



Insights from
**ADOLESCENT
PROJECT
EXPERIENCE**

1992-1997

Pathfinder International is a nonprofit organization that improves access to and use of quality family planning and reproductive health information and services, including STD and HIV-AIDS prevention, and postpartum and postabortion care, with a focus on adolescents and young adults. Working with local organizations on three continents, Pathfinder builds their capacity to advocate for and provide quality services.

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Insights from
A D O L E S C E N T
P R O J E C T
E X P E R I E N C E
1992 - 1997

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Preface

Young people today face many challenges on their voyage to adulthood. As the largest generation of 10-19 year olds ever—over one billion—makes this transition, meeting their reproductive health needs will require long-term commitment and dedicated resources. The number of children these billion teenagers bear will have a profound impact on population growth and thus on the fragile health and social infrastructures that exist in many countries.

The 1994 UN International Conference on Population and Development (ICPD) in Cairo recognized adolescents as key and included them as a significant focus in its Programme of Action. The ICPD reinforced Pathfinder’s early support for adolescent activities and helped mobilize donors and policymakers to include youth in their programs.

A recent adolescent reproductive health roundtable reviewing the progress of the Programme of Action in preparation for the “Cairo plus five” conference identified insufficient funding as a key obstacle to replicating successful models and expanding reproductive health information and services for youth. Another critical barrier identified was the lack of consistent youth involvement in program planning and design. If we are to meet with success in serving the reproductive health needs of this enormous and dynamic group, we must learn quickly from the limited experience we have and apply human and financial resources swiftly and strategically.

With support from steadfast donors, both public and private, and commitment from courageous local partners, Pathfinder International has developed adolescent programs in countries around the world, often challenging prevailing assumptions. This report presents a review of diverse programs undertaken in a variety of settings, describes how they evolved, what their effects have been, and what has been learned. With this publication, Pathfinder seeks to contribute its experience with adolescent projects over many years, and to share the insights and lessons learned.



Acknowledgments

This report is part of a larger review of Pathfinder International's achievements during the five year period from 1992 to 1997. While USAID has been Pathfinder's principal funder during the period examined, nearly half of the projects for adolescents described herein were funded by other donors, including U.S. foundations and UNFPA. Pathfinder is extremely grateful for all of this support.

Carrying out effective projects for young people requires a particular kind of dedication. Pathfinder staff in all regions have demonstrated enormous devotion developing projects and working with local governments and NGOs to serve a group generally considered hard-to-reach.

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Acronyms

AAPAH - African Association for the Promotion of Adolescent Health

AIDS - acquired immune deficiency syndrome

BAP - Behbud Association of Pakistan

BRAC - Bangladesh Rural Advancement Committee

CSW - commercial sex worker

ECP - emergency contraceptive pills

FLE - family life education

FOCUS - Focus on Young Adults Program

FGAE - Family Guidance Association of Ethiopia

HIV - human immunodeficiency virus

ICPD - International Conference on Population and Development

IEC - information, education, and communication

IEPO - Instituto de Estudios de Población

IPPF - International Planned Parenthood Federation

IMSS - Mexican Institute for Social Security

ISSSTE - Institute of Services & Social Security for Governmental Employees

KAP - knowledge, attitude, practice

KNH - Kenyatta National Hospital

KU - Kenyatta University

MOH - Ministry of Health

MOHFW - Bangladesh Ministry of Health and Family Welfare

NGO - non-governmental organization

STD - sexually transmitted disease

Young adults between the ages of 10 and 24 represent a third of the world's population.¹ While their overall health status is improving, young adults continue to encounter and suffer the consequences of considerable risks during their transition to adulthood, particularly those related to sexual and reproductive health. The critical 15-19 year old age group accounts for one fifth of all births worldwide, including unintended pregnancies. These births carry risks for both mother and infant. Annually, as many as 4.5 million young women have abortions, usually in unsafe conditions. In some countries, complications from unsafe abortion have become a leading cause of death among teenage girls. Estimates suggest that one of every 20 young people worldwide contracts a sexually transmitted disease (STD) each year. Six million have already become infected with the human immunodeficiency virus (HIV) which leads to the acquired immune deficiency syndrome (AIDS). The largest number of new cases of HIV-AIDS is among the 15-24 age group. In fact, up to 60 percent of all new HIV infections in the world occur among young people under age 25, with cases among females outnumbering those among males by a ratio of 2 to 1.

Worldwide patterns of adolescent sexual behavior, and the social settings in which they occur, differ markedly. Fertility in general, and among adolescents, is beginning to decline in many countries in Asia, North Africa, and the Middle East, while it is still rising among adolescents in many sub-Saharan African countries. In Latin America and the Caribbean, the level of adolescent childbearing has increased in some countries and decreased in others.² Despite these differences, three general patterns in adolescent sexual behavior are observable.

Early marriage and frequent childbearing: The first pattern, common in rural areas in the developing world where traditional systems are still influential, is characterized by early age at marriage or consensual union and early and frequent childbearing. Teenage fertility is accepted in many societies when it is marital and where the roles of women are linked principally to fertility and family labor. Premarital sexual activity is frowned upon or excludes intercourse, and premarital pregnancy (when it occurs) generally leads to socially sanctioned unions. Access to education is often very limited, particularly for girls because of male child preference.

The critical 15-19 year old age group accounts for one fifth of all births worldwide, including unintended pregnancies.



¹Population Reference Bureau, *World Data Sheet*, 1996.

²Alan Guttmacher Institute, *Into a New World: Young Women's Sexual and Reproductive Lives*, New York, NY, 1998.

Despite advances in strategies to help young adults avoid unwanted pregnancies and STDs, most young women and their partners are initiating sexual activity with little knowledge, use, or access to reproductive health services, including contraception.

Use of modern contraception is low, though traditional methods—postpartum abstinence and extended breastfeeding—are used extensively for child spacing. When abortion is sought, often by unmarried girls, it is usually illegal, clandestine, and unsafe, taking an inordinate toll on lives and health.

Early sexual experience, often out of wedlock: The second, opposite pattern, exists in the industrialized world. It features the early onset of sexual experience in sporadic encounters, often prior to marriage. Modern contraception is accessible to teens in many countries, such as the United States, and its use ranges from low to relatively high. There is, however, an unusually high incidence of nonmarital pregnancy (for some resulting in marriage), significant recourse to abortion, largely legal and safe, and late age at marriage.

Delayed marriage and first birth: The third pattern of adolescent behavior, representing a growing portion of this age group around the world, occurs in the middle ground of socioeconomic transition. With the rapid growth of large urban areas and in part as a result of universal primary education, women's roles are changing, economic and educational opportunities for the young are expanding, and the age at marriage and of first birth is being delayed. Some of the traditional influences of the first pattern, such as ties to the extended family and to cultural and religious norms affecting sexuality, are still evident but less controlling. The use of modern contraception has only recently begun to affect fertility practices.³

Despite advances in strategies to help young adults avoid unwanted pregnancies and STDs, most young women and their partners are initiating sexual activity with little knowledge, use, or access to reproductive health services, including contraception. The consequences of this reality include:

- Low birthweights and high infant and child mortality associated with births to adolescent mothers
- High rates of maternal morbidity and mortality due to high-risk pregnancies and illegally-induced abortions

³Paxman, John, *Clothing the Emperor: Seeing and Meeting the Reproductive Health Needs of Youth*, Pathfinder International, Watertown, MA, 1993.

- Increasing rates of STDs and HIV among youth, with a disproportionate burden carried by young women who are sexually active, often due to violence, rape, or commercial sex work
- Decreased opportunities for study, training, and employment often resulting in the passage of poverty from generation to generation

To address these problems, the goal of Pathfinder International's programs is to expand reproductive health services for youth, with the specific objectives of increasing the use of contraceptives; preventing the transmission of STDs; and delaying early childbearing among young women, including delaying second births among young married women.⁴ To meet these objectives, Pathfinder provides direct support for programs and technical assistance in training, research and evaluation, institutional development, and information, education, and communication to implementing partner organizations.

This report presents a review of reproductive health programs for young adults supported by Pathfinder International between 1992 and 1997. It is intended to provide a broad picture of the range of programs undertaken during this period, how they evolved, what their effects have been, and what has been learned from them. To demonstrate the programs' effects, output data generated by Pathfinder's internal information system are presented alongside qualitative and descriptive impact information gathered from project reports and Pathfinder program staff. It should be noted that service delivery and impact data are limited for several reasons: because service providers do not routinely report service data by client age, because of the well-known difficulties in applying standard family planning indicators to adolescents, and because newer, more specific and sensitive indicators for evaluating program success have yet to be widely operationalized. Nonetheless, Pathfinder did conduct several detailed evaluations of adolescent programs, the results of which are presented herein.

Pathfinder International aims to expand reproductive health services for youth by increasing the use of contraceptives; preventing the transmission of STDs; and delaying early childbearing among young women.

⁴Since first births are often difficult to delay in countries where societal and familial pressure to have children soon after marriage is strong, Pathfinder works with communities and young married couples to delay second births by educating them about the risks of closely-spaced pregnancies.

Experience with Reproductive Health for Youth

Pathfinder works carefully within existing social, religious, and political norms as young adult sexuality is almost universally a sensitive matter.

Pathfinder was among the first international family planning organizations to support projects for adolescents, beginning in the late 1970s. Because the experience of adolescence and young adulthood is culturally-defined, Pathfinder's projects have always been tailored to meet the varied circumstances and needs of young people across countries and regions. They have reached preteens, adolescents, and young adults. And since young adult sexuality is almost universally a sensitive matter, projects have also worked carefully within existing social, religious, and political norms.

Pathfinder's first adolescent projects were conducted in Latin America. They provided family planning methods and counseling to young women treated for complications from induced abortion. Pathfinder helped to advance the region's collective response to the challenges of adolescent health by convening workshops where Latin American program leaders shared their experiences.

In the early 1980s, Pathfinder expanded its focus on adolescents to Africa and Asia. In Africa, an initial challenge was addressing the lack of information about adolescent health and social conditions. Pathfinder conducted a series of adolescent fertility assessments in four African countries (Kenya, Liberia, Nigeria, and Sierra Leone) which became commonly-cited resources among policymakers and health providers in the region. Pathfinder then began to support the work of African organizations interested in providing information, education, and services to young adults. In the Asia region, where early marriage is common in many countries, Pathfinder collaborated with religious organizations to encourage religious leaders to educate young people and their parents about the risks of early childbearing. Pathfinder worked with Indonesian health care providers and policymakers to explore the health and social implications of childbearing among young women, and supported the Indonesian Public Health Association's efforts to educate organizations about adolescent health issues. Pathfinder also worked with Muslim women's organizations to train their leaders to educate young members about the advantages of delaying early marriage and childbearing.

By 1992, Pathfinder's young adult program portfolio reflected the breadth of its broader family planning and reproductive health programs. Pathfinder had learned that young adult reproductive health programs require a carefully

orchestrated, long-term commitment. Many early policy initiatives and the dissemination of knowledge, attitude, and practice (KAP) surveys had achieved the goal of educating decisionmakers about the extent of young adult reproductive health problems. In the same way, many of the programs and models Pathfinder pioneered—centers for pregnant girls and teenage mothers in Jamaica and Tanzania, for example—had been adopted by other organizations and donors. As Pathfinder’s global young adult program objectives became institutionalized, specific project initiatives continued to be determined by local settings and needs.

Since the 1970s, Pathfinder has supported youth-specific projects in 31 countries.⁵ With a wide range of partners, from national ministries of health to community groups, from family planning associations to youth organizations, Pathfinder has developed and implemented programs to meet the reproductive health information and service needs of young adults. Pathfinder and its in-country partners have used a variety of interventions to improve family planning and reproductive health options for young adults. These interventions include peer counseling and outreach, information, education, and communication (IEC), family life education (FLE), life planning skills, curriculum development, clinic-based and alternative services, provider and educator training, research and evaluation, and outreach to policymakers, religious leaders, parents, educators, youth workers, and community leaders.

