

Pack One— Program Design, Strategic Planning, and Networking

1. Introducing Pack One

Pack One is designed for program managers working in organizations interested in, or already conducting, YSRH programs. The materials are designed to help program managers integrate YSRH into existing programs and structures, and to work with groups of organizations or program staff to mobilize support for collaboration in YSRH programs.

Framing the Issues

In **section 2**, an “Overview of YSRH in Asia” is introduced and discussed. Trends in health and development illustrate the diverse and complex nature of youth development and health and their differences across countries and cultures. This section should be regarded as an overarching framework for understanding critical issues, and can be adapted to country or local levels using available data.

In **section 3**, “YSRH Strategies, Outcomes, and Programs” are presented. This section discusses the key elements of YSRH programming, and serves as a broad framework for the remainder of the packs. These two sections will provide participants with a substantive introduction to current issues and program approaches in the field of YSRH.



Understanding the Context

The next two sections encourage participants to consider their specific contexts and to address issues from the earlier sections according to their own experiences. **Section 4**,

“Country Focus,” focuses on priority areas, and opportunities and challenges in improving young people’s health and development.

Section 5, “Youth Focus,” is designed to help program managers and staff better understand youth perspectives and needs, and to allow youth an opportunity to share their thoughts and ideas with adults, and to become more fully involved in programs. The section provides a framework for an emerging dialogue between youth and adults that will benefit both groups in further designing and implementing programs.

Developing a Strategy

Participants will begin to develop a strategy for YSRH programs based on priorities and issues introduced and considered in the previous five sections. **Section 6**, “Program Design,” reviews assessment methodologies that can be used to gather evidence for program strategies and designs. It then introduces tools and approaches to help participants identify the types of programs they are interested in undertaking, develop strategies based on priorities and a clear statement of health and behavioral goals and outcomes, and define measurable objectives to correspond to program and population objectives. This section will lead to a clearer program framework that can be applied to a variety of health priorities.

Creating a Safe and Supportive Environment

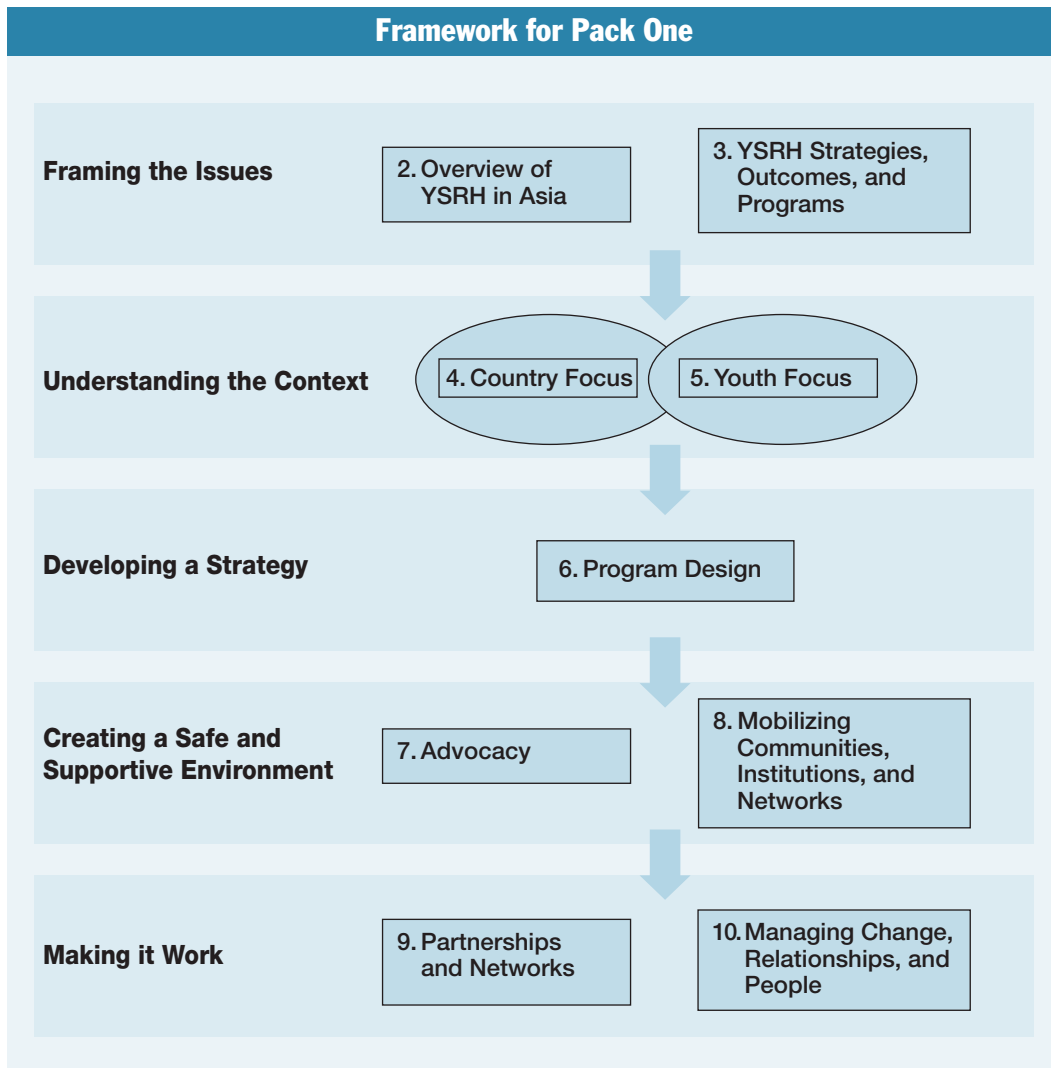
Program strategies designed to create a safe and supportive environment for youth are introduced. In **section 7**, “Advocacy,” participants will consider advocacy strategies to promote YSRH programs with different groups, including within the organization, with parents, teachers, school administrators, religious leaders, policy makers, and the media. Participants will learn how to develop advocacy strategies, respond to difficult situations, and communicate with different stakeholders.

In **section 8**, “Mobilizing Communities, Institutions and Networks,” two social mobilization case studies are discussed, including media advocacy and institutional mobilization. These approaches are examples of how to mobilize social institutions to change norms and societal attitudes and to create more supportive structures for youth. By the end of both sections, participants will have a more concrete idea of how to catalyze social change processes to support youth.

Making it Work

Section 9, “Partnerships and Networks,” covers the issues of collaboration, partnerships, and network building to mobilize and advance efforts in YSRH. Partnerships and networks are critical to the development of multi-sectoral approaches and to social change strategies. Participants will be encouraged to develop ways to build relationships and promote change, both within and outside their organizations.

Section 10, “Managing Change, Relationships, and People,” covers internal management issues of organizations entering into YSRH programming. Integrating YSRH into an organization can require new roles and responsibilities for staff. The challenge for management



team leaders is to create and maintain an environment in which staff can continue to operate effectively through a period of change, while learning and building confidence to undertake their new roles and functions. This section encourages program managers to assess strategic issues, and build team members' capacity through coaching, mentoring, and conflict resolution.

Activities

4. Country Focus

- 4.1—Visual Representation of Country-specific Issues
- 4.2—Country-specific Challenges

5. Youth Focus

- 5.1—Be Part of It
- 5.2—Values Clarification on Youth Sexuality
- 5.3—DOs and DON'Ts for Adults

- 5.4—Youth Panel on Interests, Concerns, and Health Issues
- 5.5—What You Never Told Your Parents

6. Program Design

- 6.1—Assessing Needs
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- 6.3—Developing a Logic Model Framework
- 6.4—Defining Measurable Objectives

7. Advocacy

- 7.1—Advocating for YSRH
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8. Mobilizing Communities, Institutions, and Networks

- 8.1—Case 1: Promoting Social Change through a Media Advocacy Network
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9. Partnerships and Networks

- 9.1—Defining the Terms
- 9.2—Developing Trust, Respect, and Commitment
- 9.3—Deciding if Partnership is Right for Your Situation
- 9.4—Mapping and Analyzing Networks

10. Managing Change, Relationships, and People

- 10.1—Strategic, Organizational, and Management Issues
- 10.2—Coaching Case Study
- 10.3—Conflict Case Study

2. Overview of YSRH in Asia

Introduction

The field of YSRH is newly emerging and encompasses a complex array of health and development issues. In order to respond effectively to the needs of young people in Asia, and around the world, we must be familiar with key issues and trends in each locality, country, and region. These issues and trends are introduced in this section, with examples of data from different countries in Asia. We recommended that these data be modified as needed for specific country settings in presentations about YSRH. This section provides an overview of:

- Socio-demographic trends
- Behavioral and developmental trends
- Health consequences
- Challenges and opportunities in programming

Issues and Trends in YSRH

Effective programming for youth requires that we recognize the diversity of opportunities and risks facing youth in different parts of the world, and that we prioritize our efforts accordingly. The sexual and reproductive health needs of youth are varied and complex. They are influenced by the societies and cultures in which young people are raised into adulthood. Programmers should be familiar with issues and trends facing young people, and their relative importance in local settings. The following are important issues and trends concerning young people and their sexual and reproductive health risks and needs.

There are large numbers of youth in Asia.

Of the world's 1.6 billion young people ages 10-24, 1.4 billion live in developing countries. The proportion of the population of young people varies according to country. In Bangladesh, 36 percent of the total population is between 10-24, while in Japan, the proportion is only 18 percent (PRB 2000). Other examples from the Asia region include China (25%), Nepal (33%), the Philippines (32%), and Vietnam (32%).

Young people face key developmental tasks in their transition to adulthood.

Young people must achieve a number of social, emotional, and developmental tasks. As they mature into adults, they experience:

- Progression from appearance of secondary sex characteristics (puberty) to sexual and reproductive maturation.
- Development of adult mental processes and adult identity.
- Transition from total dependence to relative independence.

The transition from childhood to adulthood is filled with new events.

Key transitional events occur in different sequences and timing according to cultural norms and expectations. These include:

- Experiencing onset of puberty.
- Leaving school.
- Leaving home.
- Starting employment.
- Experiencing alcohol and drugs for the first time.
- Having one's first sexual experience.
- Getting married.
- Getting pregnant for the first time.
- Childbearing.

Young people engage in behaviors that influence health outcomes.

Young people are faced with important decisions about sexual relationships that affect their health and future. Key behavioral outcomes for YSRH programs include:

- Delaying sexual initiation.
- Preventing unwanted or coerced sex.
- Preventing unprotected sexual intercourse.
- Preventing violence.
- Preventing STIs and HIV transmission.
- Promoting STI access and treatment.
- Promoting gender sensitivity, respect, and positive attitudes.
- Reducing alcohol or drug use and identifying their correlation to unsafe sex.

Multiple factors influence the decision to have sex early, or to engage in unprotected sex.

There are a number of common reasons people give for engaging in health and development-related behaviors, for example, using a seatbelt or helmet, wearing a condom, or eating healthy foods. Most behaviors are determined or influenced by a variety of factors, and these depend on differences in settings, cultures, economic conditions, and relationships.

Many factors influence or determine why we do certain things. Some factors have more influence than others, and all depend on the *context*¹ and social *environment*² in which young people live. What young people do frequently depends on who is involved in their lives and decisions, and the nature and quality of those relationships; the values they express; the behaviors they model; and the opportunities they provide. This is true for family, peers, health service providers, or others.

¹ *Context* refers to locale, place, time, setting, circumstances, and conditions, and reveals how and where relationships are initiated.

² *Environment* refers to factors or relationships that are physically external to the individual, including family, friends, peers and partners, organizations and communities, or the physical environment.

Determinants have also been described in terms of how they influence behavioral and health outcomes. **Protective factors** increase the likelihood of positive behaviors, including health and well-being, and decrease the likelihood of negative behaviors. Protective factors may be directly related to health outcomes, such as valuing condoms in the prevention of HIV, or they may be more general, such as a youth's perception that he or she is cared for by parents. In contrast, **risk factors** increase the likelihood that young people will engage in negative or health-compromising behaviors, or reduce their involvement in positive or healthy behaviors. Because both protective and risk factors affect behavior, it is important to consider both types of factors and not to ignore either group. How protective and risk factors influence behaviors may also vary according to other characteristics:

- Socio-demographic characteristics such as age, marital status, urban or rural residence, education, and school enrolment status.
- Economic conditions such as poverty and unemployment.
- Social relationships, including connection to parents, peer attitudes and norms, and partner communication and trust.
- Political and institutional norms and policies, including access to condoms and STI treatment; support for education; legal protection from violence, coercion, and early marriage; community support and control; and opportunities for employment.

One of the key factors associated with youth health and development is female school enrollment.

Female school enrollment is one of the key factors associated with healthy development, later marriage, and later initiation of sexual activity. The figures in Table 2.1 represent gross secondary school enrollment ratios for 1995-97 (ESCAP 2001). In all countries except the Philippines, the proportion of females enrolled in secondary schools is lower than that of males. For example, in Bangladesh, only 13 percent of secondary school-age girls are enrolled, compared with 25 percent of males. The disparities are greater in Bangladesh, India, and Cambodia.

