and the young people act as promoters.'

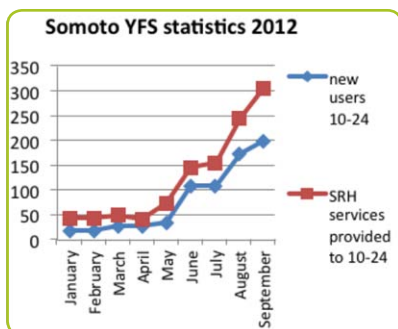
Captain Sandra Mejia, Somoto Police

Profamilia provides specifically targeted services for young people in seven of their 17 clinics, three of which (in Managua, Tipitapa and Somoto) were opened in the last three years under the Danida-funded 'YFS' project. In its own strategic plan, 'youth-friendly' is described as: *'An integral and specialised customer care model, with successful programmes delivered with quality and warmth, with an emphasis on SRH, a gender perspective and a focus on sexual and reproductive rights.'*

In practice this means:

- Where possible, youth-friendly services are provided in a separate area of the clinic, with its own waiting room and entrance and attractive materials and activities for young people
- Services are tailored to the needs of young people, based on feedback and evidence from the clinic operations. For example, Profamilia is finding that most young people want counselling, information and advice, and family planning methods, more than treatment.
- Young people are attended by specially trained staff (a doctor, a nurse and a counsellor), who are themselves young and can deal with the specific needs and characteristics of young people. This means overcoming taboos of talking about sex with young people, and knowing how to overcome their embarrassment to give them the services they really need.
- Services for young people are subsidised, and in many cases given free either through the provision of vouchers funded by UNFPA, or at the discretion of clinic staff in special cases
- Young people are also involved in marketing and outreach to allow access to a wider youth population.

The youth-friendly design of health services, materials and marketing strategies is made possible by the inputs, feedback, validation and integral participation of young people, in large part through the Profamilia youth clubs, and also through routine customer satisfaction surveys. In response, Profamilia has paid attention to confidentiality and trust, encouraging young people to access the services by listening more, treating them warmly and giving them more time to make decisions with good information and without feeling judged or pressured.



The initial investment in staff recruitment and training, adapting clinic spaces, developing attractive materials and marketing to young people has shown results in terms of client numbers and service uptake, as well as the reputation and relationships of Profamilia. In the Somoto clinic, for example, the number of clients under 25 years has risen month on month, from 18 in January 2012, to 199 in September 2012, most of whom are women. The number of sexual and reproductive health services provided to young people has also increased steadily, from 44 in January to 306 in September.

This makes it easier for the organisation to sustain youth-friendly services once the project funding ends, within its own business model, which needs to balance its social objectives with the need for turnover and financial sustainability. Somoto clinic director, Gabriela, explained: *'Youth participation has a good impact on the clinic. We are the only organisation providing youth-friendly services; we are known for it. This means we get a good image and can attract more people to our services and get more partnerships with INGOs.'*

Importance of partnerships

The relationships and connections Profamilia have between different stakeholders at different levels are important, from young people involved in youth clubs and local police and education, health authorities, to national and international non profit organisations working for improved sexual and reproductive health and rights. By showing how the project is understood and communicated by these different stakeholders, it is possible to identify some common threads and objectives, where collaboration and shared direction strengthens the impact and effectiveness of Profamilia's work to improve sexual and reproductive health and rights.



Milton with materials from the 'No means No' campaign.

Profamilia's partnerships and alliances with the police, educators, civil society groups and international NGOs, and with the public health service have all strengthened. At a local level, organisations support each other in their activities with resources and mobilisation. This has helped to build Profamilia's reputation and reach, and increase the impact of its work. Saira Gutierrez, director of the Somoto public health service, explained how Profamilia complements and extends their work: *'Profamilia is a strength we have, they provide family planning and this allows us to reduce teenage pregnancy and sexually transmitted infections. They are different from other NGOs, who only provide training and education, because they also provide services.'* She told me that in a survey they carried out with young people in July 2012, Profamilia was named as the place for youth-friendly services. Milton works for the 'Movimiento Comunal', a national civil society movement working on social issues and rights, including sexuality, gender and health. He described a fluid and collaborative working relationship with Profamilia: *'Profamilia are fundamental to my work helping young people, giving us training and access to services.'*