In 1995, Pathfinder was awarded the Focus on Young Adults Cooperative Agreement (FOCUS) as the lead agency of a consortium including The Futures Group International and Tulane University’s School of Public Health and Tropical Medicine. FOCUS promotes the expansion of adolescent reproductive health initiatives from the project level to the national level by working with authorities to shape national policies and by promoting state-of-the-art young adult reproductive health programming. To accomplish this, FOCUS identifies, evaluates, and disseminates results of effective program strategies and improves the young adult reproductive health-related capabilities of those funding and carrying out the programs.

Since it first began programs for adolescents in the 1970s, Pathfinder has supported youth-specific projects in 31 countries.



⁵Pathfinder has supported youth-specific projects in *Bangladesh, Botswana, Bolivia, Brazil, Burkina Faso, Cameroon, Colombia, Côte d’Ivoire, the Dominican Republic, Ethiopia, Ghana, Guatemala, Indonesia, Jamaica, Kenya, Liberia, Mexico, Mozambique, Nigeria, Pakistan, Peru, Philippines, Sierra Leone, Swaziland, Tanzania, The Gambia, Togo, Turkey, Uganda, Zimbabwe, and Zaire.*

Implementing Partners

Pathfinder's adolescent reproductive health partners have included ministries of health, municipal governments, family planning associations, public-sector hospitals and clinics, private youth-serving agencies, universities, schools, and community groups. Among them are:

Kenyatta University (KU)—one of Kenya's largest and most renowned public universities, Kenyatta serves 9,000 students. For more than ten years, the KU Family Welfare and Counseling Center and its trained peer counselors have provided family life education (FLE), human sexuality communication, and reproductive health information and services to these students.

Lentera—the STD and HIV prevention unit of the Indonesian Planned Parenthood Association, a non-governmental organization (NGO) and an International Planned Parenthood Federation (IPPF) affiliate, serves female commercial sex workers. Pathfinder funds allowed the expansion of this project from a successful street outreach program to a massive IEC and condom dispersal effort in 14 locations, including a brothel. The project also offers clinical services, STD treatment, and health education; supports peer groups; and runs a credit union for female sex workers.

Mexican Government Agencies—these three public sector institutions, Mexico's main providers of family planning services, are actively involved in reaching adolescents with appropriate services. The Ministry of Health started adolescent activities in 1992. Since then, it has developed and institutionalized a national Adolescent Reproductive Health Program. The Mexican Institute of Social Security (IMSS) has reoriented its adolescent activities toward a model of national comprehensive and integrated care. Efforts have focused on developing a training curriculum for service providers, designing a complete IEC strategy, and testing alternative arenas for providing services and information, such as at sports events and in educational and social community centers. The Institute of Services and Social Security for Governmental Employees (ISSSTE) has started to train its personnel on adolescent issues in a collaborative effort with a highly qualified adolescent-serving NGO.

Family Guidance Association of Ethiopia (FGAE)—working in urban and periurban areas, through adolescent centers, clinics, workplaces, and community-based facilities, FGAE, a private NGO and member of IPPF, has become the principal family planning provider in the country.

Pathfinder’s adolescent service delivery projects can be placed within four areas enumerated by FOCUS in its series of “key elements” papers: health facility projects, community-based/outreach projects, school-based projects, and social marketing/mass media projects.⁶ In addition, Pathfinder’s adolescent portfolio has included many efforts to influence the policy climate in favor of young adult reproductive health. These five categories do not necessarily represent a project’s exclusive focus, however, as most projects work in more than one program area to achieve their goals.

Between July 1, 1992, and June 30, 1997, Pathfinder supported 104 adolescent-oriented projects with 83 implementing partners, providing technical, financial, and project management assistance. Of these projects, 44 addressed adolescent needs exclusively, while 60 served adolescents within a wider client population. Some of these projects have been implemented within large, public sector institutions, representing a significant step toward the institutionalization of services for young adults and making the services available on a much wider scale than ever before. These projects also represent a level of acceptance among some government entities that the sexual and reproductive health needs of young adults must be addressed.

Thirty-six of the projects took place in Latin America, 21 took place in Africa, and 47 were in Asia and the Near East. Thirty-four of the projects served urban areas, 58 served both urban and rural areas, and 12 served just rural areas. More than half (49) of the implementing partners are private sector non-governmental organizations (NGOs), and the remaining half are public sector agencies or a public/private sector collaboration (17).

In terms of total quantitative outputs, Pathfinder projects achieved the following between 1992 and 1997:⁷

Information, education, and communication (IEC): Pathfinder projects provided family life education (FLE) and information about family planning services to almost one million adolescents (947,430), and informed more than

Over a five year period, Pathfinder supported 104 adolescent-oriented projects, providing technical, financial and project management assistance.

⁶The “key elements” series documents the current state of knowledge about what works in reproductive health programs aimed at young adults and identifies key issues requiring further research. Others, including Rizo and Kirby, previously identified and analyzed these program areas.

⁷Output data reflect only projects that exclusively served adolescents (44 out of 104 projects). Also, service delivery and impact data are believed to be significantly underreported due to the logistical and political constraints mentioned in the introduction.

Pathfinder projects trained over 32,000 teachers to provide family life education in their classrooms.

half a million parents about the benefits of providing this information to adolescents. Over 32,000 teachers were trained in FLE for use in the classroom.

Service delivery: Projects exclusively serving adolescents provided services to 14,000 new contraceptive users. Roughly half of these projects provided services at fixed service delivery points, while the other half used door-to-door, community-based distribution methods.

Training: More than 5,600 teachers, adolescents, and service providers were trained to provide a variety of adolescent services. The most common topics were counseling, clinical skills, community-based distribution, and general family planning.

Other highlights of Pathfinder's young adult projects since 1992 include:

Emergency Contraception: To make more contraceptive options available to young adults, Pathfinder has begun to introduce emergency contraception in *Kenya, Nigeria, and Peru*. When practiced properly, emergency contraceptive pills (ECP) can reduce the incidence of unwanted pregnancies and unsafe abortions, as well as their associated morbidity and mortality, making it a particularly important method for adolescents. In an ongoing project in *Peru*, Pathfinder is helping the Instituto de Estudios de Población (IEPO) to introduce ECP in two secondary night school programs in Lima, which are attended primarily by young domestic workers. The project aims to improve provider knowledge about emergency contraception and introduce emergency contraceptive services into the health services offered at the schools. Pathfinder is supporting IEPO in the areas of training, service delivery guidelines development, and IEC materials development. In *Nigeria*, where clandestine abortion is a serious cause of injury and death among young women, Pathfinder began working with University College Hospital in Ibadan in 1996 to introduce ECP to prevent unplanned pregnancy. In addition to training providers and developing service delivery guidelines and relevant IEC material, the project holds orientation seminars for professionals and community members to widen understanding of the method. ECP is now provided in five family planning service delivery sites in Ibadan, and pending available funding, will be introduced in ten new sites in southwest Nigeria.

Secondary-School Curricula and Teacher Training: In the Newly Independent States of *Kazakhstan* and *Azerbaijan*, Pathfinder is working with policy makers and educational leaders to train teachers and to develop adolescent health and well-being components for the national ninth grade school curricula. In both countries, curricula components were designed taking into account results from KAP surveys of ninth graders that assessed their level of sexual experience, the extent of their knowledge about sex, family planning, and STDs, and the sources from which they received this information. Ministry of Education officials and teachers from Kazakhstan also participated in a study tour abroad to observe exemplary sex education programs.

Regional Policy Efforts: In 1992, Pathfinder collaborated with Advocates for Youth (formerly the Center for Population Options), Population Action International, and others to carry out the first Inter-African Conference on Adolescent Health, which brought together more than 300 agencies working with youth in *Africa*. This conference led to the creation of the African Association for the Promotion of Adolescent Health (AAPAH) which advocates for adolescent reproductive health services and policy initiatives. The organization's Kenyan chapter successfully lobbied to remove parity and age restrictions from Kenya's family planning guidelines, which were officially revised in 1997.⁸

Public Sector Provider Training: Pathfinder assisted three public sector agencies in *Mexico* to develop national adolescent programs, using training as a central component. Pathfinder helped the agencies create specialized training curricula for health service providers that emphasize the different roles providers play when treating adolescents. The curricula include modules on adolescent contraception, counseling, sexual behavior, life planning, STDs, and interpersonal communications. To date, over 5,200 public sector providers have been trained, including physicians, nurses, social workers, midwives, and community promoters.

Medical Service Training: To contribute to the formation of a cadre of appropriately-trained providers in *Peru*, Pathfinder supported the creation of a university degree diploma in adolescent health, emphasizing reproductive health, within the Cayetano Heredia University Medical School. Pathfinder



⁸While written restrictions limiting access to contraception by youth have been removed, the Kenyan government remains ambivalent about the provision of services to unmarried youth. The government does, however, strongly support the provision of IEC and counseling to this group.

helped to design the program curricula, for which a multidisciplinary team was assembled, identify appropriate educational strategies, and validate available educational materials.

Regional Youth Initiative: New and increased demands, coupled with dwindling resources, have compelled Pathfinder to develop an *Africa* Regional Youth Initiative to coordinate regional activities that support country youth strategies, enhance the replication of successful models, increase cost-effectiveness and coverage, and raise awareness about adolescent reproductive health issues. The initiative builds on programmatic experience and works to identify opportunities for collaboration and new programmatic options. Activities include participating in adolescent reproductive health country assessments, documenting lessons learned, conducting policy seminars and analyses, and developing interventions to remove program barriers. Other activities include updating the feature film *Consequences*, which has already been seen by 20 million African youth, to include integrated messages on prevention of unwanted pregnancy, STDs, and HIV-AIDS, and distributing the film *More Time* to increase awareness about HIV transmission.

Health Facility Projects

Providing clinical reproductive health services to young adults is still a relatively new—and sometimes controversial—practice in many countries. Typically, family planning services were introduced primarily to serve married women. Although some programs have expanded over the years to include a wider array of services, including those that meet adolescents' needs, most have not incorporated an institutional dedication to adolescents. The result is that the majority of young adults do not use available services because such services do not seem relevant to them, or because they fear the disapproval of providers or other clients.

A particularly persistent and critical barrier to the use of family planning services by youth are biases, judgmental attitudes, and sometimes outright hostility on the part of service providers. Health providers are not routinely sensitive to how gender norms including societal traditions, expectations, and power dynamics, affect adolescents' reproductive health behavior and access to health services. Young adults are particularly concerned with confidentiality, which they fear may be compromised in a clinic setting. They often want to keep their relationships secret, for fear of adult disapproval. Many are also victims of sexual abuse and/or violence, heightening the need for sensitivity and confidentiality.

Pathfinder has worked for two decades to make existing reproductive health services responsive to adolescent needs. Located either in hospitals or outpatient clinics, these projects range from offering a broad array of health services to primarily offering family planning and reproductive health care. Clients include postpartum and postabortion patients, users of outpatient services, and clients referred from other health posts or by community-based health workers or peer counselors. In the case of hospital projects, adolescent clients are almost exclusively young women who are or have already been pregnant. These projects have been shown to improve birth outcomes and to increase postpartum and postabortion contraceptive prevalence, often delaying a repeat pregnancy. According to a recent review by FOCUS, young adults often name the

A convenient location, a “youth-friendly,” comfortable environment, flexible hours, a strong counseling component, specially-trained providers, and comprehensive reproductive health services are important service characteristics for adolescents.

Pathfinder's first clinical service projects for adolescents were based in hospitals, because of the large number of adolescents giving birth or receiving treatment for abortion there.



following characteristics as important for services to better meet their needs: a convenient location, a “youth-friendly” environment, comfortable for both young men and women, convenient and flexible hours, a strong counseling component, specially-trained providers, and comprehensive reproductive health services.⁹

Pathfinder’s efforts in this area have involved establishing appropriate services tailored to young women in hospitals and clinics; training physicians, nurses, psychologists, and social workers to provide appropriate clinical treatment and counseling in contraceptive methods; training providers in interpersonal communications; developing curricula and manuals to conduct such training, as well as IEC material to support services; and conducting operations research to determine the effects of and ways to improve the services.