Table 2.1—Gross Secondary School Enrollment Ratios (1995-97)

	Male	Female
Bangladesh	25	13
Cambodia	30	18
China	72	65
India	59	39
Philippines	71	75
Vietnam	44	41

The years of fertility before marriage are increasing.

Young women are reaching menarche earlier. As the average age of marriage increases, the period between onset of menarche and marriage has extended, referred to as the *bio-social gap*. This gap has increased from 7.2 years in 1980 to 11.8 years in 1988 (AGI 1995).

A trend toward later marriage is occurring across Asia.

A trend toward delayed marriage is evident in many countries. For example, in Bangladesh, the proportion of married women ages 15-19 decreased from almost 70 percent in the early 1980s to approximately 50 percent in the early 1990s. In Indonesia, Malaysia, and Thailand, the proportion of married women ages 15-19 was below 20 percent by the early 1990s (ESCAP 2001).

There are a number of health consequences related to early pregnancy.

The risk of maternal death among pregnant women ages 15-19 is four times higher than the risk among women 25-29 years old. In Bangladesh, excess female deaths among women ages 15-24 can be attributed almost entirely to maternal mortality. Adolescent births are more likely to result in a variety of morbidities to the mother as well as low birthweight, prematurity, stillbirths, and neonatal deaths among infants.

Reported premarital sexual activity varies significantly.

Like age at marriage, the prevalence of premarital sexual activity varies throughout Asia. In all countries, however, adolescent males are more likely to report sexual activity than are females. Married women may be more likely to report that their first sexual activity occurred before marriage than unmarried women. It is difficult to get accurate information from young people about their sexual experience, as youth in many societies face stigma or discrimination for engaging in premarital sexual activity.

Table 2.2—Gaps between Awareness and Use of Contraceptives Among Youth

	Knowledge of Any Method (%)	Current Use of Any Method (%)
Bangladesh	99.5	24.7
India	90.4	7.1
Indonesia	97.0	36.4
Philippines	89.6	17.2

Youth report limited contraceptive use.

While levels of knowledge about condoms and contraceptives may be relatively high among young people, reported use remains low. Table 2.2 illustrates gaps between awareness and use of contraceptives (ESCAP 2001).

The gaps are due in part to characteristics of youth and, in part, to access barriers. Young people may:

- Not plan ahead or anticipate consequences.
- Not feel at risk.
- Feel uncertain or lack motivation to use.
- Be embarrassed or not be assertive.
- Lack power, resources, and skills to negotiate use.
- Face social or cultural expectations or beliefs that impede use.

There are also considerable access barriers for youth, including:

- Unavailable services or methods.
- Poorly designed clinics (so they are not inviting to youth).

- Reluctance to offer non-clinic-based services.
- Reluctant or judgmental providers (not wanting to serve unmarried youth).
- Poorly trained providers whose guidance is not consistent with current global policy.
- Prohibitive laws and policies.
- Problematic services (e.g., far from convenient transportation, expensive).
- Fear (some youth may be afraid of routine pelvic exams).

Young people still face risks of early fertility.

Globally, over 14 million women ages 15-19 give birth each year. While women in Asia are becoming less likely to have a child during adolescence, adolescent childbearing is still the norm in some areas. In Bangladesh, 85 percent of women 40-44 years old had a child before the age of 20, while 65 percent of women 20-24 years old had a child before 20. In China, the difference was 22 percent and 14 percent, and in Indonesia, 51 percent and 22 percent respectively.

There is a high prevalence of unplanned pregnancies among young women in Asia (AGI 1998).

In India, Indonesia, and Pakistan, 10-16 percent of teenage births are unplanned. In other parts of Asia, rates vary between 20 and 45 percent. In 1993, the percentage of married women ages 15-19 in India who did not want a child in the near future was 65 percent. In the Philippines it was 81 percent. Estimates of unmet need for contraceptives are 15 percent and 4 percent respectively.

Unmarried youth face social and psychological consequences of pregnancy.

The consequences of unplanned or early pregnancies range from social stigma to limited economic opportunities. These include:

- Social stigmas for unmarried mothers and children.
- Limited educational opportunity.
- Few career or job opportunities.
- Heavy economic burden.
- Depression, lack of self-confidence, and hope.

The consequences are usually more severe for young women than young men.



Young people who have unwanted pregnancies face risks of unsafe abortions.

- Each year up to 4.4 million abortions to adolescent women take place in developing countries (UNFPA 2000).
- Young people are more likely to hide their pregnancies and seek clandestine abortion later in their pregnancies.
- Complications of unsafe abortion are a leading cause of death among teenage women and large proportions of emergency room admissions.
- Young women are less likely to use contraceptives than adult women but also lack access to comprehensive reproductive health.

With little access to contraceptive services, and little interest in immediate child-bearing, young people in Asia are unlikely to report pregnancy and likely to induce abortion themselves or seek unsafe abortion services. In India, 30 percent of all hospital abortions are conducted on women under 20 years old. One study in Vietnam reported that one-fourth of women ages 15-24 who underwent abortions told a friend, and 13 percent told a family member. In Asia, deaths from unsafe abortions make up over 10 percent of maternal mortality. The region has almost 40,000 deaths from unsafe abortions every year, the highest number of any region in the world (UNFPA 2000).

Young people are disproportionately at risk for STIs including HIV.

Sexually transmitted infections are disproportionately higher among young people than adults for both biological and behavioral reasons.

- The highest reported cases of STIs are among young people ages 15-19 and 20-24.
- About one-half of all HIV infections occur among young men and women 24 years and younger.
- Up to 60 percent of new infections in developing countries occur among 15-24 year olds.
- Women generally become infected 5 to 10 years earlier than men.

Young people are more vulnerable to HIV infection.

- Sizeable numbers of young people are sexually active.
- Young age at first sexual intercourse is a strong risk factor for STIs.
- Their immature reproductive and immune systems make young people more vulnerable to infection by STI agents.
- Young women and girls are less able to refuse sex or to insist on adequate protection.
- Young girls are often abused and coerced into sex by older adults who have more than one partner.
- Many, both males and females, use sex as a survival mechanism.
- Many are involved in forced prostitution and sexual exploitation.
- Poverty, civil strife, dislocation, and lack of support all contribute to youth's marginalized status.

There are several positive trends in YSRH.

Despite the significant risks to young people, there are reasons to be optimistic about their state of sexual and reproductive health. First, there have been significant increases in commitments to YSRH including:

- Increased recognition of YSRH issues.
- Increased funding support.
- More countries with national-level youth policies and advocacy programs.
- Multi-sectoral approaches to YSRH programming.
- Recognition of youth as key players in their own sexual and reproductive health.

Second, targeted interventions for youth in some countries (not specific to the Asia region) have been able to demonstrate significant improvements in key outcomes:

- Delayed sexual initiation and fewer partners.
- Slight increase in overall contraceptive use (mostly condoms).
- Slow but steady increase in condom use during first and most recent sexual experience.
- Declining prevalence of HIV infections among antenatal care clinic attendants (15-19 and 20-24 years old).
- Decreased pregnancy, abortion, and STI rates.

These improvements are the results of committed and deliberate efforts. Specific interventions focused on some youth populations (in the workplace and in school) in Cambodia, Thailand, and Vietnam show positive results in reported preventive behaviors, although these have not been monitored at the population level.

Third, evaluations of various sexuality education programs have found no evidence of any correlated increase in sexual activity among youth.

Many challenges remain.

Despite the improvements, many challenges remain to ensure that young people grow up with opportunities, social protection from risk, and access to programs and services.

Among them are:

- Legislative, religious, and political opposition to YSRH programs.
- Significant funds spent on strategies known to be ineffective.
- Challenges of reaching the largest population ever (especially in developing countries).
- Determining what elements of effective programs can be taken to scale.
- Fighting complacency.

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3. YSRH Strategies, Outcomes, and Programs

Introduction

In this section, we introduce a broad framework for YSRH programming¹ which outlines:

- Three strategic goals for YSRH
- Program outcomes
- Program types

For each of the goals, we briefly discuss what the programs aim to achieve and how they are categorized. This framework provides a foundation for the capacity-building activities in these resource packs.

Issues

Strategic planning and program design are the cornerstones of effective YSRH programs. While many programs over the past few decades have focused on providing information and services to youth, these approaches have been inadequate in addressing the important factors that contribute to youth risk. Programmers need to have a broader menu of options to address the specific and diverse needs of youth, based on varying local conditions, and their organization's mandate and advantage. This section provides a broad programming framework and outlines issues related to the implementation of different strategies and programs.

Youth programs can affect young people's lives on multiple levels.

Many youth programs aim to increase the number of young people who participate in activities that build their skills, build positive relationships with peers and adults, and provide a creative outlet for their energy. For example, some programs may involve skill building; encourage activism in the community; provide sports, arts, or other creative activities; or foster adult mentoring of youth. Such programs help individuals build self-esteem and skills, and encourage future aspirations. On an interpersonal level, they encourage the creation of healthy norms among peer groups and positive interaction between youth and adults. At the community and institutional levels, youth can have a direct influence on changing the environment by advocating for youth-related programs and policies. The presence of youth organizations can also influence how adults in the community view youth and help communities see young people as important assets.

Multi-sectoral strategies more effectively address the multiple influences on youth than any single approach. Youth programs have three broad goals and multiple outcomes.

¹ This framework is based on work supported by FOCUS on Young Adults Program, which classified and evaluated a range of programs for YSRH (Adamchak S., Bond K., MacLaren L., et al. 2000; FOCUS on Young Adults, 2001).



Goals	Outcomes	Program Types
Create a safe and supportive environment for youth sexual and reproductive health (community and institution)	<ul style="list-style-type: none"> • Support for youth and youth programs • Change in social norms • Modified policies and regulations 	<ul style="list-style-type: none"> • Policy and advocacy • Mass media • Social marketing • Community mobilization • Peer outreach and mobilization
Develop knowledge, skills, attitudes, and behaviors of youth (individual and interpersonal)	<ul style="list-style-type: none"> • Information • Support (counseling) • Skills • Communication • Safe and healthy behaviors 	<ul style="list-style-type: none"> • Peer outreach (information, referrals, condoms and contraceptives, counseling) • Sexuality and health education sessions • Life-skills development • Recreation and youth centers • Mass and interpersonal media • Parent programs
Increase access to and use of youth programs and services	<ul style="list-style-type: none"> • Coverage • Access • Acceptability 	<ul style="list-style-type: none"> • Peer outreach • Social marketing of products • Voluntary counseling and testing • Modified service delivery for youth • Pharmacy services • Youth corners

Goal 1—Create a Safe and Supportive Environment for YSRH

Improving the social environment for YSRH means influencing factors that occur among peers, partners, families, institutions, and community members. The aim of such influence is to reinforce and promote norms that support young people’s healthy decision-making, improve youth programs and policies, and support adults and institutions that interact with and support youth.

A positive social environment supports healthy lifestyles.

Relationships with friends, partners, and family members, as well as the influence of community, school, and other institutions, all play a role in shaping multiple health outcomes. Some programs aim to improve the social environment for YSRH by encouraging critical discussion of social and cultural norms that may adversely affect YSRH. Other programs might attempt to strengthen institutions such as youth clubs and religious organizations that reach and support youth, or develop policies and programs that provide the services youth need.

Supportive and caring communities can make a difference. For example, community organizing builds communities and institutions in ways that enable members to identify and solve problems and respond to needs. It fosters ownership and participation, and engages people, young and old, in social action.

Family support plays a critical role in young people’s decision making.

Parents and other adult family members play a critical role in shaping young people’s aspirations and values. Even when adult caregivers have difficulty discussing sex and

reproductive health with youth, their support can positively influence a young person’s reproductive health outcomes. Adult caregivers need to be encouraged to value the education of youth, particularly females, provide supervision and support, and effectively communicate with young people. Programs that reach parents can help them practice supportive communication with their children. Programs can also raise awareness of how some cultural traditions—such as early marriage—have detrimental effects on young people’s lives.

Programs must identify and address the dynamics of youth social systems.

Understanding and addressing the dynamics of relationships between youth and the people around them is also crucial to improving their environment. Many programs work to improve our understanding of social systems. They can also strengthen those systems that support youth. For example, where some young people are disadvantaged—due to differences in age, experience, gender, income, or education—a YSRH program can help improve their knowledge and skills, but also attempt to influence the behavior of those holding power over them. YSRH programs can:

- Mobilize community action to encourage dialogue and awareness.
- Generate collaborative responses among youth, community members, and institutions and organizations working in the community.
- Raise awareness of young peoples’ needs and the social, cultural, economic, and political issues that contribute to their sexual and reproductive health concerns.
- Conduct mass media and social marketing campaigns.
- Gain stakeholder and other adult support.
- Address institutional factors that contribute to YSRH risks, such as dropping out of school, gender inequity, early marriage, and entry into the sex industry.
- Improve other sectors in related areas, such as female education and vocational training.
- Overcome resistance to providing YSRH information and services, and ensure their affordability.
- Institute policies to promote access to sexual and reproductive health information, education, and services, and remove restrictions that limit access.
- Support networks and coalitions to encourage advocacy, service referrals, and broader social changes.