The current secretary of Profamilia's board of directors, 28-year-old Jacinto, linked the strength of their partnerships directly to the investments that the organisation has been able to make thanks to the Danida A+ youth-friendly services project: *'We are a model, and this is a great achievement for this project.'* It was clear from visit interviews and other information that they are providing important services that meet an unmet need and which complement the free public health system. For this reason, UNFPA has supported Profamilia to strengthen their youth-friendly services, through the provision of funding for a voucher scheme. But Chantal Pallais, their director of youth programming, warned that this is not a sustainable, long-term strategy. *'They are filling a void left by the Ministry of Health,'* she explained, *'but in the long term that is who needs to take youth-friendly services forward. We need to build it into the national strategy for young people's health and development.'*

Informing, educating and building self-esteem

Profamilia's definition, or understanding, of youth-friendly services is very broad and comprehensive. Speaking to the current and previous coordinators of the A+ programme, it was clear that youth-friendly services require more than physical resources, as it is also a question of attitudes and trust. Young people need to have access to appropriate health services, delivered by the people who understand and can cater to their specific needs. They need spaces, times and prices that encourage and attract them to the clinics, and friendly, non-judging health workers to overcome their fear and embarrassment of sex and sexual health.

But most importantly, they need to know that the services are there, and realise that they need them. This has proved to be one of the biggest barriers to ensuring that young people are getting the services they need. Overcoming the barrier requires sustained information, education and mobilisation work. Profamilia has been addressing this need through their youth clubs and marketing work. The youth clubs are attached to clinics, and provide an opportunity for young people to get together and learn about sexuality and sexual health issues in a relaxed and engaging environment. *'We talk about issues that are important to us,'* they told me, *'like teenage pregnancy, healthy living, family planning and abstinence too. We also look at social problems like violence and how to know when you are subject to abuse.'* They learn about rights, and develop life skills including critical thinking and leadership. And, as they themselves told me, as they do so, they mature in their own attitudes and expectations, and become role models for others.



Eveling shares information at a university information fair

The role of the youth clubs is much more than sexual health services and information. They work with the clinic managers on the design of youth services and materials, volunteer for outreach visits, share information with their peers and generally spread the word. They participate in information fairs and marches, design brochures and posters, some hold chats or seminars at universities and schools, hold mural competitions or work with the local media to get the messages across to their peers.

They also contribute to other organisations and institutions' information campaigns. In Tipitapa, the youth group coordinates with the police and schools, for example. Many of the members are also involved in other groups, where they use the information and skills learned in their Profamilia clubs. This peer education model is considered very effective by staff and partners alike. Milton, from Movimiento Comunal told the author: *'The clubs are extremely important. Young people won't change by staying at home, parents don't talk to them about this stuff, they talk to each other. In the clubs, young people are leaders.'*

Each club has around 30 members who meet weekly, led by the clinic youth counsellor or psychologist and using educational materials such as their own manual *Saber para Crecer* (Know to Grow). The methods and activities are designed to be engaging and attractive for young people. As Marlon explained: *'We adapt methods to fit young people's attitudes, and tap into their interests, to give it that 'spice' so that they feel included. We are young, so we know how to communicate with young people.'*



Poster competition for international Women's Day



Project 'tree'

The young people who participated in the workshop talked about the strong sense of companionship they felt at the club; they look after and supported each other. *'We are like a family'* was a frequent refrain. This sense of belonging and atmosphere of fun is critical to the success of the youth groups.

Members are very committed, finding time out from chores, studies and work, and sometimes overcoming the disapproval of their parents, in order to attend. Eveling explained: *'I love my club; I care for them and identify with them. It is my personal time. My heart wants to be there. I don't want to miss a single Friday.'*

Participation in the club seems to have a profound impact on its members. The young people at the workshop talked about the effect on their behaviour, their opportunities and skills, their relationships and their thoughts for the future, illustrated as flowers on the project 'tree'. These kinds of changes are evident from the mature and compassionate attitude that Jessica and Josselyn took to their neighbours and in the approach of Eveling or Marlon to dealing with family dynamics or problems.

The young people who participated in the workshop interviewed other club members to give more depth to the author's understanding, and gathered similar testimonials. Harol has been a member of the Tipitapa club for two years and said *'I used to be embarrassed to talk about sexuality but now I am not. We talk about these things and now I am more secure in my knowledge. Profamilia helps young people with sexuality and with life.'* In Somoto we heard from another young woman who is a teenage mother. *'I fell in love at 12 and was pregnant at 16,'* she tells the camera, *'I didn't know how to look after myself at that time, I was afraid to ask my parents about sex and contraception. Now young people can go to the Profamilia club and find out, ask and plan.'* She is now taking part in Profamilia's youth activities, and hopes that by communicating with her own children she can break the pattern and the story won't be repeated.