Hospital-based projects

Hospitals were the setting of Pathfinder’s first health facility projects for adolescents, in response to the large number of adolescents using hospitals to give birth or receive treatment for complications from septic or incomplete abortions. Besides improving the quality and range of services received by young postabortion and postpartum patients in hospitals, these projects stressed counseling in contraceptive options, method provision, and effective follow-up to promote contraceptive use to prevent unwanted pregnancy and abortion. Over time, these projects have grown into a wider postabortion care initiative in Latin America and other regions, helping to institutionalize effective post-abortion care in several public sector hospital systems.

Hospital-based programs in ***Bolivia, Brazil, Colombia, Kenya, Nigeria, Mexico, Uganda, and Peru*** have provided youth with a range of services, including postabortion care, pre- and postnatal care, postpartum and postabortion family planning services, contraceptives, pregnancy tests, attended deliveries, and other reproductive health services, such as breast self exams and routine pap smears. These services are often provided in special young adult units by clinicians who have received Pathfinder-supported youth-oriented training. Sexually transmitted disease screening, diagnosis, and treatment are increasingly available. Also, several projects have provided specialized training for providers, such as for the doctors, nurses, and midwives of Makerere University’s Department of Obstetrics and Gynecology in ***Uganda***, to improve the treatment of young women presenting with septic or incomplete abortions through new

⁹Senderowitz, Judith, *Health Facility Programs on Reproductive Health for Young Adults*, FOCUS, Washington, DC, 1997.

techniques. These projects encompass the use of local anesthesia, outpatient management, and manual vacuum aspiration, which reduce morbidity, disease, and costs.

Improving provider counseling and interpersonal communications skills is an emphasis in Pathfinder's health facility projects, particularly for those based in hospitals. For example, besides receiving pre- and in-service training in this area, providers in adolescent reproductive health projects in **Kenya**, **Tanzania**, and **Ethiopia** participate in developing FLE and life planning skills curricula and in training peer educators. Kenya's High-Risk Clinic staff conduct annual training for service providers at Kenyatta National Hospital to improve their interpersonal communication and service delivery to youth. In **Mexico**, Pathfinder worked with several public sector institutions to develop a guide for service providers and program managers on how to effectively meet adolescents' needs. Mexico's Ministry of Health (MOH) is also using a novel approach to improve the quality of hospital-based care for adolescents. Using the UNICEF Mother and Child Friendly Hospital Certification initiative, which the Ministry promotes, Pathfinder has added a score for proper adolescent care to the certification process, for which criteria are specified. As a result, many MOH hospitals have begun to integrate services for adolescents, following the initiative's guidelines. Training of public sector providers who work directly with adolescents has also been an emphasis in **Peru**. There, Pathfinder, through FOCUS, is helping the Ministry of Health to implement its new Adolescent and Student Health Program. The training is done through a workshop called "Improving Interpersonal Communication Skills for Counseling Adolescents in Sexual and Reproductive Health," and uses a manual developed by FOCUS. To date, 230 providers from the regions of Tacna, San Martin, Ayacucho, Huanuco, and Huancavelica have been trained.

Improving provider counseling and interpersonal communication skills has been an emphasis in Pathfinder's hospital-based projects.

CASE #1
 Kenyatta
 National
 Hospital
 High-Risk
 Clinic¹⁰



Kenyatta National Hospital (KNH), like other central hospitals in Kenya, has experienced increasing rates of induced abortion since the 1970s. Despite the fact that abortion remains restricted in Kenya, abortion complications are the leading cause for admission to gynecological wards at KNH. The hospital sees an average of 20-25 cases each day, a third of which are women under the age of 25. This heavy load poses a serious strain on available resources—financial, physical, and human—and has led to a deterioration of quality of care and poor morale among the health providers.

Kenyatta National Hospital staff observed that 20-30 percent of women discharged after an abortion returned within one year with complications from another. The staff realized that it could prevent some of the abortions by counseling and providing appropriate contraception. Managers also recognized that with the prevalence of negative attitudes toward youth among service providers and the special privacy needs of adolescents, special facilities and services needed to be developed for the adolescents.

To address these problems, in early 1990 the Department of Obstetrics and Gynecology and the University of Nairobi established an urban family planning clinic at KNH geared to the needs of young women. Supported since its inception by Pathfinder, the High-Risk Clinic aims to improve the reproductive health of young unmarried women. Originally targeted to single women under 25 who suffered abortion complications, services were soon extended to women who

¹⁰Drawn from Mati, J.K.G., MD, *Evaluation of Reproductive Health Services: High-Risk Young Adults Clinic*, Pathfinder International, Watertown, MA, 1997.

had experienced an unintended pregnancy but had carried to term, in order to help them avoid another unwanted pregnancy. The High-Risk Clinic now provides reproductive health and contraceptive information, counseling, and services to all young women regardless of their situations.

Three full-time nurses and one counselor staff the clinic seven days a week. They make regular visits to the hospital's acute gynecological ward to counsel clients and offer them services at the clinic. Of the estimated 40-60 new clients seen daily at the ward, 12-15 come to the High-Risk Clinic for services. There, young women receive information and counseling on contraception and reproductive health including STDs and HIV-AIDS. Those interested receive a contraceptive method. The clinic also establishes a follow-up schedule for clients' continued contraceptive use and maintains a telephone hotline for clients seeking anonymous counseling.

A recent in-depth evaluation revealed that the clinic has had significant impacts including improving clients' knowledge about family planning, increasing family planning method acceptance, and diversifying the method mix. Out of 2,500 young women who made a first visit during 1993 and the first quarter of 1994, 54 percent accepted a contraceptive method. Method use, though, was characterized by a sharp fall between the first and second months. The 20 percent who survived this initial attrition, however, tended to continue use for an average of seven to eight months, suggesting the need to follow up clients more effectively.¹¹

The clinic, one of the few in Africa that serves an adolescent population, has enjoyed steady growth, serving almost 5,000 women annually. The Clinic is working to change MOH policy so that all Kenyan hospitals will incorporate counseling, reproductive health information, and contraceptive provision as routine clinical services. Already the clinic's work is being used as a model for similar clinics in the Kenyan district hospitals of Mombasa and Eldoret.

A recent evaluation revealed that the clinic has improved clients' knowledge about family planning and increased their contraceptive use and method mix.



¹¹Mati, Op. Cit., 1997.

Strengthening the connection between STD and HIV-AIDS prevention and treatment and other reproductive health services can make clinics much more useful to adolescents.

Clinic-based projects

In contrast to hospital-based projects, clinic projects tend to offer a wider range of services (both clinical and social), such as pregnancy and STD prevention. Clinics also attract a wider range of young people, partly because adolescents are referred to them through outreach and community-based information activities. Pathfinder has helped establish youth-focused clinics in **Bolivia, Brazil, Colombia, the Dominican Republic, Guatemala, Indonesia, Kenya, Mexico, Nigeria, Peru, The Gambia, and Tanzania**, which are either solely dedicated to serving young adults or which assign specific providers or times to youth services. In addition, Pathfinder has helped clinics attract young adults by offering non-family planning-related activities, such as recreational activities, psychological counseling, vocational training, and legal counseling and support in cases of rape or sexual violence.

One common approach is the use of a clinic or series of clinics linked to a hospital to provide adolescent services. For example, in **Peru** in 1990, the Maria Auxiliadora Hospital, which is located in a periurban sector of Lima, began providing services to the approximately one million adolescents who reside in the area. To make services more accessible and also to provide the outreach and prevention for which it was not ideally suited, the Maria Auxiliadora Hospital set up 10 adolescent clinics in the surrounding area, each of which contains separate areas for counseling and for clinical services.

Strengthening the connection between STD and HIV-AIDS prevention and treatment and other reproductive health services, which in most settings remain distinct, can make clinics much more useful to adolescents. While public information about AIDS tends to be available through AIDS initiatives, family planning and reproductive health programs still are working to make services such as condom distribution and counseling for adolescents widely available. Pathfinder's **Africa** Regional Office has spearheaded a family planning, STD, and HIV-AIDS initiative to search for new and more effective service delivery strategies that, using limited resources, give clients access to a comprehensive range of reproductive health services through links to specialized programs. The Mkomani Clinic Society in **Kenya**, a clinic and community-based reproductive health service delivery program, has integrated STD and HIV-AIDS information and services into its program to better serve the poor and underserved

population in the port city of Mombasa, a high-risk area for HIV transmission. With its community-based reproductive health services, Mkomani has incorporated a workplace male motivation component, school-based FLE activities, and a depot-holding system through which non-clinical contraceptives are available from shopkeepers, pharmacists, and others. Through these efforts, Mkomani has become a model for integrated reproductive health service delivery institutions in Kenya.

Lessons Learned

- Adolescents face numerous barriers to using referrals to clinics and hospitals. These include the fear of losing anonymity and concern about being judged negatively by elders. Logistical barriers also exist, such as the distance from many villages to the clinic, and the lack of funds for transportation. In light of these obstacles, peer counselors/educators can also act as distributors of contraceptive methods, where possible.
- Providing services at an established hospital or clinic can contain operating costs because projects gain access to existing facilities. But services and facilities have to be modified to meet the special needs of adolescents.
- Training workshops for peer educators must be designed to cover topics that are relevant and applicable to the intended work of the participants. Some training has emphasized topics such as population and environment or historical antecedents of the family, at the expense of family planning and reproductive health education.
- At many project sites it is difficult to separate adolescents from adults, which can result in the displacement of adolescents and the inability to measure a project's impact on them.
- It is important to train staff members in treating adolescents. This training is often overlooked if project staff are already knowledgeable about providing services to adults and if the differences between the two populations are perceived as negligible by staff.
- Services for adolescents should be made available at times that suit their schedules (e.g., after school hours, and during weekends and school holidays).
- Providing family planning information and counseling to young women at various points pre- and postpartum can maximize their retention of the information as well as their ability to benefit from it.

Community-Based/Outreach Projects



Reaching out with information to adolescents' social networks is often the only way to improve reproductive health outcomes.

Because only a limited number of young adults seek services, and because schools and universities, when they provide information, do not reach out-of-school and less mainstream youth, programs that attract young people to special sites or that reach out to them where they congregate for work or play are necessary. This is particularly so because these groups of youth are often the most vulnerable and in need of services. Variations of this approach include youth centers, in which young people gather at a multipurpose site that addresses a broad range of needs, and outreach activities, where trained peers or professionals go where young people gather, work, or spend leisure time.¹² In both cases, information and education about sexual and reproductive health are provided. Referrals, services themselves, or information about where adolescents can obtain services are also provided—often by young people trained as peer educators or counselors. In addition, reaching out with information to the social networks that surround young adults is often the only way to improve reproductive health outcomes in countries where direct service provision is not acceptable. According to current research by FOCUS, outreach projects are more likely than school or health facility programs to incorporate a youth perspective because many of them rely heavily on staff who are themselves young adults. Furthermore, many begin with the critical step of assessing actual needs of youth and involving them in project design and implementation.¹³

Community-based projects

Pathfinder's community-based projects use a variety of outreach approaches to bring information and services to groups of adolescents. In *Mexico*, for instance, local gangs are involved in reaching other out-of-school adolescents in periurban areas through a partnership with the national social security institute, IMSS, and an NGO, MEXFAM. After attending educational sessions, interested gang members are invited to create a theater group to perform in community centers, public spaces, and schools. The plays cover issues relevant to adolescents, including sex education, and are written and performed entirely by the gang members. After each performance, the actors lead the audience in a discussion of the play's issues.

¹²Senderowitz, Judith, *Reproductive Health Outreach Programs for Young Adults*, FOCUS, Washington, DC, 1997.

¹³Ibid., 1997.