Goal 2—Develop Knowledge, Skills, Attitudes, and Behaviors of Youth

This goal aims to influence individual-level antecedents of youth decision making and risk taking. By focusing on strengthening the individual characteristics of young people, we can help them make healthy decisions about sexual and reproductive health. This focus can also influence antecedents at other levels, for instance by changing community norms, strengthening institutions that support youth, and encouraging adults to communicate effectively with young people.

The transition to adulthood requires specific knowledge and skills.

To make the transition to adulthood, youth need to have knowledge and skills that help them to:

- Participate as citizens (as members of a household, the neighborhood and community, and as workers) (Blum 1999).
- Gain experience in decision making (Blum 1999).
- Make decisions based on reason.
- Assess risks and consequences.
- Assess costs and benefits of decisions and actions.
- Interact and communicate with peers, partners, and adults.

This knowledge and these skills should be developed from an early age, starting as young as pre-school, and strengthened during adolescence for a healthy transition to adulthood. Youth development programs that promote the knowledge, skills, and other individual assets needed to make a healthy transition to adulthood—coupled with sexual and reproductive health information and opportunities to discuss sexuality—can result in a broad array of positive health outcomes (Kirby 1999).

Youth and adult caregivers need clear and accurate information about sex.

As young people go through physical changes related to human reproduction, they need information about the biological changes taking place and opportunities to discuss sexuality in a safe and open way. With the influence of global media and changing social values and norms, young people get inadequate, mixed, and inaccurate messages about sex. In many societies, talking openly about sex is taboo, so young people resort to friends, movies, videos, and pornographic materials for information. Parents and adult caregivers are often uncomfortable discussing sexual topics with their children. Taking the cultural context into account, clear and accurate information should be made available to young people, and their adult caregivers, through a variety of channels.

Young people's attitudes, intentions, and motivations to avoid pregnancy and STIs should be strengthened.

Some young people have attitudes, intentions, and motivations that encourage them to take sexual risks. For instance, some girls may want to become pregnant because they think having a baby will bring meaning to their life or motivate their partner to marry them. Young men may feel social pressure to prove their masculinity by being sexually active. Other youth may intend to become sexually active and not plan to use condoms because they believe that condoms reduce sexual pleasure. Cultural expectations may encourage young people to marry early, and have children soon after.

Programs may be able to affect these attitudes, intentions, and motivations by providing counseling or small group discussions for young people. These sessions can help youth critically examine their attitudes, and change their intentions. For example, programs can help young people think about traditional gender roles and help them make better decisions about what kind of relationship they want to be in; who and when to marry; how soon they want to have children; and how much education they want to pursue. These

programs can also motivate young people to avoid pregnancy and STIs by showing them the consequences of such occurrences.

Health education activities can affect all of the factors that influence youth decision-making.

Successful YSRH programs do more than simply improve an individual's knowledge. Effective programs include activities that influence how young people make decisions as well as influence the context of adolescence. Some activities common to sexual and reproductive health education programs are:

- Sexuality, reproductive health, and family life education.
- Skills training, including life skills and vocational skills, or skills specific to sexual behaviors, such as negotiation and condom use.
- Counseling.
- Peer education and outreach.
- Communications and media outreach.
- Referrals to health and contraceptive services.

These activities have interacting and overlapping effects. For instance, communications and media outreach may shape community norms about youth, and skills building may stimulate economic opportunities for young people.

Goal 3—Increase Access to and Use of Youth Programs and Services

This goal focuses on providing opportunities for young people to gain access to youth programs and health services. By strengthening the institutions that support youth (e.g., youth clubs, recreational facilities, religious organizations, schools, and health facilities), this goal aims to influence individuals' participation. The existence of youth programs may also influence families, institutions, and communities by increasing the visibility of youth engaged in positive activities.

Health services enable young people to act on their healthy decisions.

Health services for young people that include counseling, contraceptives, maternal care, and nutritional services are crucial. Without them young people may not be able to act on the positive decisions they make. In order to reach more young people with health services, we need to understand how youth prevent sexual and reproductive health problems, and how they seek treatment within or outside the formal service delivery systems.

Many would agree that, in order to make healthy decisions about illness, it is important to see a trained medical service provider. Yet, sexual and reproductive health programs have largely addressed older married women and sometimes men. Young people perceive, often correctly, that family planning and STI clinics would not welcome them. The barriers to youth access of health services include:

- Long distances to or unsafe areas of service locations, unsafe or lack of transportation.
- Inconvenient hours of operation.

- Concerns about privacy and confidentiality.
- Staff attitudes and actions.
- Fear and embarrassment.
- Cost of services.
- Laws and policies that make serving youth difficult.

Many youth rely on resources outside the formal health service system. These may include using home remedies, traditional methods of contraception and abortifacients, clandestine abortion, and getting contraceptives or medicines through friends and relatives, or from pharmacies or traditional health practitioners. Many programs are trying to increase young people's use of sexual and reproductive health services through activities and strategies that:

- Increase young people's knowledge about the availability of reproductive health services.
- Generate demand for services.
- Examine where and how young people seek information and treatment, and improve the "youth-friendliness" of those services.

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4. Country Focus

Introduction

Issues related to YSRH vary by country. Hence, program strategies must differ accordingly. For this reason, the use of participatory methods is encouraged, so youth and community members can be actively engaged in the development of programs that reflect their specific contexts and needs.

Identifying Country-specific Issues

Different approaches can be used to understand and prioritize YSRH issues in a particular country. In some countries, a significant amount of research on YSRH may already exist. Any program would greatly benefit from a review of existing literature before embarking on its own research. It is also important for programmers to consider simple, low-cost approaches to understanding YSRH issues. In many cases carrying out large-scale population-based surveys on YSRH is simply not possible. At the same time, such studies may not adequately explore a particular topic. Therefore, qualitative approaches such as focus group discussions and interviews with youth and key stakeholders can be helpful. Other participatory methods can also help identify key issues and challenges that programs need to address.

Activities

The two activities in this section are designed to identify YSRH issues and articulate the challenges of implementing a program in a particular country or community. The activities are intended for use with health professionals, but can easily be adapted to engage youth and communities in program design.

Activity 4.1—Visual Representation of Country-specific Issues

Activity 4.2—Country-specific Challenges

Activity 4.1—Visual Representation of Country-specific Issues



Time Estimate

1 hour



Objective

- Describe the current YSRH situation in a country.



Materials

- Colored paper cut into different shapes and sizes
- Scissors for each small group
- Flip-chart paper
- Markers
- Tape



Method

1. Divide participants into small groups.
2. Provide each group with cut shapes of colored paper, additional paper, scissors, flip-chart paper, markers, and tape.
3. Tell the groups that they will be asked to describe the current YSRH situation in their country by using the materials they have been given. They can use the materials to make any visual representation they like. They can make a flow-chart, Venn Diagram, or any other type of picture. They can write or draw on their diagram as they wish. The chart could include any of the following, but is not limited to:
 - YSRH issues.
 - Groups, institutions, or agencies that play a role in YSRH.
 - Interventions that exist or need to be developed.
 - Research issues that have been identified or need to be investigated.
4. After the diagrams are completed, a representative from each group will present the visual representations to everyone. Brief questions and discussion can follow.

5. Conclude the activity by asking the following questions:
 - Was this exercise easy or difficult? Why?
 - Did your group tend to agree immediately on the current YSRH situation in the country or was dialogue needed to come to consensus?
 - What did you learn from participating in this process?



Reflection Points

- This is a participatory activity that can be adapted to various audiences and issues. It has been used with youth to help learn more about their views on reproductive health. For example, through a visual representation, youth could be asked to plot out their sources of reproductive health information, and the most important health issues in their lives.
- Such an exercise has several benefits. It encourages participants to work together and provides more opportunities for everyone to contribute. Some participants find it a useful way to express themselves in a manner that does not require verbal communication.



Suggestions for Facilitators

- There are few “rules” for this activity. Groups can represent their current situation in whatever way they feel is most appropriate. Creativity is encouraged. Bigger shapes could represent more important issues. Different colors could represent different groups. Placement of particular issues next to or overlapping each other could suggest their interrelation.

Activity 4.2—Country-specific Challenges



Time Estimate

1 hour



Objectives

- Identify challenges in addressing the YSRH situation in a country.
- Prioritize the most important challenges for YSRH programs to address.



Materials

- Flip-chart paper
- Markers

- Tape
- Post-It[®] notes
- Small colored stickers



Method

1. Divide participants into small groups.
2. Pass out five Post-It[®] notes to each participant and ask them to write down one challenge in implementing a YSRH program on each note. Encourage participants to be as specific as possible with the challenges that they identify. The facilitator may want to suggest the following categories that challenges could fall under:
 - Policies
 - Attitudes
 - Social norms
 - Health indicators
 - Challenges from leadership (e.g., community and religious leaders)
 - Political issues
 - Internal agency issues (e.g., capacity, policy)
 - Funding issues
3. Ask each group to place their Post-It[®] notes on a flip-chart on a wall.
4. Now ask the groups to read the Post-It[®] notes and put the common or repeated issues together.
5. Ask the group to develop categories for the Post-It[®] notes that are together. If a note is by itself it can remain in its own category.
6. Review the categories with the group and clarify any questions about the notes' meanings. Change the title of the category or add a new one if the group feels an issue has not been properly represented.
7. Ask participants to review all the categories and consider which challenges are the most important for their YSRH programs to address.
8. Now pass out five colored stickers to each participant. Tell them that these stickers will be used to prioritize the most important challenges they face. Ask participants to place their stickers on the categories they consider most important. They can place as many stickers as they want on any issue, i.e., they might put all five on one issue, or three on one and two on another, or one on five different issues, and so on.

9. Calculate the votes and rank the issues for each group. Ask the groups to present their findings.
10. Conclude with the following questions:
 - What issues were common high-priority challenges among the different groups?
 - What challenges, if any, were different between groups?



Reflection Points

- This activity is designed to help participants reflect on key challenges they may face in implementing YSRH programs. The process of identifying high-priority challenges may help determine if there is consensus about the most difficult issues that they face. However, different programs may have unique challenges that do not resonate with other participants in the group. Therefore, results from the activity should not suggest that all YSRH programs only concentrate on program-specific priority challenges.



Suggestions for Facilitators

- Some groups may find it challenging to arrange their Post-It[®] notes into category groups. If the group is struggling with this, take an active role in assisting them. Also, if the group is having a difficult time selecting category names, provide suggestions.

5. Youth Focus

Introduction

This section is designed to help us better understand the perspectives of young people and to engage them in YSRH activities. Ideally, partnerships with adults and youth allow for maximum youth involvement. Often, however, well-intentioned adults do not fully allow young people to exercise their creativity, apply their talents, or include their perceptions and needs in program efforts. In order to open up communication channels and promote youth participation, adults need to try and understand young people, and remember what it was like to be that age.

In the following activities, adults will be asked to assess their own values and opinions about youth and sexuality. There will also be an opportunity for youth to share their thoughts and perspectives with adults. Participants can raise and discuss issues openly, in a sensitive manner, and in an unthreatening environment. They should begin to appreciate diversity by allowing a range of opinions to be expressed, heard, and understood. By doing so, a dialogue between youth and adults can emerge, which will ultimately benefit both groups and facilitate the development of appropriate and effective YSRH programs.

Issues

- It is important that adults take the opportunity to examine their own values and attitudes towards youth sexuality. Some adults carry negative attitudes towards youth who are sexually active. While clearly every individual has a right to his or her values about youth sexual behavior, it is imperative that adults recognize that youth are entitled to basic sexual and reproductive health rights. These rights, such as the right to be treated with dignity and respect; the right to a full range of accessible and affordable services; and the right to private and confidential services, require that professionals must, at times, separate their personal values from their duty to provide quality sexual and reproductive health care to youth.
- All adults were once young. An effective approach to helping them understand youth is to ask them to reflect on their own experiences of adolescence.
- We must learn from young people about their needs and be responsive to them. This process involves time and effort. Programs require input from a large representation of young people rather than a chosen few. Such efforts will bring about trust and increase the likelihood of a program's success.
- If a program seeks to be truly participatory, traditional assumptions that adults have all of the answers must be reconsidered so that youth are given an opportunity to actively participate in program design, implementation, and evaluation.

- An effective approach to helping adults understand young people’s perspectives on sexuality issues is to ask adults and young people to participate together in a series of sexuality education activities. This section includes a few examples of these activities and encourages programmers to consider using other activities as well.
- Adults may need to adjust their program’s practices, hours of operation, policies, and other elements to ensure that youth are fully engaged. They also need to develop structures that allow young people to make decisions in policy and programming, develop new skills, and raise concerns when they arise.

References

Klindera K. and Menderweld J. “Youth Involvement in Prevention Programming” *Issues at a Glance*. Washington, DC: Advocates for Youth (2001).

PATH. *Step Forward with Understanding*. Bangkok, Thailand: PATH (2001).