This impact on young people's knowledge and attitudes was reflected in interviews with their parents and grandparents, Profamilia staff, and other adults in their communities. The grandmother of two of the girls participating in the participatory research workshop, Ahtziri and Fernanda, told me that she was happy that the girls were going to the club, explaining, *'If they weren't in the club I don't want to think what they would be up to now.'* And it didn't bother her that they talked about issues of sexuality and sexual health, saying: *'I try to talk to them about those kinds of things anyway, it is important.'*

How can we make our sexual rights a reality?

We want full coexistence and equitable social development. We want true equality and respect for human rights and women's dignity. A society free from discrimination, myths and taboos.

This needs to happen on different levels:

- Personal growth
- Healthy, responsible youth with options, the national 'prevent with education' campaign, abstinence, pleasure
- Intergenerational communication, learning and change
- Inter-institutional unity to change social problems. Permanent and total support from authorities (not dependent on political regimes, no corruption), religious leaders supporting young people's sexual rights
- Application of laws with equality and in totality.

From the participatory research workshop

Building a supportive environment in youth clubs

The young people who participated in the assessment were clear about the immediate and longer term benefits of their participation in the Profamilia youth clubs. Information and knowledge of sexual health and rights is a strong basis for decision-making, and they have also been able to develop skills and relationships to support that. However, as Eveling pointed out, having rights and knowing about them is an important first step, but living them is not always so easy. For that, it is necessary to be listened to and respected, which is not always the case for young people – especially girls and women.



Tipitapa youth club members outreach with the police

Profamilia is working on creating a more supportive environment for young people to realise their sexual rights, including access to services. They have been a leading member of an advocacy alliance working on bills relating to sexuality education (the 'prevent with education' ministerial declaration), HIV and discrimination, through which they have also been able to support young people to build their own advocacy skills, strategies and messages. Young people have been involved in monitoring the implementation of the education declaration, as well as delegates from their different organisations to the advocacy alliance. At local level, as well as joint working in support of service provision or information dissemination, clinics and youth groups have worked with decision-makers to make them aware of their issues and ideas. They have provided training for young people on communication, leadership and advocacy. Many of the youth groups are now coordinating their work, through district committees, to strengthen their advocacy activities.

Direct policy advocacy is not easy in the Nicaraguan context.⁸ In order to maintain good working relationships, operating space, funding and even registration, NGOs need to stay clear either of being critical of or threatening to the government, or of being seen by others as too close to the government and therefore 'painted with political colours'. Just as services need to be complementary, advocacy too needs to be encouraging and supportive, rather than confrontational. In the wider context, foreign aid has been declining in Nicaragua, so the scope for further investment in public services is limited.

⁸ Advocacy work was mentioned by staff in Profamilia, and by some of the young people involved in the assessment, as well as in the progress reports. But further details needed to assess impact were not available for assessment, probably due in part to the complex nature of advocacy, problems with attribution and long timeframes for seeing impact.

Importance of working with parents

Profamilia is doing a lot to overcome the power imbalance young people feel when asserting their rights from the bottom up. Talking to the young people and other stakeholders from the police and public health service to the UNFPA, and later in reflection with Profamilia staff and management, the same message came through again and again: we need to work with parents. It is parents, and other adults in these young peoples' lives, who are the essential link between young people's rights in law and their power or opportunity to exercise and enjoy them in practice. Milton, of the Profamilia ally 'Movimiento Comunal' explained: *'Parents think it is vulgar to talk about these issues and don't discuss them. But after the workshops young people go home and tell their parents what they did, they talk to them about sexuality, and they get more interested. Now we are giving classes to them.'*

Parents often resist talking about sex, especially with young people, but the few examples of engagement with parents showed that they tended to open up and become more supportive, especially once they started to see changes in their own children. Gilberth, a member of the Chinandega club, told me that he had had problems with his parents over his participation in the club, as had many others, but through proactive engagement they had managed to overcome some of these attitudes. *'You need to gain their confidence and trust, communicate and be sincere with them, invite them to participate and see what we are doing.'* He said, *'We have used videos as evidence of the work being done, gone into their houses to show them. Like St Thomas said, 'seeing is believing'.'* And as Harven, another club member from Tipitapa, explained, parents are bound to become more open once they see their children grow and mature: *'My parents can see a change in me – how I talk, how I think – and now they support me to go to the club.'*

The question now is, how to build on, and move beyond, parental acceptance of young people's participation in the clubs and begin to address parents' attitudes to, and support of, young people's sexual rights and start to engage directly and positively with young people? The example of Eveling and the attitudes of her brothers, father and mother illustrate the complexity of what needs to be done.

Ahrtziri interviews a fellow club member for the evaluation



Where now for Profamilia's youth friendly services?