Furthermore, in *Uganda*, the Busoga Dioceses of the Church of Uganda have integrated educational messages about HIV-AIDS into existing community outreach and education programs. The messages are transmitted using traditional folk media, including music and drama. Outreach approaches also link to existing clinics. In *Ethiopia, Tanzania*, and *Uganda*, outreach efforts of existing family planning organizations target current and former commercial sex workers (CSWs) by addressing their reproductive health needs, including diagnosis and treatment of STDs and provision of family planning services. The projects also offer vocational training in commercial skills to help women and girls escape the trap of poverty, little education, and lack of skills that led them to commercial sex work. In *Ethiopia*, Pathfinder supports a project that trains former CSWs in hairdressing and tailoring skills. Paid a modest stipend during the six-month program, the women receive professional training in the mornings and are trained to work as community-based reproductive health workers in the afternoons. Once they have completed the training, the women have the skills they need to support themselves and dispense contraceptives, advice, and encouragement to their friends and neighbors.

A variation of this kind of project involves linking with existing youth organizations. In *Nigeria*, Pathfinder worked with youth organizations in Benin City and Aba to strengthen sexuality education and contraceptive services for adolescents. Other projects emphasize girls' empowerment and literacy. For example, in *Pakistan*, Pathfinder works with a local community-based women's organization, the Behbud Association of Pakistan (BAP), to improve the quality of young girls' and women's lives through non-formal education, skills development, literacy training, and self-employment programs. In the association's six periurban health service delivery points, regular literacy and skill development courses are conducted in which young, unmarried girls learn about nutrition and basic health care, family planning and reproductive health, as well as skills in areas such as sewing, leather bag production, poultry farming, and food preservation. By the end of 1997, 15 months after the project started, 1,665 girls had participated in the skills development courses; 816 in the literacy courses; and 200 in the self-employment courses. BAP also holds youth group meetings where issues including personal hygiene and dowry have been discussed by more than 8,000 young girls since the project began. Through a project in *Bangladesh*, Pathfinder provides scholarships to girls to support their



primary school education. To be eligible, the girls must be the daughters of parents who own less than five hectares of land, and who have adopted the government-promoted two-child family norm. Since sons are often preferred for their perceived ability to provide old-age security to their parents, the scholarships reward those families that have limited their children to two, despite not having a son. Although school is free, the scholarships defray the cost of books and uniforms.



CASE #2

Bangladesh

Newlywed

Program



Young couples who are about to be married or who are newly married represent a significant portion of adolescents in need of reproductive health information and services, yet they are a group who may not seek and are typically neglected by family planning services. The occasion of marriage, as well as the birth of a first child, are critical and identifiable entry points for reproductive health education and services for married adolescents.

In Bangladesh, where patterns of early marriage and childbearing are prevalent among women (48 percent of women aged 15-19 are currently married), Pathfinder works with the Bangladesh Rural Advancement Committee (BRAC) and the Bangladesh Ministry of Health and Family Welfare (MOHFW) to reach engaged and newlywed couples with information about family planning and the health risks of early marriage and childbearing. This program, which began in 1993, expands on earlier Pathfinder initiatives in Bangladesh to identify, register, and reach newlywed and low-parity couples. The experience has borne out that married and unmarried adolescents tend to have progressive attitudes toward family planning, marriage, and childbearing when presented with information about health risks and benefits—including information about the legal age

of marriage. Once identified and registered, newlywed couples receive one-to-one basic counseling and education and are invited to orientation sessions by NGO fieldworkers.

Orientation sessions serve to break the social and psychological barriers against contraceptive use by new couples. The sessions introduce them to various suitable contraceptive methods, educate young couples about the risks of early childbearing and closely-spaced pregnancies, and provide information about maternal and child health issues and services. Young newlywed women are often accompanied to orientation sessions by their mothers-in-law, other in-laws, and their husbands. Over the course of three years, however, nearly one-third of women have started attending these sessions on their own—suggesting greater motivation, social mobility, and family acceptance than in the past. Unmarried young men and women also attend sessions (11 and 15 percent of participants, respectively), suggesting growing demand for information among adolescents. Finally, an increasing number of sessions are being hosted in private homes, a sign of wider community acceptance. Contraceptive use among newlyweds in Pathfinder/BRAC project areas has jumped from 19 percent in 1993 to 39 percent in 1997.

Three elements have been critical to the widespread success of the program. Foremost is the role of community field workers who use a community-based information system to identify and track marriages and births to young couples in their communities and provide follow-up visits to facilitate acceptance and continued use of contraceptives. Second has been the groundwork laid by Pathfinder and NGOs with local Islamic leaders to promote the acceptability of family planning, to educate communities about the legal age of marriage, and to encourage delayed marriage and childbearing as family health promotion in accordance with Islamic beliefs. Third has been the Government's formal acknowledgment of couples who delay marriage or adopt family planning with certificates from the MOHFW and the institutionalization of a national marriage registration system.

In Bangladesh, Pathfinder orients young newlyweds and their families to the benefits of delaying child-birth and spacing births.





Youth centers

To reach unwed, out-of-school youth, Pathfinder has supported youth centers in **Brazil, Botswana, Dominican Republic, Ethiopia, Indonesia, Jamaica, Mexico, Peru, and Tanzania**. These include centers for pregnant and parenting adolescents and multiservice centers for girls (usually nonpregnant) and boys. The former enable young pregnant women to continue their education, receive prenatal care, and learn about family planning options, often while receiving vocational training. Many of them, such as those established by Pathfinder in Jamaica and Tanzania and later in Botswana, target girls forced to drop out of school because of pregnancy. The centers support young mothers and fathers by teaching income generating skills and helping them reenter the education system.

Multiservice centers attract young people by providing a range of activities, including sports, libraries, and other recreational and educational opportunities. They aim to address wider needs and interests of young people (not all of whom are out-of-school) and include sexual and reproductive health education and related activities as only a part of their offerings. Pathfinder often adapts FLE curricula used in schools to address the specific interests and needs of out-of-school youth, including topics such as employment skills, juvenile delinquency, and drug abuse. Youth centers, operated by the NGOs Ark Ethiopia and the Family Guidance Association of Ethiopia, for example, supplement their clinical and information services with films, organized sports, basic library facilities, and a rare quiet corner in which to study and reflect. In **Mexico**, Pathfinder works with the national social security institute to coordinate an information campaign within the agency's youth centers. The campaign takes advantage of sporting and cultural events to inform and counsel adolescents about reproductive health.

Workplace-based projects

The worksite has been an effective place to reach young women and men with information and either services or referral information. In **Mexico**, Fonteras Unidas Pro Salud, a small NGO that provides high quality sexual and reproductive health services and sex education, is working to reduce the incidence of sexually transmitted diseases and unwanted pregnancies among youth in Tijuana by targeting youth in factories, a juvenile corrections center, and gangs. To fulfill this objective, it has trained 30 promoters and five supervisor-promoters to provide sex education and contraception.

Lessons Learned

- Peer counselors are often asked questions they are not equipped to answer, and since few youth use clinic referrals, many questions go unanswered. More in-depth counselor training may alleviate part of the problem. Hotlines staffed by trained counselors are another way to address this.
- In some settings, female peer counselors do not feel free to move around to counsel their peers, because peer counseling is considered taboo by some members of the community. This represents yet another obstacle to serving female adolescents.
- Peer counselors need continued support after they are trained to implement FLE activities in the field. Refresher courses are an important means of providing follow-up support, and retreats and support groups can counter peer counselor “burnout.”
- Further efforts to design and evaluate service delivery interventions for rural adolescents are necessary. Needs assessment studies are also needed to guide the design of services for this population.
- Outreach activities need to be part of an integrated service delivery strategy to make them more effective. Otherwise they may create expectations for services that existing organizations cannot provide.
- The cost of operating youth centers can be high relative to the number of adolescents served.
- Adhering to a set of criteria when recruiting participants can lower dropout rates. Projects with educational components are more effective when participants have, or are grouped with those who have, similar academic backgrounds.
- Income generating activities can significantly boost participation, and can also advance program goals to create job opportunities for young mothers.
- Staff at centers for young mothers should know that participants are often absent because of their household obligations or the perception among their families and communities that, as mothers, they are adults who have completed their education.
- The extent to which parents are included in programs can substantially affect the programs’ success. In Tanzania, parents who were involved demonstrated increased willingness to invest in their daughters’ futures.

Multiservice youth centers address wider adolescent needs and interests. They include sexual and reproductive health education and related activities as only a part of their offerings.

School projects primarily provide information and education, while university projects offer family planning services and education through university health programs that are already in place.

School and University-Based Projects

To introduce reproductive health concepts and family planning information to young people before misinformation and high-risk behaviors crystallize, Pathfinder has supported FLE, life planning skills, peer education and counseling, and family planning services projects in schools and universities. In the case of university-based projects, students may already be sexually active, but may not have received information about family planning and health at earlier ages. FLE is an educational process designed to help young people with their physical, emotional, and moral development as they prepare for adulthood, marriage, parenthood, aging, and social relationships. It generally includes information about population growth, health and nutrition, decisionmaking and life planning, and encourages sexual abstinence. Although not often the norm, Pathfinder's FLE programs also include information on sexuality and reproductive health.¹⁴ School projects primarily provide information and education but not services, while university projects offer family planning services and education through university health programs that are already in place. Peer educators, counselors, and promoters are central to school and university programs.

School-based projects

Pathfinder trains secondary school and university educators to develop, implement, and evaluate FLE curricula and to integrate reproductive health information into existing materials. Pathfinder also trains peer educators and student project administrators to provide effective counseling and project management. Among Pathfinder's early adolescent reproductive health projects in Latin America was an effort in **Brazil** that introduced sex education into schools and developed a countrywide network of sex education trainers. More recently, in **Peru**, Pathfinder worked with the Ministry of Education and the Asociacion Peru-Mujer, an NGO, to develop and carry out regional training and seminars on sexuality and family planning for 100 adult education specialists in three key cities. These specialists, in turn, organized workshops at the local level for adult education teachers. As a result, 770 teachers were trained to include reproductive issues and family planning in night school courses, which are primarily attended by young female domestic workers. In **Azerbaijan** and **Kazakhstan**, new ninth grade curricula encompassing sexual and reproductive health are currently being developed and tested, and teachers are being trained.

¹⁴ Birdthistle, Isolde, Cheryl Vince-Whitman, *Reproductive Health Programs for Young Adults: School-based Programs*, FOCUS, Washington, DC, 1997.

University-based projects

Although they are at the end of young adulthood, university students often have considerable need for the counseling and “youth friendly” services offered in adolescent reproductive health projects. In **Kenya**, for example, the highest pregnancy rates are recorded at more than 20 institutions of higher learning.¹⁵ For this reason, Pathfinder collaborated with Kenyatta and Egerton Universities to strengthen campus family planning service with a vigorous information and education program specifically tailored to students. Its goal was to prevent accidental student pregnancies, common among freshmen, which often lead to illegal and unsafe abortion. After considerable observation of the Kenya university projects, the University of Dar es Salaam in **Tanzania** developed a similar program. The project started with a clinic open to faculty, students, and the public, but after project staff realized that students would not use services unless they were in a separate facility, the university created an adolescent-only wing with a separate entrance. Now, STD and HIV-AIDS diagnosis and treatment, and family planning services are provided to 6,000 students through the youth clinic, depot holders, and peer educators distributing condoms. The peer education component feeds into the clinic components (referrals, follow up) and the university counseling services.

¹⁵Ferguson, Alan, Jane Gitonga, Daniel Kabira, *Family Planning Needs in Colleges of Education: Report of a Study of 20 Colleges in Kenya*, Kenya Ministry of Health - GTZ Support Unit and Family Planning Association of Kenya, November 1988.

Case #3 Kenyatta and Egerton University- Based Peer Education Projects



All Kenyan universities have had to grapple with the twin problems of student pregnancy and unsafe abortion, coupled with increased incidences of STDs and HIV-AIDS. To address these problems, Pathfinder supported the establishment of peer education projects at Kenyatta and Egerton Universities. The projects' components include clinic services through the university health center, FLE, and peer outreach. Soon after the projects began, staff conducted a study that revealed first year students were most in need of information. As a result, an FLE curriculum was developed for freshman orientation sessions. Presented by peer educators, the curriculum covers basic information on reproduction, human sexuality, drug addiction, and the emotional and social issues students may be confronted with at the university. An estimated 12,000 first-year students have participated in these sessions.