Activities

The following activities are designed to help adult participants reflect on issues related to working with youth. They are designed for adults and youth to come together and learn from each other. They can be used in a variety of settings and could target any group of adults such as health professionals, teachers, parents, or community leaders. The activities would be appropriate for any professional workshop that focuses on youth issues, and could also be effective when initially bringing a group of adults and youth together to design an YSRH program in a given community.

In some communities there may be concerns about adults and youth coming together to discuss issues of sexuality. If this is the case, consider doing these activities with adults and youth separately at first. After conducting the activities, ask each group if they would feel comfortable participating in similar activities with a mixed group of adults and youth. Then ask the youth to present the outcomes of their activities to the adults and vice versa. This exchange could then lead to a discussion on the similarities and differences of the two groups’ outcomes.

Activity 5.1—Be Part of It

Activity 5.2—Values Clarification on Youth Sexuality

Activity 5.3—DOs and DON’Ts for Adults

Activity 5.4—Youth Panel on Interests, Concerns, and Health Issues

Activity 5.5—What You Never Told Your Parents



Activity 5.1—Be Part of It



Time Estimate

15 minutes



Objectives

- Develop team-building skills, cooperation, creativity, and alternative modes of communication.
- Understand how complex concepts can be broken down into simpler components.



Materials

- One piece of paper per group, with one of the following items written on it: bicycle, kettle, helicopter, motorcycle, and stove.



Method

1. Divide participants into small groups.
2. Give each group a piece of paper with the name of an item written on it.
3. Ask group members to pass the piece of paper around after reading it. Tell them not to say the name of the item out loud, so the other groups do not hear or know what it is.
4. Instruct each group to organize itself and mime the written item (i.e., without speaking, each person should perform a different part or function of the item).
5. Give the groups time to practice.
6. Ask each group to come to the center of the room and mime their item.
7. Ask the other groups to guess what the item is.



Reflection Points

- Non-verbal communication can be effective.
- Seemingly complex concepts can be simplified and broken down into parts or functions and communicated.
- Dynamic activities can stimulate creative thinking and be fun.
- Group cooperation and planning help to overcome challenges.



Suggestions for Facilitators

- As participants are developing their performances, check in with each group and make sure that they understand the assignment and are on track. If necessary, help the group brainstorm some ideas on how their item could be mimed.

Activity 5.2—Values Clarification on Youth Sexuality



Time Estimate

45 minutes



Objective

- Assess personal attitudes and understand the affect they could have on YSRH.



Materials

- Flip-chart
- Markers

Write each of the following terms on a 8x10 card: Strongly Agree; Agree; Disagree; and Strongly Disagree.

Display the cards around the room, leaving enough space between them to allow participants to stand near each one.

Write the following statements on a flip-chart:

- It is acceptable for an adolescent to have sex before marriage.
- It is worse for an unmarried girl to have sex than an unmarried boy.
- Condoms should be available to youth of any age.
- Sexuality education will lead to increased sexual activity.
- Discussing abstinence and safer sex with youth sends a “mixed message” that will confuse them.



Method

1. Explain that this activity is designed to help participants understand their values and those of others in the group. It should help clarify attitudes about working with youth and youth reproductive health issues.
2. Explain that you will read a statement from the flipchart, and participants must decide what they think about that statement and stand by the card that repre-

sents their opinion (strongly agree, agree, disagree, or strongly disagree). After all have decided where to stand, several people will be asked to share their opinions with the rest of the group. Remind them that everyone has a right to his or her own opinion, and no response is right or wrong.

3. Ask participants to listen to each other. This activity is not about debate, but about dialogue. Instruct them to only state their opinion to support their agreement or disagreement with each statement. They should not counter other participants' opinions.
4. Read the first statement aloud, and ask participants to stand near the card that most closely represents their opinion. After the participants have made their decision, ask for one or two volunteers from each card group to explain why they feel that way. Continue for each of the statements.
5. After all the statements have been read, have participants return to their seats.
6. Facilitate a discussion by asking the following questions:
 - Which statements did you find challenging to form an opinion about? Why?
 - How did it feel to express a different opinion than other participants?
 - How do you think people's attitudes affect their interactions with youth or their ability to address YSRH issues?



Reflection Points

- It is normal to have strong feelings and values about these topics. Learning to be aware of our own values will help us be more open to different points of view. When youth notice that providers are more accepting of differences, they will more openly and honestly assess and express their own values. This in turn can help them assess the attitudes and beliefs that lead to high-risk behavior.



Suggestions for Facilitators

- Facilitators should choose discussion statements that are relevant for a particular region and setting. The facilitator may want to explore participant values regarding marriage, schooling, sexual orientation, or other issues.
- For the sake of discussion, if the participants express a unanimous opinion about any of the statements, ask a volunteer to play the role of "devil's advocate" by expressing a different opinion.
- Try to prevent any two participants from debating with each other over a difference of opinions.
- Remind participants that they do not need to respond to previous statements. They should simply share their own opinion.
- Make sure to call on individuals standing in each of the four groups, and encourage the quieter members to talk.

Activity 5.3—DOs and DON'Ts for Adults



Time Estimate

45 minutes



Objective

- Gain an understanding of how youth think adults should and should not work with them.



Materials

- Cards
- Tape
- Flip-charts
- DOs and DON'Ts hand-out  p. 380



Method

1. Put two flip-charts up on a wall, one labelled “DOs” and the other “DON'Ts.”
2. Give each participant two cards.
3. Ask the participants to write one “DO” and one “DON'T” for how they think youth would like adults to work with them.
4. Then have each one come up to the flip-charts, read out what they wrote on each card and tape the cards on the charts.
5. When all the cards have been discussed, distribute the DOs and DON'Ts hand-out.
6. Ask participants to read the hand-out and compare it with the contents of the flip-charts.



Reflection Points

- Youth are not homogenous. The DOs and DON'Ts that youth have shared should not be seen as absolutes. However, there are some general principles that adults should remember when working with young people. These include the fact that all youth have the right to respect, dignity, expression of their own opinion, and confidentiality. By honoring these rights and treating them as equals, adults will be able to gain their trust.



Suggestions for Facilitators

- If youth are available to participate in your session, ask them to also write “DO” and “DON’T” on two cards.
- Ask participants to reflect on which DOs and DON’Ts they consider most important. Explore why some issues are particularly important to remember when working with young people.

DOs and DON’Ts

At the Youth Forum on “Learning about Sex: From Obscurity to Enlightenment,” part of the Eighth National AIDS Seminar held in Thailand in July 2001, representatives of different youth groups presented valuable suggestions for adults working with youth.

DO

- Organize sex education camps.
- Learn to know and understand the nature of young people.
- Be more aware of child rights.
- Disseminate resources to youth everywhere.
- Provide youth with opportunities.
- Be good role models. (Practice what you preach!)
- Resort to your own ideas for teaching (rather than referring to examples set by other people).
- Provide opportunities for students to articulate their views.

DON’T

- Overlook the importance of youth.
- Underestimate the potential or ability of young people.
- Be unreasonable and limit their opportunities.
- Use commanding words like “you must,” “you have to,” “you can’t,” and “don’t.”
- Strictly control young people or force them to obey.
- Say “Don’t think about having a sweetheart.”
- Scold youth when they befriend companions of the opposite sex.
- Think that youth are too young to know about sex.
- Generalize or assume that all young people have had sexual intercourse.
- Have judgmental attitudes or express disapproval (verbally or with facial expressions) when young people ask about or express opinions relating to sex.
- Determine with whom young people should and should not associate.
- Set bad examples and behave improperly.
- Use language that is too formal or use derogatory words while teaching.
- Lose your temper while giving youth advice.
- Blame youth when problems occur.
- Hurt young people.

Activity 5.4—Youth Panel on Interests, Concerns, and Health Issues



Time Estimate

1 hour



Objective

- Gain insights into youth interests, concerns, and health-related issues.



Materials

This activity requires special preparation.

- Invite a group of youth to participate in a discussion panel. Preferably, they should be peer educators who are familiar with sexual and reproductive health issues and comfortable talking to a group.
- To help the youth prepare for the panel, provide them with questions in advance to give them an opportunity to think about their answers beforehand. Provide example questions such as:
 - What do you enjoy doing in your spare time?
 - What are your interests?
 - What health issues are most important to people your age? Do these differ by gender?
 - What are common behaviors among people your age?
 - Where do young people get information about sexual and reproductive health?
 - Where would young people like to get information about sexual and reproductive health? How would they want it to be provided?
 - Where do young people go to receive sexual and reproductive health services?
 - What do young people want from a sexual and reproductive health clinic?
 - What would make them more likely to go to a clinic? Are there gender differences?
 - Have you heard about your peers having bad experiences at clinics? If so, what happened?
 - What advice would you give providers when working with young people?
- Set up enough chairs and a table in front of the room before beginning the panel. If the room is large, you may need microphones.



Method

1. Explain to the group that you have invited a panel of young people. The goal is to hear about their interests and concerns, and issues they face when seeking sexual and reproductive health services.
2. Describe the process of the panel discussion: each panelist will introduce him- or herself; participants will ask a series of questions. At the end there will be a plenary session where the panelists and the audience participants can ask more questions. Before beginning, establish ground rules for the discussion. Make sure that the group agrees that what is said in the discussion is confidential. Also, make sure that all participants understand that they have a right to pass on any question at any time. All participants should agree to respect each other's views, even if they are different from their own.
3. Ask the panel to introduce themselves, including their age, where they go to school or work, and their interest in being part of the panel.
4. Begin by having the facilitator ask the group a set of questions, making sure that all the panelists have equal time.
5. After about 30 minutes, allow the audience to ask questions. If participants tend to ask most of the questions to one youth, ask other panelists if they would like to answer the same question.
6. When there is ten minutes left, inform the group that you have time for two more questions. When the time is up, thank the group with a round of applause.
7. If time allows, you may want to take a break.
8. Following the panel session, have a plenary discussion with questions like:
 - Were you surprised by the answers provided by the panelists?
 - Do you think they are representative of youth seeking sexual and reproductive health services? Why? Why not?
 - What was the most useful information you heard from the panelists?
 - How will you use the information?
 - What are some ways that youth concerns and preferences could be addressed?
 - How could this type of dialogue become a mechanism for input and feedback in programs and health services?

**Reflection Points**

- The topics and issues discussed by youth panelists may also be concerns of the young clients seen in clinics and facilities. It is important to talk and listen to the youth we work with so we can become aware of what is truly important to those we serve.

**Suggestions for Facilitators**

- Make sure to spend some time preparing the young panelists.
- Remind them that they have the right to not answer any questions or discuss any issues that make them feel uncomfortable. Also, remind them that anything discussed during the panel will remain confidential.
- Before the session, encourage them to think about any key issues that they want to share with adults during this activity.
- Begin the panel activity by revisiting any ground rules that had been set at the start of the workshop. Stress the fact that everyone in the room has the right to pass, and that all information shared during the discussion is confidential.
- As a facilitator, feel free to ask follow-up questions in order to help the youth express themselves. Try to make sure that the questions are open-ended so the panelists can express themselves in more detail.

Activity 5.5—What You Never Told Your Parents**Time Estimate**

20 minutes

**Objective**

- Develop awareness and appreciation of youth behavior.

**Materials**

- None



Method

1. In small groups, have participants share stories and experiences in response to questions such as:
 - When you were a teenager, what experiences did you have that you never told your parents about (because you thought they would not approve)?
 - How did you feel when you had that (secret) experience? Afraid? Challenged? Excited?
 - What was the consequence of your experience or behavior? Positive or negative?
 - Why did your parents (the adults) warn you about or forbid you to do certain things?
2. Give the groups enough time to fully discuss each of the questions.



Reflection Points

- It is natural for youth to experiment and explore. As adults working with youth, we have to look back and try to remember how we felt when we were young.
- We need to ask ourselves, “What kind of approach is most suitable and effective when working with youth?” We cannot just say “No,” “Don’t do it,” or “You can’t do it.” Sometimes this makes young people want to do “it” more, to test their limits and to find things out for themselves (especially if their friends are doing it).
- In YSRH training, we have to make learning processes exciting and fun. At the same time, we need to develop youth awareness of the consequences of behaviors, and develop their skills for independent thinking and decision making.
- What would make it easier for youth to confide in adults?



Suggestions for Facilitators

- If this activity is being conducted with a mixed group of youth and adults, the facilitator will need to ensure that the group has agreed to respect each other’s right to confidentiality. It should be stressed that the discussions during the activity should not be talked about outside the workshop without the consent of the person who shared the information. This may help prevent a person from disclosing young participants’ private information to parents.
- For confidentiality sake it may be helpful to mix adults and youth from different communities.

6. Program Design

Introduction

Important factors in the success of a YSRH program include its design, strategy, stated outcomes, and activities that are clearly linked to those outcomes. The objectives of this section are therefore to:

- Review key elements of program design and relate these to existing programs.
- Share experiences gained using various assessment methods and tools and their applications.
- Be able to facilitate and develop the Logic Model.
- Translate program elements into clear goals, objectives, outcomes, and strategies.