The A+ programme and funding ended in 2012, and leaves behind new and revitalised youth clubs attached to several of Profamilia's clinics, new youth-friendly clinics or clinic areas, specialist staff and strong learning on promoting youth sexual rights. The organisation is clearly committed to targeting and including young people, with a rights-based approach, and the A+ funding and support has given impetus to this process. Staff and management from Profamilia consider that capital has been developed, in particular the Profamilia's name and image as a youth-friendly and focused organisation, as an *'organisation which is concerned with young people and knows how to work with them.'* This was confirmed by external stakeholders met during this research.

What's more, the staff noted that:

- Clinics have been remodelled to be attractive and comfortable spaces for young people to seek support, advice and medical care. Profamilia staff are convinced that the growing demand and reputation for (and commitment to) youth-friendly services, will make this aspect of their work economically sustainable. The new specialist youth-friendly staff: a doctor, nurse and counsellor in each youth-friendly clinic, are expected to be kept on and paid through the clinic charging structure. However, Profamilia A+ staff recognised that additional funding had allowed for provision of free and heavily subsidised services which would not be so widely possible through internal redistribution mechanisms alone.
- Youth groups have been active and growing, and their facilitators provided with new materials and training. The testimony of the young people engaged in this assessment research, and of their peers captured in their own stories of change, are evidence of the dynamic and sustainable nature of these groups. Profamilia staff and management are also committed to continue supporting, and increasing these groups. However, both young people and Profamilia staff recognised that without extra funding it would be difficult to reach out to vulnerable and marginalised populations.
- Youth participation in both organisational governance and advocacy has increased under A+ and is considered to be sustainable, beyond the funding scope of the A+ project. The institutional commitment to youth participation and focus has clearly been strengthened through the policy development process, and through the strategy which names youth as one of the three key strategic areas. Through access to funds, training and support from the IPPF regional office, relationships and capacity have been built. However, staff turnover means that there is a need for ongoing training on a youth focus, with a concrete and institutionalised training plan. Youth participation on the board and in management can still be improved, and the senior management team is currently male dominated.
- Advocacy capacity has been developed and transformed into a strong coalition with other NGOs, and youth participation is now central to the advocacy coalition. However, Profamilia staff noted that additional funding had allowed for the development and production and educational materials, which could not be continued with their own funds.

Young people, Profamilia staff and management, local partners and allies all agreed that Profamilia has grown as a supporter of youth sexual rights and services. Profamilia sees itself in the future as being considered an expert in youth sexual rights and health services and a defender of the rights of young people. It is clearly well on the way. More work can be done to build alliances and partnerships for advocacy, and for the sensitisation and inclusion of parents and other adults to support the sexual rights of youth.

The young people who were involved in the assessment were eager and able to tell their stories and make their voices heard using video, music and social media. The management and staff of Profamilia reflected on this possible source of campaigning for social acceptance and support of young people's sexual rights in the future, building on Profamilia's role to mobilise, organise and support of youth empowerment, education and participation. The importance of empowering and engaging those affected directly in advocating for change is well known. Give those young people the space, tools and go ahead, and very soon, they could be producing some great video and Facebook materials.

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Member Associations in A+ programme

- Associação Moçambicana para Desenvolvimento da Família (AMODEFA)
- Asociación Pro-Bienestar de la Familia Nicaragüense (PROFAMILIA)
- Association Béninoise pour la Promotion de la Famille (ABPF)
- Association Burkinabe du Bien-Etre Familial (ABBEF)
- Association Rwandaise pour le Bien-Etre Familial (ARBEF)
- Association Togolaise pour le Bien-Etre Familial (ATBEF)
- Centro De Investigación, Educación Y Servicios (CIES)
- Family Health Options Kenya (FHOK)
- Family Planning Association of Bangladesh (FPAB)
- Family Planning Association of Malawi (FPAM)
- Family Planning Association of Nepal (FPAN)
- Namibia Planned Parenthood Association (NAPPA)
- Planned Parenthood Association of Ghana (PPAG)
- Planned Parenthood Association of Zambia (PPAZ)
- Reproductive Health Uganda (RHU)

Additional materials

- ***Learning from our peer educators: A guide for integrating and reflecting participatory youth research in the A+ assessment country case studies***
A guide and toolkit to help organizations plan and implement participatory research and programme assessments with young people
- ***Love, Sexual Rights and Young People: Learning from our peer educators***
An engaging short film highlighting the key findings from the participatory assessment
- Survey of participating Member Associations: Summary report
- Terms of Reference for an external assessment of the A+ programme