The two campuses, in collaboration with a coalition of public universities, also developed a prototype Life Planning Skills orientation package to help first year students manage their entry into campus life and culture. After being tested, the orientation package was made available to students in the coalition.

A crucial part of the peer education projects' popularity and success has been the peer educators themselves—some 200 young men and women who have been trained in basic FLE and counseling and volunteer their time to discuss FLE issues with fellow students. Student counselors provide FLE on campus

and make door-to-door visits to fellow students. Wearing distinctive t-shirts and caps with catchy FLE promotional messages, the counselors have become a feature of campus life.

The projects at both universities produce a regular magazine that supports FLE by providing a forum for students to share ideas. At Egerton University, the outreach has gone beyond the university's boundaries, expanding to neighboring secondary schools and working with parent-teacher associations. At Kenyatta University, students asked that hall janitors, who have extensive, daily contact with the students, be recruited into the program. The janitors, whom the students see as friendly and nonthreatening adults, go through a short training and then provide students with condoms and basic information.

At Kenyatta and Egerton Universities, efforts have reduced the reported unintended pregnancy rate at university health centers from a high of 40 percent in 1988 when the projects began to 3.5 percent in 1998. This decline is attributed to increased awareness and use of contraceptives.



A crucial part of the family life education projects' popularity and success has been the peer educators.

Lessons Learned

School-based projects

- Training sessions should provide opportunities for teachers to discuss and deal with their biases and reservations about providing sex education in order to reduce the chances of these biases negatively affecting their work as sex educators. Teachers with strong opposition to project aims and content may not be ideal candidates for training.
- It is important to train teachers to use appropriate teaching methods. The sensitive subject matter often requires a pedagogical style different from that used for other curricula. Project managers have made the following points:
 - *students might learn more from sessions which use a participatory methodology (such as discussion groups or meetings) rather than a lecture format;*
 - *students may more readily ask questions if they can do so anonymously; and*
 - *teachers should be trained to handle students during FLE sessions, particularly where large class size and sensitive subject matter may foster reactive behaviors.*
- As students gain confidence, they often ask more complex questions. To be able to respond adequately, teachers may need to receive further training in sex education.
- Projects that support teacher training should follow up to ensure that the teachers do in fact go on to use the training in the classroom without “watering down” the material.
- Projects should provide adequate educational materials to enable teachers to teach FLE and sex education in their classrooms. Unfortunately, programmatic and political barriers often prevent this sort of follow-up.
- In some populations, the majority of youths do not reach secondary school. In such settings, it is essential to design other strategies to reach these youth, including interventions at elementary schools and outreach programs.
- Family life education projects should provide information about service delivery sites for those interested, even if they do not provide services directly, in order to strengthen project impact. Some projects, however, may face insurmountable political opposition to the provision of service information to youth.

Lessons Learned (continued)

- Providing IEC to parents is important, especially those with children in elementary and secondary school, so that they are aware of what their children are learning, can respond to questions, and do not feel threatened by their children knowing more than them. Involving parents in this way also can reduce resistance on their part, and encourage their active involvement.

University-based projects

- Because university health clinics often serve university staff members and their families in addition to students, care must be taken to ensure that adults seeking similar services do not displace adolescents. Service statistics may also include adult recipients of services, making it difficult to measure a project's impact on young adults.
- Constant turnover of the student population affects contraceptive use. In order to ensure continuation of use, students should be referred to resources outside the university for contraceptive resupply before they graduate.
- According to pregnancy statistics at some project sites, sexual activity among students is highest during school vacations. These are also the times when programs cannot reach users as easily as during the school term. To meet students' needs during these times, sites can disburse supplemental contraceptives to last during vacations; remain open during vacations; students can be referred to other sources of contraceptive resupply; and IEC messages can be reinforced before vacation.
- Resident student advisors at college residence halls can be recruited to disburse resupplies of nonprescription contraceptives. However, experience in Africa has shown that advisors tend to be reluctant to provide these services without receiving incentives or honoraria.
- Only service providers who are expressly interested in serving youth should be recruited for work in university-based projects.
- Ensuring the curriculum is relevant to the reproductive health needs of adolescents and includes discussion of STDs and AIDS, contraception, and the development of the skills needed to bring about more responsible sexual behavior is critical.

Mass Communications Projects

Because information is key to personal decisionmaking, IEC activities have always been a fundamental component of programs for young adults. As societies undergo rapid change and urbanization, more young people are exposed to, and to a certain extent influenced by, different forms of mass media that are important purveyors of the popular culture. The media has been successfully used to inform all types of young people about reproductive health issues, and it has been especially useful for reaching at-risk young adults, who may be illiterate or not in school. While evidence suggests that mass communication efforts can increase knowledge, the extent to which they influence behavior is less clear. For this reason, mass communication activities are often part of a larger program, or used to reinforce a broader program that includes individual communication and services. Furthermore, using the media for IEC activities is an approach that invites the active participation of youth themselves, because formulating the message requires that project coordinators develop an intimate knowledge of their target audience.

Pathfinder has supported the creation of feature films that include themes such as human sexuality, male responsibility, and STD and HIV-AIDS prevention; national-level adolescent reproductive health information campaigns; radio call-in and information shows; and art and content contests for adolescent information campaigns. In *Brazil*, the Federal University of Bahia's Center for Interdisciplinary Studies teaches a course for disc jockeys on developing radio programming on young adult sexuality and reproductive health. The programs are very popular among the youth of Bahia. In *Mexico*, Pathfinder is working with several public sector agencies on a nationwide mass-media campaign using television and radio. The campaign uses TV and radio spots for adolescents in both rural and urban areas, with the objective of creating awareness about the advantages of delaying intercourse and marriage.

In *Africa*, Pathfinder has successfully used feature films to educate young moviegoers. Pathfinder supported the production and translation into Zulu of *Consequences*, which depicts a young, unmarried teen facing an unwanted pregnancy. The film, produced on location in Zimbabwe, uses local performers. The story depicts two young men and two young women in a secondary school who are "good" students studying for their futures. After a school party, one young man presses his girlfriend to have intercourse and pregnancy results.

Media can be especially useful in reaching at-risk young adults, who may be illiterate, not in school, or unemployed.

When they can no longer hide the pregnancy, both are expelled from school. The film has proven useful for starting discussion with youth about sexual relationships, male responsibility, and unwanted pregnancy. The award-winning film was translated into seven other African languages and has been viewed by 20 million people to date. It is currently being updated to incorporate comprehensive reproductive health messages about prevention of STDs and HIV-AIDS and male responsibility.

Pathfinder supported projects in *Bangladesh*, *Mexico*, and *Peru* that targeted young adults in areas where conventional outreach and services were insufficient. For example, in *Peru*, Pathfinder developed a week-long fair for young adults that included exhibitions, rock concerts, theater productions, and computer quizzes that focused on reproductive health and sex education. The event attracted thousands of Peruvian adolescents and nationwide press coverage. Another project created a hotline and radio program for young adults called “The Stork Does Not Exist,” which aired for two years on a Peruvian network. In its first year, the number of youth between the ages of 10 and 19 who called the program with reproductive health questions increased fivefold.



Lessons Learned¹⁵

The FOCUS program has synthesized knowledge and experience in this area into the following key principles that are critical to good project design.

- Effective media interventions address not only the behavioral issues of young adults themselves, but also environmental factors and social norms that greatly influence young adult reproductive health behavior.
- Involving key societal gatekeepers and stakeholders at the outset of the media design process is a critical project success factor, given the controversial nature of young adult reproductive health issues.
- Pretesting media/communication messages is essential, especially those transmitted through mass media.
- Supportive networking and training activities should be carried out throughout the project’s life to effectively shape young adult reproductive health social norms. Networks can be created with policymakers, media professionals, health service providers, counselors, peer educators, and others.
- All major projects should include a well-designed evaluation component.

¹⁵Drawn from Ronald Israel and Reiko Nagano, *Promoting Reproductive Health for Young Adults through Social Marketing and Mass Media: A Review of Trends and Practices*, FOCUS, Washington, DC, 1997.

Policy development must be based on a consensus among policymakers that the health needs of adolescents are not being met.

Policy Development Projects

In many countries, providing services and information to young adults is a very sensitive matter. Deeply held cultural and social beliefs are embodied in the laws, regulations, and practices governing family planning programs. While laws and policies can create barriers to addressing reproductive health for youth, they can also provide an important basis of support, creating a positive environment for the delivery of information and services. It is crucial for policy development to be based on a consensus among policymakers that adolescents are an underserved population whose health needs are not necessarily being met. In many countries, adolescent reproductive health is being given greater attention; generally, however, it is in the context of a broader maternal and child health/family planning framework.¹⁶

Pathfinder has implemented reproductive health policy projects worldwide. These projects have informed decisionmakers about the benefits of family planning and advocated for the removal of legal, policy, and regulatory barriers that impede delivery of reproductive health care services, including services for young adults. More recently, Pathfinder's FOCUS project has worked to sensitize policymakers to the special needs of young adults, ensure that their interests are represented in the policy arena, and shepherd the process of policy formulation and implementation. In the area of youth reproductive health policy, Pathfinder's work has contributed to the:

- Passage of national laws that raised the legal age of marriage in **Indonesia** from 16 to 19;
- Adoption of policies to allow pregnant teens to continue attending school or to return to school after childbirth in **Bostwana, Jamaica, and Kenya**;
- Integration of FLE into regional and national education systems in **Brazil, the Dominican Republic, Colombia, Indonesia, Kenya, Peru, and Tanzania**; and
- Integration of community-based family planning services for young adults into national health strategies in **Bangladesh**.

In many cases, improving the climate for young adult reproductive health has involved working with religious leaders and locally elected officials—groups

¹⁶ Senderowitz, Judith, Evaluation Report, *Thematic Evaluation of Adolescent Reproductive Health Programmes*, UNFPA, 1997.

that are often skeptical about the benefits of family planning. In *Turkey*, *Bangladesh*, and *Indonesia*, Pathfinder worked with religious leaders to promote the delay and spacing of births among young married couples. In *Bangladesh*, Pathfinder opened a dialogue between municipal leaders and national government representatives on the importance of local participation in providing community-based family planning services targeted for newly-married couples. Pathfinder convened a national conference for local, regional, and country leaders to develop strategies, assess the effects of advocacy on service delivery, and coordinate the planning and implementation of local family planning programs for young couples. In *Colombia*, Salud con Prevención, not only established a clinic to address the service and information needs of adolescents, but also carried out a feasibility study and identified organizations with the potential for providing education and services. This proactive role won the NGO a seat on the Ministry of Health's Adolescent Fertility Advisory Panel.

Many of Pathfinder's programs integrate providing services to youth and advocating for policy changes. For example, the success of a young adult mothers' center in *Jamaica*, established by Pathfinder, IPPF, and the Jamaican Government, helped liberalize Jamaican policies regarding school attendance and pregnant school-age women.

In addition, Pathfinder has funded or co-funded conferences and workshops for groups serving youth in Africa, Asia, Latin America, and the Near East. The Kenyan chapter of the AAPAH, established after the 1997 African Conference on Adolescent Health, garnered support from Kenya's Vice President and Minister of Education, who subsequently endorsed and launched a national FLE program for Kenya's elementary schools in 1994. Two Latin American conferences, in *Brazil* and *Mexico*, produced research and training resources for health providers that have become regional standards.

Pathfinder's FOCUS on Young Adults program has worked to assist country leaders and donor organizations with young adult reproductive health policy development and serves as a catalyst for policy changes that promote adolescent reproductive health. For example, at the country level, FOCUS was instrumental in shepherding the development of *Bolivia*'s National Youth Initiative, which was presented at the Summit of the First Ladies of the Americas. Its presentation at the Summit provided a powerful national

Pathfinder works with religious leaders and locally elected officials—groups that are often initially skeptical about the benefits of family planning.

and international symbol of Bolivia's political commitment to youth issues, including reproductive health. In *Africa*, FOCUS has developed awareness-raising tools, sponsored policy discussions, and helped document adolescent reproductive health policy developments.