Issues

Many programs are designed and implemented without a clear statement of their specific health goals and objectives, behavioral outcomes, intervention strategies, and influencing factors. As a result, programs are not able to demonstrate that they have effectively improved YSRH. Programs that are designed with clear information and evidence about youth needs, and explicitly state what they expect to achieve, are more likely to be well implemented, and to demonstrate that they work. It is important to invest time and effort early in the design phase to develop a successful program. This section introduces tools and methods that can be applied in that phase to sharpen program focus.

Tools and Methods

There are a variety of tools and methods to help collect and analyze data. Before selecting and using assessment tools, program staff must consider what will be done with the results. Will they be used to persuade officials to cooperate? To develop program messages? Or used to identify specific groups for involvement? It is important to have a toolbox for data collection. The contents of the toolbox may include the following:

- Interviews with policy makers, other key stakeholders, service staff, and users.
- Reviews and analyses of policies and laws.
- Results of media coverage monitoring and content analysis.
- Youth surveys.
- Focus group discussions (FGDs).
- Client exit interviews.
- Mystery Clients.

- Observations of interactions and set-up.
- Facility inventories.
- Client-Oriented, Provider-Efficient Counseling (COPE[®]) Provider Self-assessment Tool (see page 240).
- Workshops and fora.
- Informal discussions with youth.
- Body mapping (see page 117).

Youth Development and Behaviors

In order to develop appropriate strategies, programs need to clearly define behavior risk and protective factors. These may include:

- Family context and background
- Mobility history
- Socioeconomic status
- Knowledge
- Attitudes, norms, and tastes
- Self-esteem
- Skills
- Relationships and communication
- Peer norms and activities
- Sexual and health-seeking behaviors

Participatory Learning for Action

Participatory Learning for Action is based on qualitative research tools. It enables us to:

- Develop an in-depth understanding of life circumstances, concerns, and priorities.
- Create an environment for reflection, analysis, and participation.
- Identify choices and generate solutions, drawing directly on the creativity of young people.
- Promote youth and adult participation.

Findings from PLA can be used to improve audience segmentation and increase youth participation; understand youth perspectives, needs, attitudes, and behaviors; develop key messages; prioritize activities; and ensure a basis for on-going youth involvement. (For more information about PLA consult the “References” section.)

Assessment Issues

Assessments of programs and services can be done using a mix of methods. In order to help the service delivery system (e.g., clinics, pharmacies, outreach) be more responsive to youth needs, we need to examine and describe the following:

- Service characteristics
- Staff attitudes
- Administrative characteristics
- Community support

Findings from these assessments can influence necessary changes to services, policies, and administrative procedures; training and facilitation for staff; and community outreach activities. Frequently, statements about youth programs refer to the importance in the program development and design phase of needs assessments and appropriate targeting. Where program staff have adequate resources to conduct needs assessments or collect data, often the findings are not adequately incorporated back into the program design, but rather, the proposed activities “default” to an older menu of providing information and services.

Logic Model Framework

The Logic Model provides a framework that encourages program planners to draw clear links between assumptions about program actions and achievable outcomes. The Logic Model is a simple tool that allows us to:

- Clearly define desired health outcomes.
- Identify the protective and risk factors that influence those outcomes.
- Use program strategies that respond to more than one of the factors that affect YSRH outcomes.

Defining the Goal

A *goal* states the impact a program intends to have on a target population, the specific group the program is trying to affect. Goals can focus on health issues such as reduction of STIs, including HIV, among youth, or on social or development aspects such as increasing girls’ education. In some cases, we are trying to prevent negative outcomes or health problems, while in others we are trying to promote positive outcomes and development.

Defining Behavioral Outcomes

Group or individual behaviors largely determine or contribute to health and development goals. *Positive* behaviors contribute to the improvement of a health goal, while *negative* behaviors impede the goal, or contribute to health or development problems. The majority of youth programs focus on developing or changing behaviors, whether implicitly or explicitly.

The Logic Model provides a framework that encourages program planners to draw clear links between assumptions about program actions and achievable outcomes.

Defining Protective and Risk Factors

We typically cannot shape or change behaviors directly. Rather, we must try to identify what determines or influences behavior and then affect those determinants. There are a number of reasons people give for engaging in particular behaviors, for example, using condoms, using drugs or alcohol, or not wearing a helmet or seatbelt in traffic. Most behaviors are determined or influenced by a variety of factors, and these depend on differences in settings, cultures, religious beliefs, political and economic conditions, and relationships. For young people especially, what they do is greatly influenced by who is

involved in their lives and decisions, and the nature and quality of the relationships; the values they express; the behaviors they model; and the opportunities they provide. This is true for family, peers, health providers, teachers, religious leaders, or others.

Protective factors increase the likelihood of positive behaviors and decrease the likelihood of negative behaviors. Protective factors may be directly related to health outcomes, such as valuing condoms in the prevention of HIV, or they may be more general, such as a youth's perception that he or she is cared for by parents.

Risk factors, in contrast, increase the likelihood that young people will engage in negative or health-compromising behaviors, or reduce their involvement in positive or negative behaviors. Because both protective and risk factors affect behavior, it is important to consider both types of factors and not to ignore either group.

Identifying the Interventions

We can change these determinants or factors by developing groups of activities, or interventions. Interventions can help to provide alternatives, address the perceived risks of unsafe behaviors, change social and cultural norms, make products more accessible, and promote institutional changes.

There are two levels of objectives—those that are aimed at the population and those that relate specifically to the program.

Establishing Objectives

Now that we have determined our goals and outcomes, we will translate these into measurable objectives:

- Goals define the overall impact your program hopes to have.
- Program outcomes are the specific results that your program hopes to achieve.
- Objectives are measurable statements of program outcomes.

There are two levels of objectives – those that are aimed at the population and those that relate specifically to the program.

Population-level objectives state the intended results in terms of the target population.

Population-level Objectives

Population-level objectives state the intended results in terms of the target population. These results are directly related to the outcomes identified by your program. For example:

- Increase the average age at sexual initiation among youth ages 14-19 in our district by one year.
- Increase the percentage of youth ages 14-19 in our district who are actively involved in youth organizations that provide leisure activities.

Program-level objectives state the intended results in terms of the structure, management or operations, and activities of a program.

Program-level Objectives

Program-level objectives state the intended results in terms of the structure, management or operations, and activities of a program. For example:

- Train 30 peer educators to provide quality counseling to youth every six months.

References

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Activities

The activities in this section are designed to take participants through a process of identifying needs, and ensuring that intervention strategies are relevant to the needs and concerns of young people in their localities.

Activity 6.1—Assessing Needs

Activity 6.2—Program Approaches and Expected Outcomes

Activity 6.3—Developing a Logic Model Framework

Activity 6.4—Defining Measurable Objectives

Activity 6.1—Assessing Needs



Time Estimate

30 Minutes



Objective

- Share experiences about applications, findings, and experiences with different assessment methods.



Materials

- None



Method

1. Ask participants in a large group to share the assessment methods they have used.

Bhutan

Participatory tools were used and we found the knowledge level high but behavior low. Youth were not comfortable accessing services even though they were free, as services were not confidential. Maybe the youth did not have an STI but just wanted to talk, but they didn't want to go to the service because they felt they would be labeled.

2. Ask them to discuss some of the key findings.
3. Ask them to share experiences about the challenges and benefits gained from conducting the assessments.
4. Have a discussion to explain how the assessment findings were linked back into the program.



Reflection Points

- Assessments are critical because we need to know the problems, needs, and opportunities in order to clearly define program outcomes.
- There is a broad range of methodologies that can be used to conduct an assessment. Using a variety of qualitative and quantitative methods can be particularly effective in gaining a better understanding of the needs and situation of a particular target population or community.

Nepal

We pretended to be clients, and went to a youth service provider and told them about the problem (we had had sex in the last 24 hours). We didn't get any services. We collected useful information. However, we feel in-depth interviews are better than "mystery client" methods because they are more empathetic.

- There is an art to designing and conducting assessments. They should be designed to provide a better understanding of the issues that a YSRH program is trying to address. At the same time, an assessment should be flexible enough to identify issues that youth face that were not necessarily identified when the assessment tools were being designed. This is part of the utility of using participatory approaches and tools for assessments.

Bhutan

We completed a baseline assessment in December 2000 with the National Youth Health Service. We looked at issues and constraints, and the context and need for the survey. We had the necessary financial resources because the Bill and Melinda Gates Foundation supported a three-year project involving Bhutan, Malawi, Nepal, and Vietnam. However, we were not sure about the resources in our office as we did not really have experience in targeting youth. We started the process by talking with our counterparts about what data were available, and investigating where the entry points were. In Bhutan, a large percentage of the population is below 18 years of age, but we found little available data, other than data regarding education, but not about health. We felt it was important to do baseline research to find gaps and get a

firm indication of what issues to address in youth programs. We looked at government agencies as counterparts and looked for interested agencies, e.g., Information Education Unit, Food and Drug Administration (alcohol and drug groups were in need of data), Department of Health (also in need of data). We felt we should work together. However, in working with government counterparts, we needed to be flexible with protocols. We had our own questions, but had to make room to get the data that other groups required. Besides, we kept putting our questions on questionnaires and they kept being struck off due to the sensitivity of the issues. The survey was accepted by the government and was released. It got Ministry of Home Affairs approval and clearances.

- Assessment findings are often not well used for program design and planning. Collaborating with implementing partners during the assessment phases may improve the likelihood that partners better understand the issues and needs, and incorporate findings into their planning process. Techniques for doing this are introduced in the following activities and modules.



Suggestions for Facilitators

- As participants share experiences and challenges from assessments, try to capture these on flip-chart paper. Make a note of recurring themes expressed by different groups.

Activity 6.2—Program Approaches and Expected Outcomes



Time Estimate

45 Minutes



Objective

- Consider program approaches and their expected outcomes.



Materials

- Flip-chart
- Pen



Method

1. Ask participants to brainstorm the types of programs they are undertaking. For example:
 - Developing a critical-thinking and life-skills curriculum.
 - Creating an environment where it is safe to feel different and build awareness of social norms.
 - Increasing literacy and opportunity.
 - Encouraging self-esteem through family support. (This could involve a broader community mobilization strategy.)

Who in the country are most vulnerable?

Bangladesh: Girls in and out of school in slum areas and villages.

Cambodia: Young migrant workers; street children; young rural out-of-school women and sex workers; students; children working in factories; and male and female migrants.

Philippines: Out-of-school unemployed youth; out-of-school employed youth; and youth engaged in sexual activity.

Thailand: Different children's groups; youth who finished grade six (over 12 years); street children; those infected with HIV; migrant children; and children working in small workplaces (e.g., gas stations where a lot of children are employed and not organized).

- Encouraging goal setting for young people.
 - Including boys as partners in program interventions.
 - Addressing gender roles and norms.
2. Discuss the intended objectives of each type of program and consider whether it will lead to the desired behavioral outcomes.
 3. Ask participants who are the most vulnerable in the community or country.
 4. Discuss how current or future programs will meet their needs.
 5. Ask participants what can be done to improve their program design process. For example:
 - A baseline assessment to identify YSRH issues, needs, and target audiences.
 - A political feasibility analysis.
 - Clearly defined mission statements.
 - Intervention goals and strategies based on a conceptual model of behavior change.
 - Clearly defined goals and objectives.
 - Local stakeholder involvement in program planning.
 - A community mobilization plan.



Reflection Points

- In program planning, we often just think of what activities we want to carry out, and not of the outcomes, or results we would like to achieve. We need to begin by stating these outcomes, and then continue by developing activities to achieve them. Otherwise, we may have lots of activities, but an unclear idea of what they are accomplishing.
- In identifying or designing strategic interventions, and locating entry points, consider your context and situation:
 - Who is the target audience?
 - What are the desired health and behavioral outcomes?
 - What are the risk factors that influence outcomes?
 - What are the protective factors that influence outcomes?



Suggestions for Facilitators

- Spend a significant amount of time reviewing the desired outcomes of the participants' programs. Make sure that every one has a clear sense of the outcomes he/she hopes to achieve. In some cases, the outcomes may not be obviously linked to the program activity. If this is the case, ask participants to clarify what intermediate outcomes may result from that particular program, and how those would lead to the final outcomes that they have identified. For example, a

program that raises self-esteem may be developed to ultimately increase condom use. An intermediate outcome that contributes to this desired behavior is the ability of someone with higher self-esteem to communicate about their reproductive health needs with their sexual partner.

Activity 6.3—Developing a Logic Model Framework



Time Estimate

1 hour





Objectives

- Define desired health and behavioral goals.
- Discuss possible risk and protective factors.
- Identify interventions that may influence risk and protective factors.



Materials

- Blank Logic Model Worksheet  p. 381
- Completed Logic Model hand-out  p. 382



Method

1. Ask participants to think about the health goals they aim to achieve. These may include:
 - Reduced HIV
 - Reduced unwanted pregnancies
 - Reduced rape and violence
 - Reduced abortion
 - Improved nutrition
 - Improved well-being
2. Provide each participant with a “blank” hand-out of the Logic Model. Select one particular health goal as an example. For example, reducing unwanted pregnancies. Ask the question, “What are the behavioral outcomes your program is aiming to shape or change?”
3. Ask participants to consider a specific example of a behavioral outcome; for example, delayed age at first sex or increase in protected sex. Ask the question, “What are some of the risk and protective factors that could contribute to or deter from these outcomes?”