FOCUS has developed a set of policy tools and resources to help other organizations, national governments, and colleagues analyze and address adolescent reproductive health policy needs.

FOCUS has developed a set of policy tools and resources to help other organizations, national governments, and colleagues to analyze and address adolescent reproductive health policy needs. The tools address a wide set of policy needs including awareness-raising and information sharing, identification and development of strategies for removal or minimization of legal, regulatory, and other policy barriers to service delivery, development of policy initiatives, and mobilization of resources to support national adolescent reproductive health programs. For example, FOCUS has developed RAPID, a simulation model and computer presentation that illustrates how program and policy actions could affect changes in selected sexual behaviors that are directly linked to adverse reproductive health outcomes for adolescents. The model and presentations are intended to raise awareness among policymakers about the need for policy and program actions that affect adolescent reproductive health, and can also be used to identify project implementation needs for planning purposes.

FOCUS has also organized a Policy Working Group of international and domestic youth advocates, specialists, donors, and young adult technical representatives that meets periodically to discuss key policy issues affecting young adult reproductive health and develop recommendations for action.

Lessons Learned

- Assessing the current status of laws and policies affecting the reproductive health of adolescents is an important first step to identifying short- and long-term goals for policy changes.
- Building coalitions among groups that share an interest in adolescent health, including reproductive health issues, can strengthen efforts to advocate for changes in public policy.
- Key opinion leaders and role models—such as traditional and religious leaders, high-level government officials, elites, popular cultural and sports figures, educators, and health professionals—should be educated and mobilized in support of desired policy changes.
- Identifying the appropriate government institutions and Ministries to sponsor legal and policy changes is essential.
- Adequate government budgetary commitments to implement reproductive health initiatives for youth must be secured.
- It is important to identify research and information needs that can help to build support for adolescent reproductive health policies and programs. For instance, documenting the cost savings that would result from a diminished need for hospital resources to treat complications of unsafe abortion among youth, or the effect of sexuality information would bolster advocacy efforts.
- A public information campaign can increase public awareness about adolescent reproductive health issues and mobilize broad-based support for changes in policy. Various media, including newspapers, magazines, radio, and television should be used to present relevant information. Empowering and involving youth as spokespersons for policy change is also essential.

Overall Lessons Learned

1. Pioneering programs for youth require a long commitment of support, perhaps as long as a decade, to become institutionalized and entrenched.
2. Young people must be engaged in finding solutions to their reproductive health problems. Involving them as active participants, even as planners and managers, is critical to success.
3. The inclusion of government and community leaders in project design and management can serve to legitimize a project and to enlist support from other community patrons and government officials.
4. Staff hired to work in youth programs must be genuinely committed to helping young people deal with reproductive health concerns. In most situations, the age and gender of the staff seem to matter less than their attitude, knowledge, and concern for their clients. A strong and comprehensive training guide/curricula can make a major contribution to staffing skills. Similarly, incentives can improve the motivation, productivity, and accountability of volunteer staff.
5. Young people have special concerns for privacy and confidentiality. A “youth-friendly” setting/environment is critical to a successful program.
6. The introduction of condom use is a critical starting point. It prevents pregnancy and STDs, is easily available, and can serve as a transition to other methods depending upon the users situation and needs. The condom also suits the episodic nature of adolescent sexual behavior. A well-designed referral system can support the adolescent’s transition to other methods and is also an essential part of a successful IEC program.
7. Evaluation activities must be qualitative as well as quantitative in order to capture the nuances that may indicate success less directly, given the limitations in data collection and application in young adult programs. Evaluation designs must be created as programs are developed and be built in from the onset of activities, and should examine individual program characteristics to reveal what helps make programs successful.
8. Integrating HIV prevention education into reproductive health projects is a logical program action.
9. Adequate resources must be devoted to ensure documentation and dissemination of positive results in order to facilitate additional program activities.

There are and will be more young people of childbearing age in the next 10 years than at any time before in world history. The world today has one billion young people aged 10-19 years and two billion people under age 20. Even if the average family size worldwide were to immediately drop to a replacement level of two children, world population would still grow to 8.4 billion by 2050. More realistically, medium projections from the United Nations estimate that the population in 2050 will be 9.4 billion.

This reality represents a window of hope too wide to ignore. Now and through the next decade, more people in their childbearing years than ever before will be making critical personal choices about families, education, and jobs. The choices they have and the decisions they make will have a tremendous impact on the eventual size of the world's population, and the health and well being of future generations.

Young people's ability to make informed decisions will not only be good for them but also good for their families, communities, nations, and the world. The investment we make now and over the next 10 years will determine the quality of life for subsequent generations in years to come.

For a variety of deeply ingrained social and cultural reasons, reproductive health services for youth have remained on the periphery of mainstream family planning programs for most of the last twenty-five years, and support among donors, policy makers and program managers has been largely uneven. Adolescents' needs have not received universal recognition, and the services that are designed to meet their needs do not receive adequate funding or technical support. Youth have often been treated essentially as a separate population—a group requiring special youth appropriate messages, alternative mechanisms for passing along knowledge and information, special service delivery points, separate hours of service, integration with other more youth friendly initiatives such as job training, fairs, and youth centers.

Twenty years of experience has taught us much about providing reproductive health services to adolescents. Like adults, adolescents the world over share many similarities and some differences. While their situations vary, many of their needs are the same—the need for accurate and complete information, the need for appropriate services, the need to be included in decisionmaking. It is not a question of finding the ideal way to provide information and services to



adolescents; there are many approaches that work and that are useful in different settings, at different points in time.

Since the 1994 ICPD in Cairo, which articulated and reinforced the importance of services for youth by including them in the Programme of Action, broad consensus on this issue has emerged. We know that youth are no less diverse than their parents, that their needs are no less varied and complex, and that their right to exercise their reproductive health choices should be no less universal. Donors and policymakers recognize that the number of young people entering their reproductive years will place enormous demands on the fragile health and social infrastructures that exist in many countries. Efforts made now, by organizations such as Pathfinder, will have a profound impact on population momentum and growth.

By virtue of their sheer numbers alone, adolescents can no longer be regarded as targets for a special subset of mainstream family planning and reproductive health services delivery programs. The effectiveness of good quality voluntary family planning and reproductive health programs has been widely proven. Applying the lessons learned and strategies employed by those programs to the needs of the world's youth is critical along with the dedication of similar financial and technical resources to youth programs. We no longer need to pilot, experiment, and test. We need to fully incorporate youth oriented services into existing programs.

The key to effective interventions will require a concerted effort among many groups to expand current programs and replicate similar initiatives on a larger scale. Ensuring that youth have the information needed to make a choice, the confidence needed to seek help, and the opportunity to easily avail themselves of high quality family planning and reproductive health services, including STD and HIV prevention, services will offer today's adolescents and tomorrow's leaders better life opportunities than their parents had, which is, after all, what parents everywhere want for their children.

From 1992 to 1997, Pathfinder International provided support to 83 grantees in 16 countries to conduct reproductive health projects that benefited adolescents. Following is a complete list of these grantees and a description of the work they did, excluding FOCUS projects. It includes both ongoing and completed projects.

Health facility-based projects

Africa

Kenya

High Risk Clinic

Grantee: University of Nairobi, Department of Obstetrics and Gynecology

Improved the reproductive health of young women admitted to Kenyatta National Hospital, the main referral center for the Ministry of Health. Provided family planning, counseling, and reproductive health service to young women under 25 who were treated for incomplete or septic abortions. Established postpartum counseling and services at Pumwani, the largest maternity hospital in Nairobi, and fostered referral linkages and networking with local hospitals and clinics in order to ensure services are available for young women under the age of 25.

Mozambique

Training Component

Grantee: Association for the Development of Mozambican Families (AMODEFA)

Implemented effective models for delivering reproductive health services to underserved populations including workplace-based community distribution, school-based education and peer counseling, the use of referral networks, adolescent-directed outreach, and community-based distribution using non-medical ‘activistas.’ This project also included the initiation of a model adolescent reproductive health clinic and training site. (Started in 1998.)

Nigeria

Emergency Contraception

Grantee: University College Hospital in Ibadan

Introduced emergency contraceptive pills (ECP) to prevent

unplanned pregnancy among young women. Trained providers, developed guidelines and relevant IEC materials. Held orientation sessions for professionals and community members to increase knowledge of ECP.

Tanzania

Minimizing Unintended Pregnancies in Dar es Salaam

Grantee: Population and Health Services - Tanzania

Minimized unintended pregnancies among young women by strengthening services provided in five Marie Stopes clinics in Dar es Salaam. Procured equipment, improved the management of incomplete and/or septic abortions, and trained staff in counseling. Trained community-based agents to conduct follow-up visits to ensure continuous provision of family planning methods.

Uganda

MVA Training and Postabortion Care

Grantee: Makerere University, Department of Obstetrics and Gynecology

Improved the quality and accessibility of postabortion care and other related family planning services received by young women at Mulago Hospital.

Asia

Bangladesh

Manila Conference on Barriers to Contraception

Supported Bangladeshi participant at the Asia meeting on “Reduction of Medical Barriers,” a discussion of scientific research about contraceptive technologies and a forum to develop approaches to address country-specific medical barriers, including those to serving young newlyweds.

Quality Assurance Manual for NGOs

Finalized, translated, and printed the *Quality Assurance Manual* that includes guidelines for ensuring quality of care when providing contraceptive methods, with a special focus on the needs of young adults.

Indonesia

Adolescent Clinic in Jakarta

Grantee: Indonesia Planned Parenthood Federation

Addressed adolescents' lack of information about sexuality and reproduction by establishing the first adolescent clinic in Jakarta. Provided young adults with information and counseling on reproductive health, STD treatment, and sexuality.

Latin America

Bolivia

Adolescent Health Services

Grantee: Fundación San Gabriel

Provided integrated reproductive health services to adolescents and other women to increase use of contraception. Trained teachers and health professionals in reproductive health service delivery. Provided counseling and educational activities including talks at schools. Distributed pamphlets directed towards adolescents.

Reproductive Health and Family Planning Services in Periurban Areas

Grantee: Comisión Boliviana de Acción Social Evangélica (COMBASE)

Increased access to family planning services by incorporating adolescent services into the general health care program. Improved the method mix offered at clinics by introducing postpartum/postabortion contraceptives including injectable contraceptives. Community-based agents carried out IEC activities and distributed selected contraceptive methods.

Reproductive Health Services in Cochabamba

Grantee: Programa Médico Familiar (PROMEFA)

Strengthened the network of family planning and reproductive health services in Cochabamba, including services targeted to adolescents. Activities included the implementation of quality of care systems, the introduction of new monitoring and community-based services supervision tools, and the provision of technical assistance to improve the agents' efficiency.

Colombia

Reproductive Health Training Program in Manizales

Grantee: Dirección Seccional de Salud de Caldas

Developed and implemented curricula in human sexuality, reproductive health, and family planning for use with secondary

school students. Provided students with counseling in these subjects. Referred students for services as appropriate.

Young Adults' Reproductive Health in Bogota

Grantee: Salud Con Prevención

Conducted a feasibility study to identify local organizations with potential for undertaking sexual education and family planning services to better meet the needs of adolescents.

Mexico

Hospital-Based Project for Implementation of Reproductive Health Services

Grantee: Asociación Mexicana de Educación Sexual

Provided services and sexual education to postpartum women. After an initial field test of information and materials developed by the project, disseminated information to other health facilities in Mexico.

Reproductive Health and Family Planning for Adolescents

Grantee: Instituto Mexicano de Seguridad Social (IMSS)

Reinforced reproductive health and family planning services for adolescents in urban areas by improving counseling skills and developing IEC materials. Continued with IUD insertion and injectable contraceptive training for rural nurses. Developed a pilot service delivery strategy for indigenous populations. Continued to develop an interpersonal communication strategy for working with adolescents.

Service Delivery Strategies for Adolescents

Grantee: Instituto de Seguridad y Servicios para los Trabajadores del Estado (ISSSTE)

Expanded the coverage and improved the quality of family planning services in urban areas by developing a reproductive health and family planning service delivery strategy for adolescents in urban areas.