Nepal

Consider sex within and outside marriage. What about those who delay marriage to 30-35 years old? How can they be denied the right? Perhaps a better “desired outcome” would be safer sex inside and outside marriage.

Thailand

Sexual behavior has a lot to do with self-esteem. It depends on values and these are formed in the family. In Thailand, parents feel strongly about gender roles in child-rearing (e.g., what girls do, what boys do). This has a lot to do with power relations in society. Higher self-esteem leads to healthier decisions and more assertiveness. For example, in commercial sex, it's easier in some ways to assert condom use as there are no "relationship dynamics." But using condoms in a partnership may depend on sexual satisfaction in the relationship. Condom use depends on what is happening between two people (in terms of power dynamic, trust, and affections). Adults have a lot of hang-ups. We need to make parents more comfortable.

Nepal

Literacy skills for many rural adolescent girls are low; enhancing these skills increases self-esteem. It gives them opportunities, such as being able to operate outside the home. Family support can build self-esteem. Within families there could be sibling differences, where some members are not supported as much as others. In Nepal, there is not much exposure to information. We hear that we have closed cultures, but we are talking about young people who are not closed and are learning about participating in society. We need to capture this.

You may need to explain that there are numerous domains of risk and protective factors at different levels:

- Individual (age, biological factors, personality traits, etc.)
- Family
- Peer
- Partner
- Community
- Institution

You can also offer the hand-out with an illustrative list of factors (see page 46).

4. Ask participants to consider how to best intervene to change the risk and protective factors they defined.

Where do we have the greatest opportunity to strengthen protective factors?

Cambodia: Working with factory management: building a community within a factory; supporting labor law protection.

Nepal: For seasonal migrants, in traditional systems of circular migration: capture the opportunity to work with men to make their power and influence more helpful.

Thailand: Mass media campaign to emphasize importance of risk reduction: reinforcing messages.

Where do we have the greatest opportunity to reduce risk?

Bangladesh: Schools and community clubs: providing sex education and skills training; providing FP to married girls.

Cambodia: Where sex is happening. Where vulnerable kids are—on the streets, in the factories.

Myanmar and Vietnam: Where they are—use resources within the community.

Philippines: Educating using good information, education, and communication (IEC) materials.

5. Ask participants to consider activities that could influence those factors. Conclude by saying that:
 - Some interventions have much larger effects upon determinants than others.
 - The evidence for the impact of interventions is much stronger for some than for others.
 - Some interventions are much more readily implemented or are much more feasible than others.
6. At each step, fill in the “blank” Logic Model framework on the hand-out.



Reflection Points

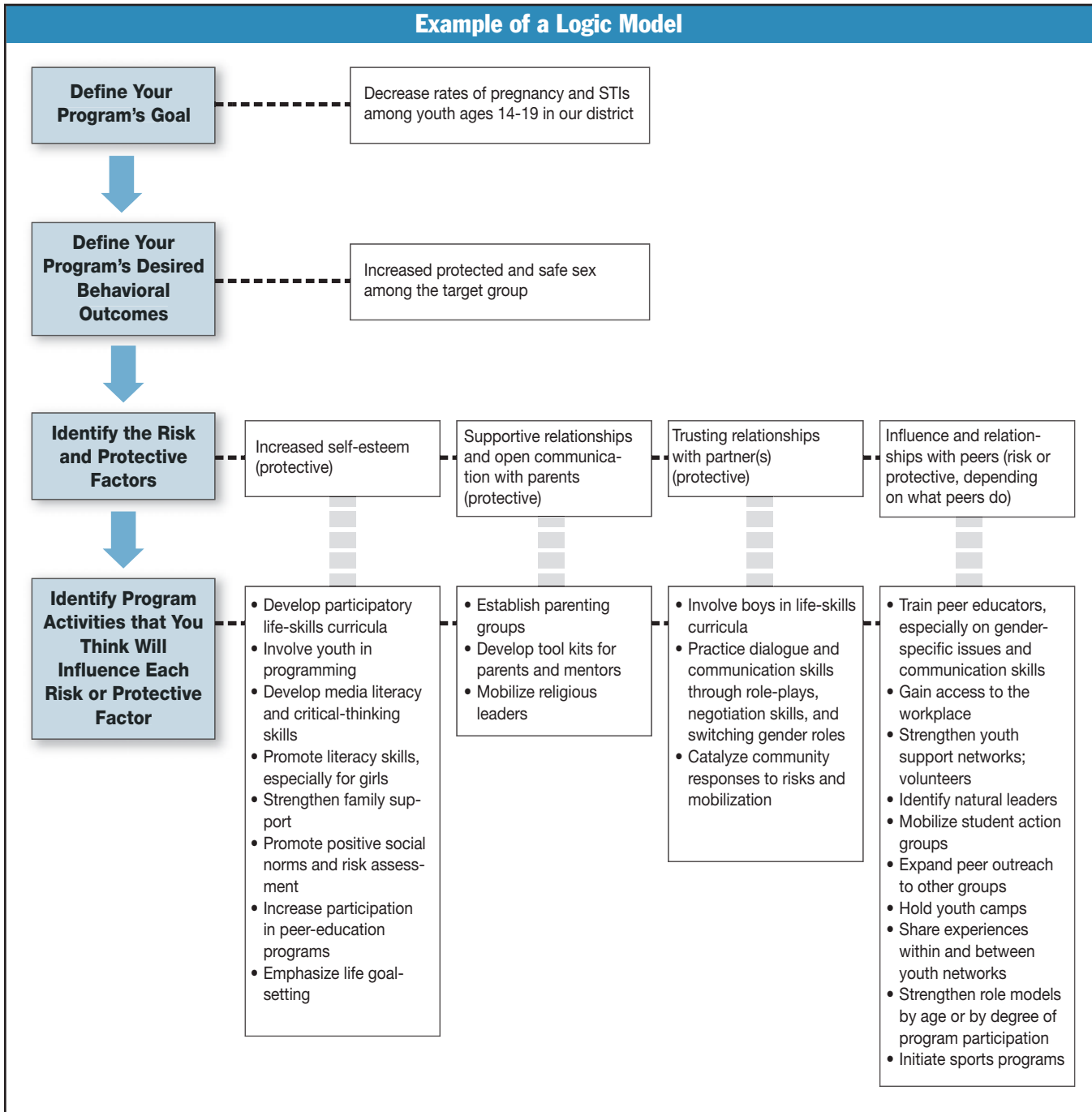
- Because YSRH programs deal explicitly with sexual behaviors or their prevention, we must also consider these behaviors in their cultural contexts. There are many beliefs about sexual practices. For example, these beliefs are changing in reaction to HIV/AIDS. What about alternative sexual behaviors? Do people take on other sexual practices? What about sex between males? Sex with a virgin? Would STIs decrease by encouraging more non-coital sex? This would certainly be difficult to measure.
- Once we have identified the determinants of behaviors in our own settings, we will need to consider three important points:
 - Some determinants or factors have a much greater impact on a particular behavior than do others. For example, having a good relationship or connection with both parents may have a greater impact on delaying age at first sex than participating in a sexuality education program.
 - Some determinants show stronger evidence than others that they affect a particular behavior. For example, the perception among peers that their friends are sexually active is much more likely to influence their decision to become sexually active than having adequate knowledge about the risks and benefits of becoming sexually active.
 - Some determinants are more amenable to change than others. For example, it is far easier to influence peer norms about sexual values than it is to change the socioeconomic conditions that force some young women and men into engaging in the exchange of sex for money.



Suggestions for Facilitators

- As you go through the Logic Model with the group, be sure to explore as many risk and protective factors as possible. This will allow you to understand which factors are the most important to address.

- Ask participants to draw upon their own programs to identify goals, outcomes, risk and protective factors, and program activities. Many programs have already been operating under a Logic Model, but have never identified it in this manner before.



Activity 6.4—Defining Measurable Objectives



Time Estimate

30 minutes



Objective

- Review the Logic Model and develop measurable objectives based on the stated behavioral outcomes, risk and protective factors, and program activities.



Materials

- Flip-chart
- Pen



Method

1. Begin by reviewing the “SMART” characteristics of objectives:
 - S**pecific: define who, what, and when
 - M**easurable: expressed in quantifiable terms, or objectively verifiable in some way
 - A**ppropriate: strong logical connection with the ultimate intended impact of the project and appropriate in the given context
 - R**ealistic: achievable within the life of the project
 - T**ime-bound: expressed in terms of time (when it will be achieved)
2. Ask the group to share a few examples of objectives used in a YSRH program. Discuss whether or not they meet the criteria mentioned above.
3. Divide the large group into small groups of five to eight participants.
4. Ask each group to select a behavioral outcome and corresponding risk and protective factors, and set of program activities generated from the previous activity.
5. Ask the group to define population objectives for the behavioral outcomes and risk and protective factors.
6. Ask the group to define program objectives for the activities.
7. Give the group 20 minutes to define the objectives.
8. Return to the large group and ask people to report back on the objectives.

9. Key questions: Are the objectives:

Specific?

Measurable?

Appropriate?

Realistic?

Time-bound?



Reflection Points

- Logic Models do more than provide a framework for effective programs. They also allow a framework for program evaluation. By identifying the intended behavioral outcomes, and risk and protective factors, a program can identify which outcome indicators it wants to measure. Meanwhile, the program activities make it clear which program indicators to measure.



Suggestions for Facilitators

- Check in with each group as they develop objectives for the activities. Make sure that the group is on track and that they are developing objectives that are related to intended outcomes for the program's target population.

7. Advocacy

Introduction

Advocacy can be simply defined as “actively supporting a cause and trying to get others to support it too.” Such efforts in YSRH are critical because they play an important role in ensuring that programs are enacted, funded, implemented, maintained, and replicated. Ideally, youth programs should develop support at all levels. Therefore, advocacy strategies must vary to reach a range of different audiences including donors, policy-makers, media representatives, government officials, community leaders, religious leaders, school principals, teachers, parents, and youth. At times, a program may even need to advocate within its own organization to gain support for YSRH initiatives.

Importance of Advocating for YSRH

Here are some reasons for advocating with different groups:

Advocating for support within one’s own organization

- Your own organization’s level of support for YSRH programming will affect the success of your work.
- Organizations often lack policies on YSRH issues, and may sometimes have harmful ones.
- Staff within an organization may be reluctant to work with youth, which could seriously affect the program.

Advocating for support from parents

- Parents have the right to participate in decisions about programs for their children.
- Parental feedback on YSRH issues can influence political support.
- Parents may play a major role in both community acceptance of a program and the level of youth participation.
- Many parents are already supportive of YSRH programs, but have never been given the opportunity to say so.

Advocating for support from teachers and school administrators

- Teachers are an excellent network of professionals with access and commitment to working with youth.
- YSRH programs in schools will only be implemented if there is buy-in from both administrators and teachers.
- Policies regarding sexuality education are often determined by local school officials.



Advocating for support from religious-based leaders

- We need the support of faith communities.
- There is much common ground that can be found on YSRH issues.
- Support from religious leaders is often essential in generating large-scale community support and involvement for a YSRH program.

Advocating for support from policy makers

- Policy makers play a crucial role in approving and funding work with youth.
- NGOs are often asked to respond to health priorities established by the government.

Advocating for support from the media

- Newspaper, radio, and television coverage of YSRH issues can play a major role in raising awareness and building support in a community.
- Coverage from news agencies is a cost-efficient approach for building support.
- Donors and agency leaders enjoy positive media coverage. It is an effective way to build internal support for your work.

References

Shannon A. *Advocating for Adolescent Reproductive Health in Sub-Saharan Africa*. Washington, DC: Advocates for Youth (1998).

Sharma R. *An Introduction to Advocacy Training Guide*. Support for Analysis and Research in Africa (SARA), Health and Human Resources Analysis in Africa, USAID Africa Bureau, and Office of Sustainable Development. Washington, DC: USAID (1997).

Programming for Adolescent Health and Development, A Report of a WHO/UNFPA/ UNICEF Study Group on Programming for Adolescent Health. Geneva: WHO (1999).

Activities

The following activities explore ways that programs can strategically advocate strategies. The activities also help participants develop skills in how to articulate the importance of YSRH to different audiences.

Activity 7.1—Advocating for YSRH

Activity 7.2—Responding to Difficult Questions and Statements

Activity 7.3—Advocacy Role-plays

Activity 7.1—Advocating for YSRH



Time Estimate

90 minutes



Objective

- Develop a better understanding of the various roles managers can play in advocating for YSRH, both within and outside their organizations.