Peru

Expansion of Health Services for Adolescents

Grantee: PROFAMILIA

Supported the expansion of public sector integrated education and health services, including family planning for young couples to prevent unwanted pregnancies. Consolidated a service network to replicate these activities in other areas.

Family Planning Outreach to Adolescents in Chiclayo and Lambayeque

Grantee: Asociación Marcelino

Offered counseling and educational talks to adolescents at schools and promoted contraceptive services on the radio. Increased awareness, usage, and accessibility of family planning services in periurban and rural areas of Chiclayo and Lambayeque.

Ministry of Health Reproductive Health Program

Strengthened the Peruvian MOH's reproductive health and family planning service delivery capacity throughout its network of health posts, centers, and hospitals. Improved training and supervision systems and encouraged community use of services, especially among adolescents. Trained service providers in family planning clinical services. Strengthened the quality of postpartum/postabortion activities in 20 participating hospitals.

Community-based outreach projects

Africa

Regional Family Planning Support Project

Provided technical assistance and financial support for adolescent services, community-based distribution training, and information management systems review to three family planning projects.

Ethiopia

Expanding Family Planning Services

Grantee: Family Guidance Association of Ethiopia

Expanded existing programs in adolescent reproductive health, clinic- and workplace-based services, and community-based distribution in urban and periurban communities. Trained staff in family planning service delivery and the use of IEC materials.

The Good Shepherd Family Planning Project

Grantee: Good Shepherd Family Care Service

Increased the availability and quality of reproductive health services to underserved young adults and commercial sex workers in Addis Ababa. Improved the social and economic status of vulnerable groups by providing vocational training and job opportunities to the target population.

Kenya

CPK Eldoret Community-Based Distribution Family Planning Project

Grantee: Church of the Province of Kenya, Eldoret Province

Enhanced reproductive health information and services for young adults and strengthened referral linkages and networking with the adolescent High Risk Clinic in Eldoret. Provided community-based distribution of family planning services.

Integrated Community-Based Maternal and Child Health Family Planning Project

Grantee: Maendaleo Ya Wanawake

Provided support for reproductive health services, including IEC in STDs and HIV-AIDS and FLE in ten priority districts using a community-based distribution program with strong clinical and referral linkages. Provided information and education to mothers on child immunization, prenatal/postnatal care, nutrition, and growth monitoring.

Mkomani Clinic Society Family Planning and Community-Based Distribution Project

Grantee: Mkomani Clinic Society

Enhanced the quality and services provided to the poor and underserved population in Mombasa, a high-risk area for HIV transmission. Incorporated a depot holding system, workplace-based male motivation, and school-based FLE activities into the community-based reproductive health service program.

Kabiro Health Care Trust

Grantee: Kabiro Health Care Trust

Improved the well-being of families living in the Nairobi slum area of Kabiro Kawanguare by increasing access to reproductive health and community-based health education services. The project provided integrated services including maternal and child health, STD treatment, and HIV-AIDS IEC and counseling, with a focus on young adults.

Mozambique

Reproductive Health Services for Underserved Populations

Grantee: SALAMA

Provided effective models for delivering reproductive health services to selected underserved populations. Modes of service included: workplace-based family planning and repro-

ductive health services, school related education and peer counseling, referral and outreach networks for adolescents, and community-based distribution of information using non-medical ‘*activistas*.’ (Started in 1998.)

Nigeria

Family Planning for High Risk Young Couples in Benin

Grantee: University of Benin Teaching Hospital

Project targeted adolescents, commercial sex workers, and truck drivers in an effort to reduce the high incidence of STDs, including HIV. Distributed condoms to target groups. Integrated clinic-based STD/HIV services. Trained the facility and community-based staff to intensify use of client-focused and culturally-sensitive IEC materials, campaigns, and advocacy.

Support for Youth Program in Aba

Grantee: Association of Women Volunteers

Targeted specific services to young adults and people infected with HIV-AIDS to reduce the incidence and impact of STD and HIV-AIDS in the Ogobia community in Benue State. Activities included training, counseling, STD and HIV screening, pre- and post-test counseling, and STD management.

Tanzania

Comprehensive Community Reproductive Health Service in Dar es Salaam

Grantee: Silika La Wanawake La Uchumi Tanzania (SUWATA)

Provided reproductive health services through a network of 120 community-based agents and youth educators who target women, men, and youth. Held advocacy meetings for community leaders to encourage their participation in family planning, reproductive health, and maternal and child health programs. Developed IEC materials to strengthen the quality of services provided.

Uganda

Empowering Girls and Young Women with Family Life Education

Grantee: Action for Development (ACFODE)

Worked with decisionmakers in two areas of Kampala to establish model FLE curricula in secondary schools, and train FLE educators in their use. Reduced barriers to FLE and created awareness of gender issues through advocacy seminars targeting policy makers and community members. Increased the utilization of reproductive health services among women

engaged in ACFODE’s income-generating activities, and monitored these activities to increase their efficiency and effectiveness.

Health Improvement Project

Grantee: YWCA of Uganda

Empowered young women aged 12 to 25 in selected areas of Kampala to manage their health problems and those of their children. Increased the availability and utilization of high quality family planning, maternal and child health, STD, and HIV-AIDS information and services with community-based service delivery systems.

Asia

Bangladesh

Family Planning Facilitation Program

Grantee: Bangladesh Rural Advancement Committee (BRAC)

Decreased maternal and child mortality through an enhanced family planning initiative, including an adolescent reproductive health component. Provided essential service package services in 28 *thanas*.

Two-Girl Family Education Program

Grantee: Family Development Services and Research

Provided scholarships to 1,750 two-child families to enable their daughters to receive primary school education.

Islam and Family Planning Publications Series

Grantee: Islam and Family Planning Publications

Published a series of booklets written by a group of *Alims* that discuss various viewpoints on the intersection of family planning and Islam. Booklets cover the health risks of early childbearing and closely spaced births. Provided the booklets to religious centers, the government of Bangladesh, and NGOs.

Family Planning Workshops with Traditional Leaders

Increased family planning acceptance rate by holding 110 workshops to inform traditional religious and community leaders of population issues, including adolescent childbearing trends, and to gain their support.

Delivery of Injectables through Clusters

Supported the national family planning program in its effort to make injectables available to clients at neighbors' households where couples, including newlyweds, can visit. Assisted in the implementation and monitoring of the program.

NGO Sustainability Workshop

Enabled NGOs serving adolescents to attend a sustainability workshop. Workshop helped NGO managers clarify their understanding of definitions and concepts surrounding sustainability. Workshop also employed an economist to guide the development of action plans that measure sustainability improvements.

Revenue Generation Workshop

Enabled NGOs serving adolescents to attend a workshop where agencies shared experiences and lessons learned in implementing revenue generating activities. Workshop participants identified areas in which NGOs could cooperate to expand their activities and explored community resources to strengthen their programs.

Union Parishad Chairmen Workshop

Educated Union Parishad Chairmen on impact of population growth including that of the overall growth momentum caused by high numbers of young adults reaching reproductive age. The effort aimed to increase their commitment at the local level to an effective family planning program.

Bangladesh Newlywed Program

Grantees: Chalna Bandar Mohila Samity
Bangladesh Rural Advancement Committee
Proshanti, Noakhali
Ayon, Thakurgaon
Surjamukhi Samaj Kallayan
Swanirvar Bangladesh
Unnata Family Planning Project, Rangpur
Society for Population and Development
Voluntary Paribar Kallayan Association
Anannaya Mohila Samity
Jonosheba Family Planning Project
Bogra Paribar Kailyan Mohila Proshanti
Poura Paribar Kalyan Sangstha
Chitra Mohila Samity
Madaripur Mohila Kallyan Sangstha
Chuadana Poura Unnayan Samity
Protisruti

Voluntary Family Welfare Association
Moitree Sangstha
Shimantik Isamati, Sylhet
Association for Community Health Service
Gono-Pathagar-O-Poribar Kallyan Sangstha
Proyatta
Gonagiry Mohila Samity
Nabarun Samity, Ramu, Cox's Bazar
Nobarun Samity
Sopiret

Educated adolescents about health and family planning through FLE programs. Increased use of family planning methods among couples with emphasis on newlywed and low parity couples. Decreased maternal and child mortality with immunization and health care. Encouraged pregnant and lactating mothers to breastfeed.

Indonesia

Service Delivery Expansion Support to Four Provinces and Three NGOs

Grantee: National Family Planning Coordinating Board (BKKBN)

Increased access, quality, and sustainability of family planning services. Activities included: preparing service delivery points, clinical training for providers, counseling and IEC activities directed towards specific groups, including adolescents, and developing community institutions to support village midwife services.

Service Delivery Expansion Support in South Sumatra Province

Grantee: Provincial BKKBN South Sumatra

Increased access, quality, and sustainability of family planning services. Activities included: readying service delivery points, clinical training for providers, counseling and IEC activities directed towards specific groups, including adolescents, and developing community institutions to support village midwife services.

Sex Worker Education and Empowerment Project

Grantee: Indonesia Planned Parenthood Foundation

Increased STD and HIV-AIDS awareness among sex workers, many of whom were adolescents. Increased knowledge and use of modern contraceptives, decreased the incidence of unsafe abortion, and increased self-esteem. Activities included

conducting meetings for sex workers, holding training sessions for the sex workers and their male clients, and providing STD examinations and treatment at clinics.

Pakistan

Girls' Empowerment and Literacy Project

Grantee: Behbud Association of Pakistan (BAP)

Improved the quality of young girls' and women's lives through non-formal education, skills development, literacy training, and self-employment programs. Promoted awareness of nutrition and basic health care, family planning and reproductive health, and skills development in sewing, leather bag production, poultry farming, and food preservation.

Latin America

Brazil

AIDS Prevention in Low-Income Populations

Grantee: Grupo de Apoio e Prevenção a AIDS

Educated commercial sex workers, homosexuals, and adolescents on AIDS prevention and played an active role in decreasing sex tourism in Bahia. Incorporated family planning information into ongoing HIV-AIDS prevention work and referred couples seeking family planning services to nearby public sector health posts.

Pampa Adolescent Program

Grantee: Pampa

Provided integrated family planning, psycho-social, and health services to adolescents in Sao Paulo. Introduced sexual education activities in 60 schools by working with teachers to develop class presentations. Provided adolescents with prenatal care, contraceptives, and other reproductive health services.

Youth Counseling Services and Education

Grantee: Fundação Esperança

Reduced unwanted adolescent pregnancies by providing family planning information and reproductive health services. Held educational talks at schools and community centers and offered counseling and family planning services to high-risk adolescents.

Mexico

Family Planning Training Project in Jacotepec

Grantee: Centro de Desarrollo de Jacotepec

Focused on educational and training activities in the areas of family planning, sex education, life planning, and environmental issues, with an emphasis on adolescent populations especially those living in periurban and rural areas. Activities included training primary school teachers about sex education, reproductive health, and family planning, with an emphasis on the prevention of pregnancy, STDs, and HIV-AIDS among adolescents.

Improving and Implementing Family Planning Services

Grantee: Centro de Orientación Familiar de Matamoros

Provided information on the prevention of unwanted pregnancies and STDs to adolescents by distributing pamphlets and holding open discussions and workshops. Expanded activities to increase the amount and quality of family planning services available in all areas of Matamoros.

Community Outreach Services for Young Couples

Grantee: Prosuperación Familiar

Expanded community outreach programs advocating family life education for both in and out-of-school youth. Developed a library with information on adolescent sexuality and family planning for use by young people. Held briefings for parents of sixth grade students to increase their awareness and support of the program. Followed up on high-risk pregnancy cases identified in the clinics, and trained teachers to provide FLE. Developed a program with unemployed out-of-school youth.

Reproductive Health Education and Sustainability for Young Adults

Grantee: CASA

Supported CASA's young adult family planning education and service program.

Peer Educator Program in Tijuana

Grantee: Fundación de Proyecto Fronterizos (FPF)

Trained adolescents to be family planning promoters. Developed videos and brochures to teach them how to educate their peers about family planning methods, pregnancy, and STDs.