Materials

- Flip-chart
- Markers



Method

1. Ask participants what they think the term “advocacy” means. After hearing from several participants, explain that definitions of advocacy may differ because efforts to gain support usually occur at various levels. For example (from Sharma 1997):
 - Advocacy is an action directed at changing the policies, positions, or programs of any type of institution.
 - Advocacy is pleading for, defending, or recommending an idea before other people.
 - Advocacy is speaking up, drawing a community’s attention to an important issue, and directing decision-makers towards a solution.
2. Divide the participants into five small groups and ask them to brainstorm the types of groups and individuals that managers need to work with to develop support for YSRH.
3. As each group reports back, write (on a flip-chart) a master list of groups that programs should direct advocacy activities towards.
4. After the list is created, ask participants to discuss reasons why each identified group is an important one to reach.
5. Ask participants to return to their small groups. Each group will be asked to develop an advocacy strategy. A different target population will be assigned to each of the small groups. The suggested target populations are policy makers, media representatives, school officials, parents, and their own organization.

6. Ask each group to develop a brief strategy on how to conduct an advocacy campaign with the target population they have been assigned. To help the groups develop their strategies, tell them to answer the following questions:
 - Who exactly is your target population?
 - What would you like to achieve in your advocacy efforts with them?
 - How will you initially get this group interested and involved in YSRH?
 - What types of activities will you include in your advocacy campaign?
7. Give each group 20 minutes to work on their assignment. Ask the group to write key points from their strategy on a flip-chart. Ask one representative from each group to make a brief presentation on the strategy they have developed. After each presentation, allow participants to ask questions. Also ask them to share their own experiences in conducting advocacy campaigns with these target populations.



Reflection Points

- Advocacy efforts involve a range of activities with a variety of target populations. Because of this, even if an agency's mandate is not focused on advocacy, it can still take on at least certain aspects of advocacy work.
- Different organizations should always look at ways of working together to support advocacy efforts. Coalitions of organizations and individuals with similar goals can be much more powerful and have a "larger voice" and more impact than if they work alone. Such coalitions can also have complementary skills and strengths.



Suggestions for Facilitators

- The questions in step 6 are simply "trigger" questions to help participants identify what the advocacy campaign would look like. The groups do not have to answer all of the questions directly.
- Walk around during the small group work to make sure that the participants are on track in developing their advocacy plans.

Activity 7.2—Responding to Difficult Questions and Statements



Time Estimate

60 minutes




Objective

- Learn how to respond to difficult questions or statements about YSRH programs.



Materials

- “Common Questions for Advocates: Talking about Youth Sexual and Reproductive Health” hand-out  p. 383-385



Method

1. Ask participants to write down questions or statements about YSRH that would be difficult to respond to. Such questions may come from parents, government officials, teachers, religious leaders, or politicians. If the group is having a hard time identifying questions, suggest the following examples:
 - Shouldn't family members and elders be the ones responsible for teaching children about sexuality?
 - Doesn't reproductive health education promote sex and lead to promiscuity?
 - Why not just teach abstinence?
 - How can you teach abstinence and contraception at the same time?
 - What are the effects of reproductive health education?
 - What will the community think of me if I support reproductive health information and services for youth?
 - What good is reproductive health education to a youth with no job?
 - Don't in-school peer education programs disrupt school by taking students out of class?
 - Don't programs for youth “push” contraceptives on young people?
 - Why change the reproductive health education already offered in schools?
 - Don't condoms fail? Won't telling youth they should use condoms give them a false sense of protection?
2. Ask the group to identify the most difficult and likely questions or statements.

3. Ask participants to form small groups and identify one question or statement they want to respond to. Make sure that each group has a different question. Provide each group ten minutes to formulate their response.
4. Ask each group to present their response and then ask the whole group to discuss the range of potential responses to the same question.
5. After all the groups have presented, provide the hand-out entitled “Common Questions for Advocates: Talking about Youth Sexual and Reproductive Health.”
6. Conclude the session by asking participants to share personal stories of dealing with opposition or resistance to their YSRH programs. Ask the following questions during the discussion:
 - How did you address the opposition or resistance?
 - What worked?
 - What did not work?



Reflection Points

- Participants should practice articulating the importance of YSRH programs. There is usually a fair amount of controversy regarding such programs, and effective advocacy efforts must provide clear and compelling reasons for why such programs should exist.



Suggestions for Facilitators

- Stress that there is not one particular “right” answer to any of these questions. Many questions can be answered in a variety of ways. However, there are usually some key points to convey when answering a question. Make sure these key points are highlighted when each question is discussed.

Common Questions for Advocates

Talking about Youth Sexual and Reproductive Health¹

Shouldn't family members and elders be the ones responsible for teaching children about sexuality?

Young people often say they want to be able to talk with their parents about their reproductive health, and communication between parents and children is very important. Unfortunately, many adults do not know what to say or how or when to say it, and feel uncomfortable talking with young people about sexuality. A family's silence can give its young people the message that sexuality is bad and should not be discussed. With no

¹ Shannon, A. *Advocating for Adolescent Reproductive Health in Sub-Saharan Africa*. Washington, DC: Advocates for Youth (1998).

other clear source of knowledge and values, young people often look to the popular media and their peers for information.

Sexuality education can create more opportunities for dialogue between youth and adults, and help refute the myths about sexuality that young people often hear from the media and their peers. Supplementing the education provided by the family can also help adults overcome the difficulties they face when they are the only ones providing information and guidance.

Doesn't reproductive health education promote sex and lead to promiscuity?

Providing information about sexuality does *not* lead young people to experiment with sex. In fact, providing accurate information *before* young people begin to have sex has been shown to help teens *abstain from* sex. In the case of youth who are sexually active, accurate sexuality education helps them protect themselves against HIV and other STIs by increasing the chances that they will use condoms.

A recent World Health Organization (WHO) review of reproductive health education programs from all over the world found that the young participants were *not more likely* to engage in early sexual activity, nor did they show increased sexual activity compared to their peers. Studies consistently show that teens who receive accurate sexuality education are more likely to report using a contraceptive at first intercourse than those who have not.

Why not just teach abstinence?

Reproductive health education begins with abstinence—the only completely certain way for youth to protect themselves against pregnancy, STIs, including HIV. To successfully practice abstinence, young people need skills, including decision-making; communication; negotiation; and refusal skills. When abstinence is taught as the *only* option for young people, they do not receive information and skills that will help keep them safe *should* they become sexually active. Without information, young people are less able to make responsible choices.

How can you teach abstinence and contraception at the same time?

Abstinence and contraception are the two best ways for youth to protect themselves and stay healthy. Telling young people about both acknowledges the challenges they face growing up in today's complex world, and helps them act more responsibly. Research shows that programs that teach both abstinence and contraception are more effective at reaching youth and promoting healthy behavior than are abstinence-only programs.

What are the effects of reproductive health education?

First, reproductive health programs can help teens remain abstinent by giving them accurate information about their own bodies, raising their awareness of STIs, and helping them build the skills to resist peer pressure. Second, among youth that have had sex, information and access to contraceptives helps keep them safe from HIV, other STIs, and unwanted pregnancy. Research shows *neither* giving youth information on sexual health *nor* providing them reproductive health services makes them more likely to have sex.

What will the community think of me if I support reproductive health information and services for youth?

When communities discuss youth issues openly for the first time, more support sometimes emerges for reproductive health programs than anyone would have imagined. People everywhere want young people to grow up healthy. They wonder what to do about the spread of HIV, and they are often willing to discuss potential solutions when their opinions are heard.

Most of the opposition to reproductive health education for youth comes from the fear that discussing sexuality will promote promiscuity. Research shows that this is not true, but it takes time and effort to encourage the public to examine their long-held beliefs and values. Educating the public about the positive effects of reproductive health education can help allay fears and build public support for adolescent reproductive health programs.

What good is reproductive health education to a youth with no job?

Reproductive health education is important to unemployed youth. There is a strong link between young people's economic well being and their reproductive health. Out-of-school and street-involved youth may be less likely to seek information and services on their own, and may be more susceptible to exploitation or exchanging sex for money.

Don't in-school peer education programs disrupt school by taking students out of class?

Peer education programs should not disrupt a young person's education. Rather, by keeping students healthy, preventing pregnancy, and encouraging healthy behavior, youth programs help keep students *in* class. Programs for young people *contribute* to their education, they do not distract from it.

Don't programs for youth "push" contraceptives on young people?

Providing information and services to youth is about helping them stay safe, not about encouraging them to have sex. Responsible programs never push contraceptives on young people, rather, they educate youth about how to prevent STIs and pregnancy. Young people need courage and skills to act responsibly when faced with difficult situations in which they must make hard choices. Forcing youth to accept contraceptives would do nothing to prepare them to make responsible choices.

Why change the reproductive health education already offered in schools?

The goal of reproductive health education is to promote young people's health. Good sexuality education focuses on both factual information and skills development in setting goals; communicating about whether to have sex; negotiating abstinence or contraceptive use; and resisting peer pressure. In many schools, reproductive health education focuses only on anatomy and physiology, or population, and neglects the important role of family life or relationships in sexuality education.

School programs can play an important role in educating young people about sexual health and decision-making. Reproductive health education in schools helps young people before they start having sex, increasing their motivation to delay sexual intercourse and to use contraception consistently.

Don't condoms fail? Won't telling teens they should use condoms give them a false sense of protection?

When used consistently and correctly, latex condoms are extremely effective. Most condom failures are not because they break or leak, but because they are used incorrectly. More information about contraceptives, and more education about how to use them, increases the chance that they will be used correctly and consistently. Accurate information will help teens make responsible decisions about whether to have sex, and about the most appropriate way to avoid STIs and unintended pregnancy.

Activity 7.3—Advocacy Role-plays



Time Estimate

30 minutes



Objectives

- Speak confidently on the importance of focusing on YSRH, citing recent data and current thinking on the issue.
- Practice communication skills to use with media representatives, government officials, and religious leaders.



Materials

- “Sample Statements for Advocacy Role-plays” hand-out  p. 385



Method

1. Explain that this activity will allow participants to practice advocating for YSRH programs with three different audiences: a media representative; a government official; and a religious leader.
2. Ask the group to think about important considerations when talking about YSRH with each of the three audiences. For example, it would be important to pitch an interesting story that appeals to the media. Messages to a government official may want to focus on the benefits that YSRH programs will have on the overall health of the community. Messages to religious leaders may seek to find common ground about health issues that your organization shares with the religious institution.
3. After reviewing some of these considerations, divide the participants into three small groups and ask one group to develop a role-play of an initial advocacy conversation with a media representative. The second group will develop a

role-play with a government official. The third group will develop a role-play with a religious leader. In order to help the groups develop their role-play, provide them with the hand-out entitled “Sample Statements for Advocacy Role-plays.” Give the groups ten minutes to develop their role-play and inform them that each one should not last longer than five minutes.

4. Allow each group to perform their role-play in front of the large group. After each role-play, ask the group to discuss what the advocate did well during his/her conversation. Also ask the group to suggest other points the advocate could make during the conversation.



Reflection Points

- Summarize the activity by asking the groups to compare these role-plays to what they experience in their professional work. Were the role-plays representative of their own experiences in advocacy? Why or why not?
- Ask the group to share any of their own experiences of advocating with government officials, religious leaders, or the media.



Suggestions for Facilitators

- After all of the presentations have been made, the facilitator may want to provide additional feedback on the presentations—focusing on content, communication techniques, interaction styles, and body language.

Sample Statements for Advocacy Role-plays

Here are some statements that different audiences may make during the role-plays:

Community religious leader

“We cannot talk about such issues with unmarried youth. They should not be engaging in such behaviors that would put them at risk for pregnancy and sexually transmitted infections.”

“I understand the importance of this issue, but you cannot expect me to support this. The community will certainly oppose me doing so.”

Ministry of Health official

“There are other more pressing needs than adolescent reproductive health. We need to address maternal mortality and child immunization.”

“The government has not identified youth reproductive health as a priority issue.”

Media representative

“What is interesting about this story? Why should I cover a story on this?”

“We’ve already covered the issue of HIV. People are tired of hearing about it. Give me something new to talk about.”

8 Mobilizing Communities, Institutions, and Networks

Introduction

Communities and institutions shape the laws, rules, norms, and values in a society. These in turn strongly influence interpersonal and individual issues. Social change programs address external factors in the broader social environment. Social change should bring about positive changes in peoples' lives, as they themselves define change. Social change models share the following common principles:

- People are agents of their own change.
- Support of dialogue and debate within communities and groups is critical.
- A focus on social norms, policies, culture, and a supportive environment is necessary.
- The people affected by the issue play a central role.

In this section, we explore two social change models or strategies: media advocacy and social mobilization.

Social and community mobilization strategies should not be viewed in isolation. They will be most effective if included as part of a comprehensive effort to build a safe and supportive environment for youth. At the same time, involving communities and stakeholders—including youth—directly in a comprehensive initiative can help mobilize a broader response.

In Bhutan, we print YSRH messages on calendars. We get the pictures together and write captions. We should give this more attention. Pre-testing the poster took about two weeks and the issue of sex workers came up a lot. The youth respondents explained they were concerned that if the poster was to target the youth group, then the people in the pictures should not look like sex workers.

Media Advocacy

Media advocacy is the strategic use of mass media to advance social or public policy initiatives (Waisbord 2001). Such initiatives aim to:

- Stimulate debate and promote responsible portrayals and coverage of health issues.
- Engage media as partners in defining new social messages.