Youth Program in Tijuana

Grantee: Fronteras Unidas Pro-Salud

Provided high-quality services in family planning, reproductive health, and sex education to reduce the incidence of STDs and unwanted pregnancies among youth in Tijuana. Improved access to contraceptive information and services by targeting youth in schools, factories, juvenile correction centers, and gangs. Trained supervisors and promoters to provide sex education and contraception to young adults.

Peru

“Adults Prohibited” Exposition on Adolescents

Educated approximately 30,000 low income and middle class adolescents in urban areas of Lima on reproductive health, contraception, and STDs by developing a week-long artistic exposition that included a plastic model playground, videos, and posters.

Diversified Family Planning Services

Grantee: Instituto Peruano de Paternidad Responsable (INPPARES)

Expanded adolescent activities in Chiclayo by implementing a community outreach program in which adolescents were offered family planning consultations, services, and IEC.

Expansion of Family Planning Program

Grantee: Asociación Marcelino

Supported the expansion and improvement of family planning services in rural areas of Chiclayo, with emphasis on reaching out to young adults with limited education. Strengthened male involvement.

Integrated Family Planning and Educational Services in Ica

Grantee: Asociación Pro-Desarrollo y Bienestar de la Familia

Supported the expansion of family planning services for young couples to prevent unwanted pregnancies. Trained young adults to be community-based agents working in rural areas with low contraceptive prevalence rates in Ica.

Reproductive Health Service Linked with Environmental Activities

Grantee: PROFAMILIA

Provided family planning training, information, and services to urban sanitation workers in Villa El Salvador, Lima, Peru.

Held IEC talks at local government’s Summer Vacation Program for approximately 500 of the sanitation workers’ adolescent-aged children.

Sex Education and Counseling Program

Grantee: APROSAMI

Increased the awareness and knowledge of reproductive health and family planning among young people living in poor neighborhoods. Increased the use of modern family planning methods among those who were sexually active. Developed a program in selected public schools to offer family life education and counseling to high school students during their final two school years. Trained adolescent counselors to conduct outreach work.

School- and University-based projects

Africa

Kenya

Egerton University Health Center Project

Grantee: Egerton University

Based on a comprehensive FLE curriculum developed in cooperation and implemented jointly with Kenyatta University, this project provided family planning, IEC, counseling, and services to university students. Activities included setting up a contraception depot-holding system in residence halls to increase student access to contraception.

Kenyatta University Family Welfare and Counseling Project

Grantee: Kenyatta University

Provided family life education, human sexuality communication, and reproductive health information and services to students at Kenyatta University. Activities included setting up a contraceptive depot-holding system in residence halls to increase student access to contraception, supporting the university-based FLE peer education programs at Kenyatta University, and establishing a youth resource training center for Kenya’s five public universities.

Tanzania**Dar University-Based Youth Project**

Grantee: University of Dar es Salaam

Created and improved student awareness of and access to reproductive health services and information. Offered peer counselors and their supervisors refresher training, sensitized administrators, and introduced outreach activities. Other program components included FLE, lectures, drama, newsletters, and peer counseling.

Asia**Azerbaijan****Reproductive Health Program**

Conducted a KAP survey to determine the appropriate course for Azerbaijan's reproductive health education program for adolescents and youth. Improved the reproductive health of women and married couples by expanding access to modern contraceptive information and services and by increasing awareness of STDs and HIV-AIDS. Activities included increasing service providers' capacity to deliver high-quality family planning and reproductive health services and increasing public awareness of reproductive health, family planning, STD, and HIV-AIDS issues with IEC activities. Incorporated information on the risks of unsafe abortion, STDs, HIV-AIDS, and other reproductive health/family planning areas into the ninth grade curriculum.

Kazakhstan**Improving Reproductive Health Service Delivery**

Improved reproductive health conditions with a special emphasis on family planning. Provided training in developing IEC materials, improving counseling skills, developing curriculum, using MVA, and treating STDs and HIV-AIDS. Incorporated information on the risks of unsafe abortion, STDs, HIV-AIDS, and other reproductive health/family planning areas into the ninth grade curriculum.

Latin America**Bolivia****Family Planning & Health Services for Organized Workers**

Grantee: Centro de Investigación, Educación y Servicios
Provided clinical services to university students and trained promoters in family planning.

Brazil**Formation of Family Life Education Teaching Groups in Brazilian Universities**

Grantee: Centro de Sexologia de Brasília (CESEX)

Addressed the need for services and education for young adults by training sex educators and developing curricula. Developed a core of professionally trained FLE teachers to promote sexuality education.

Peru**Introduction of ECP in Education and Health Services**

Grantee: Instituto de Estudios de Población

Introduced the use of emergency contraceptives to two night school programs for young female domestic workers in Lima. Improved the reproductive health and family planning information available to night school students, and improved provider knowledge about emergency contraception.

Regional Training Seminars on Sexuality and Family Planning

Grantee: Asociación Peru-Mujer

Developed and implemented regional training seminars on sexuality and family planning, in collaboration with the Ministry of Health, for adult education specialists. Reproductive health and family planning included in night school classes, primarily attended by female domestic workers.

Mass communications projects**Africa****South Africa****Zulu Version of *Consequences***

Grantee: Media for Development International

Produced a Zulu version of this film to target South African teenagers in an effort to inspire discussion of adolescent sexuality and the reproductive health options available to youth.

Latin America**Brazil****Communication and Adolescence**

Grantee: ISP Center for Interdisciplinary Studies

Introduced reproductive health themes on radio programs

directed toward adolescents. Provided disc jockeys with public service announcements that offer information on contraception and STDs.

Strengthening of Statewide Family Planning Program

Grantee: Fundação Instituto Miguel

Helped the State Secretariat of Health expand its statewide family planning program for adolescents by implementing groundwork activities to develop model service outlets. Trained state health-network professionals in family planning procedures and concepts, and instructed them in contraceptive management and supervision. Provided contraceptives to both new and continuing users.

Mexico

Communication Project in Family Planning

Grantee: Consejo Nacional de Población (CONAPO)

Created a climate of acceptance for adolescents' use of family planning by providing information about contraceptive methods that dispel myths, rumors, and misinformation. Promoted the idea that the use of family planning results in improvements in the target audience's quality of life. Launched campaigns to increase adolescent knowledge about family planning on radio, television, through telephone networks, and by distributing pamphlets.

Policy and advocacy projects

Asia

Bangladesh

Measuring Quality of Care

Enabled NGOs working with adolescents to attend workshops with public sector, research, and donor agencies to catalyze efforts to incorporate quality of care into family planning programs. Developed implementation plans to measure progress. Established quality indicators.

National Conference on Population and Development

Increased awareness of Bangladeshi parliamentarians about population and development including the population growth momentum caused by young people reaching reproductive age.

Developed four conference papers outlining the national family planning program, the linkage of population with other development programs, and the role of parliamentarians in the making of policy. Developed a plan of action including family planning activities.

Training of Government Officials

Organized and conducted thirteen one-day training sessions for Upazila and other government of Bangladesh officials on demographic measurement and local target setting to achieve national population goals.

Latin America

Production of Adolescent Manual for Latin America Region

Created a manual on sexual education for young people and a pamphlet on contraceptive methods for adolescent couples.

Other projects

Africa

Kenya

Reproductive Health Services Evaluation

Grantee: University of Nairobi, Department of Obstetrics
Conducted an evaluation to strengthen reproductive health services offered by the Acute Gynecological Ward at the High-Risk Clinic (HRC) at Kenyatta National Hospital. The clinic's main purpose is to care for and treat young women admitted to the hospital with septic or incomplete abortions. Evaluation objectives included establishing contraceptive use, increasing acceptance and continuation rates for young females, and assessing the impact and effectiveness of the HRC's efforts to prevent recurrent pregnancies.

Latin America

Peru

Diploma Degree Program in Adolescent Services

Grantee: Universidad Cayetano Heredia

Trained human resource professionals in the management and administration of adolescent health programs by creating a Diploma Degree in Adolescent Integrated Health with a special focus on reproductive health.

Training Workshop for Sexual Educators

Grantee: Instituto Peruano de Paternidad Responsable (INPPARES)

Trained professionals in the use of a “Life Planning Education” manual to teach adolescents about reproductive health choices.



Following, organized by country, is a list of adolescent service projects supported by Pathfinder International from 1992 to 1997.

Africa

Regional Family Planning Support Project

Ethiopia

Expanding Family Planning Services

The Good Shepherd Family Planning Project

Kenya

CPK Eldoret Community-Based Distribution Family Planning Project

Egerton University Health Center Project

High-Risk Clinic at Kenyatta National Hospital

Integrated Community-Based Maternal and Child Health Family Planning Project

Kabiro Health Care Trust

Kenyatta University Family Welfare and Counseling Project

Mkomani Clinic Society Family Planning and Community-Based Distribution Project

Reproductive Health Services Evaluation

Mozambique*

AMOFEDA Training Component

Reproductive Health Services for Underserved Populations

Nigeria

Emergency Contraception

Family Planning for High Risk Young Couples in Benin

Support for Youth Program in Aba

South Africa

Zulu Version of Consequences

Tanzania

Comprehensive Community Reproductive Health Service in Dar es Salaam

Dar University-Based Youth Project

Minimizing Unintended Pregnancies in Dar es Salaam

Uganda

Empowering Girls and Young Women with FLE Health Improvement Project

MVA Training and Postabortion Care

Asia**Azerbaijan**

Reproductive Health Program

Bangladesh

Delivery of Injectables through Clusters

Family Planning Facilitation Program

Family Planning Workshops with Traditional Leaders Islam and Family Planning Publication Series

Manila Conference on Barriers to Contraception

Measuring Quality of Care

National Conference on Population and Development

Bangladesh Newlywed Program (27 projects)

NGO Sustainability Workshop

Quality Assurance Manual for NGOs

Revenue Generation Workshop

Union Parishad Chairmen Workshop

Training of Government Officials

Two-Girl Family Education Program

Indonesia

Adolescent Clinic in Jakarta

Service Delivery Expansion Support to Four Provinces and Three NGOs

Service Delivery Expansion Support to Sumatra Province

Sex Worker Education and Empowerment Project

Kazakhstan

Improving Reproductive Health Service Delivery

Pakistan

Girls' Empowerment and Literacy Project

Latin America

Production of Adolescent Manual for Latin America Region

Bolivia

Adolescent Health Services

Family Planning and Health Services for Organized Workers

Reproductive Health and Family Planning Services in
Periurban Areas

Reproductive Health Services in Cochabamba

Brazil

AIDS Prevention in Low-Income Populations

Communication and Adolescents

Formation of FLE Teaching Nuclei in Brazilian Universities

Pampa Adolescent Program

Strengthening of Statewide Family Planning Program

Youth Counseling Services and Education

Colombia

Reproductive Health Training Program in Manizales

Young Adults' Reproductive Health in Bogota

Mexico

Communication Project in Family Planning

Community Outreach Services for Young Couples

Family Planning Training Project in Jacotepec

Hospital-Based Project for Implementation of Reproductive
Health Services

Improving and Implementing Family Planning Services

Peer Counseling in Tijuana

Reproductive Health and Family Planning for Adolescents

Reproductive Health Education and Sustainability for
Young Adults

Service Delivery Strategies for Adolescents

Youth Program in Tijuana

Peru

“Adults Prohibited” Exposition on Adolescents

Diploma Degree Program in Adolescent Services

Diversified Family Planning Services

Expansion of Integral Health Services Program for
Adolescents

Family Planning Outreach to Adolescents in Chiclayo and
Lambayeque

Family Planning Program for Underserved Populations in
Chiclayo

Integrated Family Planning and Educational Services in Ica

Introduction of ECP in Education and Health Services

Ministry of Health Reproductive Health Program

Regional Training Seminars on Sexuality and Family Planning

Reproductive Health Service Linked with Environmental
Activities

Sex Education and Counseling Program

Training Workshop for Sexual Educators

**The projects in Mozambique started in 1998 and are not
included in project totals.*

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