Media advocacy promotes social rather than individual change in order to legitimize certain behaviors or change social perceptions or norms about particular behaviors or issues. Since media largely shapes public perceptions and public debate, influencing its portrayal of issues should be a key component of a broader intervention strategy.

Key opportunities and issues for media advocacy for YSRH include the following:

- Youth as responsible, contributing members of society.
- Debates on positive sexuality.
- Stigma.

Mobilization and Social Change

Mobilization is a process through which community members become aware of a problem, identify it as a priority, and take action. Mobilization occurs at two levels:

- Community mobilization oriented to local issues.
- Social mobilization oriented to broader social change.

Just as the individual stages of change follow a process, there is a parallel process of social change:

- Identify and define a common problem.
- Understand local relationships and identify existing networks and channels of influence.
- Identify key stakeholders and gatekeepers and engage them in the process from the beginning.
- Identify common solutions (including messages and behaviors).
- Modify and overcome barriers.
- Identify resources to support change.
- Mobilize networks to broaden support.

Wide community or institutional participation is necessary for members to gain ownership and not to feel that interventions are externally imposed.

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Activities

The following two activities involve case studies that illustrate two different mobilization strategies to bring about changes in social norms and values. Small groups should be asked to analyze the elements of the case studies and reflect on mobilization strategies for different issues in their own countries.

Activity 8.1—Case 1: Promoting Social Change through a Media Advocacy Network

Activity 8.2—Case 2: Institutional Mobilization for HIV Prevention

Activity 8.1, Case 1—Promoting Social Change through a Media Advocacy Network

PATH and the Thai NGO Coalition on AIDS have engaged in a long-term process of strengthening a network of journalists and other members of the media to improve reporting on HIV and youth issues. We use the media because they already have established communication channels to the public, and we provide them with informational content for reporting. When networking with the media, we need to keep reporters in touch with issues on a regular basis, not just on World AIDS Day.

We involve them in the development of messages and materials, for example, through workshops for media professionals (cartoonists, script writers, radio DJ, and reporters). In turn, they develop cartoon booklets, exhibition sets, posters, and small-scale media reporting among other activities. At the same time, we develop and maintain relationships with them, and expand our own contacts and networks.

Project-based media activities include publishing monthly newsletters, writing articles and press releases, providing news tips, responding to media questions, and organizing press conferences. No project asks us to do this specifically, but it is good practice.

Special events include a 60-hour radio program around World AIDS Day, and television programs on World AIDS Day; Labor Day; Valentine’s Day; and the Thai New Year Festival.

We also have the AIDS NGO Network’s special campaigns to raise attention to specific issues. For example:

- “Call...before you get sick again.”
- “My Positive Life,” a photo exhibit that portrays people living with HIV/AIDS (PLHAs) in a positive, healthy, and supportive light.
- A campaign to ensure access to anti-retrovirals (ARVs) within the Ministry of Public Health’s universal coverage scheme (the 30-Baht program).

Finally, we hold periodic media fora, such as the Sexuality Forum that includes various speakers, including artists, nuns, and teachers.

How do you decide on the audience and the message?

It depends on your objectives. It depends on what you want to do. For example, if you want to gain support from the community regarding sexuality education, you would want to target a wide audience including parents, adults, and community leaders. The messages will also need to be tailored to each particular target group. Make sure that the message is clear and speaks to the audience. And do not try to address too many different issues. Remember the KISS rule: Keep it simple, silly!

How do you work with the media?

We direct the media to issues that need attention. We also help them identify reliable resources. For example, we give them a list of dependable NGO contacts.

Do we really need to buy space in the media?

Capitalize on the medium the youth are using. Use and build on opportunities. Don't just use the media and buy time. Convince them that it is important. They have resources. They can reach further than the project may be planning to reach.

What about measurement of impact on target audience?

If people give us money for interventions we will still do media networking. It is better to address the issue than to keep silent. If you cannot convince the media today, then maybe you can later. Sometimes the media start with a conservative opinion but later they soften their position, or modify it completely. If something appears in the paper, you can measure the reach. We know the circulation—who reads what and listens to what. We can also track change in press opinions by following reports on the same issue over time. Because these activities are within small projects, we have not yet done a large-scale impact evaluation.

Questions for Discussion

- How can we practically influence the process of change?
- A community may have reasons for supporting certain social and cultural norms. What kinds of barriers exist to community change?
- What do you need for support?

Activity 8.2 Case 2—Institutional Mobilization for HIV/AIDS Prevention¹

During 1991-93, HIV prevalence at induction among conscripts in the Royal Thai Army was 12 percent, HIV incidence was 2.4 percent per year, and incidence of STIs was 17 percent per year. A preventive intervention that addressed a variety of risk behaviors (consistent condom use; reducing alcohol consumption and brothel patronage; improving sexual negotiation and condom skills; and encouraging treatment of STIs) was conducted from 1993-95. The intervention began with a formative research phase that identified several common risks among conscripts, such as:

- Misperceptions of HIV transmission.
- Personal experience with HIV and AIDS.
- Disinhibition associated with alcohol consumption.
- Sexual partner selection.
- Perceptions of partner risk.
- Condom use practices with different types of sex partners.
- STI treatment-seeking practices.

¹ Celentano D., Bond K., Lyles C., et al. "Preventive Intervention to Reduce Sexually Transmitted Infections: A Field Trial in the Royal Thai Army." *Archives of Internal Medicine* 160 (4): 535-540. (2000).

Institutional mobilization activities were conducted for the command structure to ensure support for interventions. The mobilization process consisted of the following steps:

- **Identify and define common problems.** Research identified key behaviors that contributed to HIV infection. A collective analysis of risk behaviors and practices among soldiers and commanders revealed core areas for change, including the link between alcohol and unsafe sex, sexual partner selection and networks, communication, condom use, and STI treatment.
- **Understand local relationships and identify existing networks and channels of influence.** The command structure was analyzed to see which commanders had close links to the soldiers, and in what capacity their influence could be adapted to the intervention. Soldiers' networks were mapped to see who were the peer leaders among them. These peer leaders were then selected to participate and lead intervention activities. In each intervention camp, intervention teams were formed, composed of members of the command structure, including: squad leaders; paramedics; chaplains; non-formal education instructors; and selected peer leaders. Activities were introduced and led by different members of the intervention team.
- **Identify common solutions, including promoting messages and behaviors, and train members to promote new messages and behaviors.** The soldiers developed key messages, and included them in comic books that had stories about their experiences and how their actions led to unsafe sex and HIV. Other activities included: mapping and analysis of sexual network patterns among recruits, sex workers, and girlfriends; village-based interviews documenting the extent of the HIV epidemic; condom skills-building sessions; meditation practice; debates; and information exhibits on STIs, HIV, and how to care for PLHAs. Communication skills and role-plays on a variety of topics were also introduced, including "how to tell your wife you have HIV/AIDS."
- **Modify and overcome barriers.** The mobilization activities resulted in the army promoting supportive policies such as improvements in STI-seeking and treatment practices and widespread condom distribution.
- **Identify resources to support change.** The army intervention camps and commanders collaborated with the local Ministry of Health Centers for Disease Control to develop educational materials to leverage resources that could extend prevention activities into neighboring villages and communities.
- **Mobilize networks to broaden support.** The broader structure was mobilized to ensure that recruits who were trained in the intervention were available to support further efforts in the villages once they were released from service. Links were also made with local temples and village organizations to refer PLHAs to meditation practice and care providers.

After 15 months, participants in the intervention group reported STIs seven times less frequently than the control group, and HIV incidence was 50 percent less than the control group.

Questions for Discussion

- What types of behavioral outcomes would you expect to see as a result of the intervention activities?
- What types of social changes would you expect to see as a result of mobilization activities?
- In what other types of situations or settings would the mobilization in the intervention strategy previously described be appropriate? In what situations would it be more difficult to apply?
- How might the principles of the intervention be applied to reduce HIV risk among young women? How would it need to be modified?
- To what extent were the components of the programming framework applied?
- What operational challenges would be encountered in conducting such an intervention?

9. Partnerships and Networks

Introduction

In order to develop multi-sectoral approaches to youth programs, we need to form strong and enduring partnerships, and build networks with youth, communities, and organizations. Fostering partnerships and networks can help improve the political and social environment for advocacy activities. These links can also help identify and strengthen referral systems, and provide channels for scaling up innovative and effective program strategies.

This section covers the following:

- Collaboration in YSRH programming.
- Elements of successful partnerships.
- Network building.
- Network approaches to YSRH.
- How our own networks can link to other organizations and countries.

Issues

Difficult partnerships and networks tend to distract us from our focus on improving youth health and development. Effective partnerships and network building require:

- A shared vision or mission.
- Consistent linkages with key stakeholders.
- Collaboration with community partners.
- Public, private, and NGO mobilization.
- Leadership, team-building, negotiation, and conflict resolution skills.

Network Approaches to YSRH

Many health promotion programs work together to create structures and policies that support youth development and healthy lifestyles.

For youth, this means creating supportive and caring communities, and ensuring that adults understand the realities of their lives. Community organizing builds communities and institutions in ways that enable members to identify and solve problems. It fosters ownership and participation, and engages people in social action, such as advocating for policy change.

Supportive policies can protect young people from sexual and reproductive health risks. For example, legalizing contraceptive sales to youth and enforcing a minimum legal age of marriage can be protective actions. Policies that support education and health services for adolescents also foster positive reproductive health outcomes. Laws restricting youth's

access to health services, and weak enforcement of rape and sexual abuse laws, conversely, have a negative impact on youth reproductive health outcomes.

Networks play a critical role in bringing about changes in communities and institutions.

In order to shape institutional policies, many organizations create advocacy networks—groups committed to a set of actions for a specific cause. Networks of local organizations and international NGOs may also play a key role in community development and service provision. There is a growing body of experience throughout the region that illustrates how networks are forming. Some of these examples are described in later modules.

Networks and partnerships of youth and youth-serving organizations can collectively:

- Mobilize communities and address sensitive issues.
- Create linkages among families, communities, and institutions.
- Develop referral systems.
- Increase access to programs and services by combining resources.
- Create demand for services.
- Advocate to promote supportive policies.
- Share information, knowledge, and materials.

Youth programmers should ask themselves two important questions in planning social change strategies:

- What organizations, institutions, or coalitions can be used to improve systems that support the healthy development of young people?
- To what extent do organizational networks and coalitions meet the needs of youth, and how can they be strengthened?

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Activities

The activities in this section explore ways to build partnerships and networks. The activities can also help participants develop strategies to assess and strengthen existing partnerships and networks.

Activity 9.1—Defining the Terms

Activity 9.2—Developing Trust, Respect, and Commitment

Activity 9.3—Deciding if Partnership is Right for Your Situation

Activity 9.4—Mapping and Analyzing Networks

Activity 9.1—Defining the Terms



Time Estimate

45 minutes



Objective

- Agree on definitions for partnerships, networks, and coalitions.



Materials

- Flip-chart
- Markers



Method

1. In the big group, ask participants to define the following key terms:

Partnerships are links with other organizations for sharing resources and complementing areas of expertise.

Networks, or informal connections among organizations or individuals, can be established with a number of different organizations to respond to particular needs and concerns. Networks are organized to influence change in the broader environment.

Coalitions or **consortia** are set up more systematically, with clear objectives, roles, and responsibilities.

2. Ask participants about the types of networks and partnerships they are currently involved in.
3. Ask them to discuss the following question: *When would you want to work in a network and when would you want to be in a more formal coalition?* The discussion should generate experiences from the group that may include the following:
 - Networks can advocate for a cause.
 - Networks can be formal or informal.

Partnerships? What does it mean? (Brainstorm)

- Sharing resources and best practices.
- Commitment.
- Supporting common goals.
- Synergy; Accomplishing more working together than individually.
- Collaboration.

Networks? What do they mean? (Brainstorm)

- A relationship with reciprocal exchange.
- A federated body.
- Channels of flowing information.
- A working relationship – but loosely organized, flexible, and maybe opportunistic.
- A formal or informal stage of partnership.

Coalitions or Consortia? What does it mean? (Brainstorm)

- Friendship – camaraderie.
- Strength and influence.
- Group of people or networks organized to fight something together.
- Leads to advocacy.
- Groups with the same goals and interests.
- More formal organization.
- Focused on specific issues.

- Formal networks may have clearer roles.
 - Some participants prefer formal coalitions with contractual requirements.
 - Formal coalitions may seem more legitimate to governments.
4. Explain that some circumstances require a more formal coalition or institutional structure, while other situations need the informality of a network.
 5. Divide participants into three small groups. Ask each group to discuss one of the following topics so that all three are covered. Give each group 15 minutes to discuss the point and make notes on flip-chart paper. Give each group ten minutes to report back to the large group.
 - What are characteristics and behaviors of successful partnerships? What are the characteristics and behaviors of unsuccessful partnerships?
 - What are the characteristics and behaviors of participatory leadership? What are the characteristics and behaviors of non-participatory leadership?
 - What factors facilitate equitable partnerships? What factors inhibit equitable partnerships?
 6. As each group reports back, write a master list (on a flip-chart) of points that contribute to successful partnerships.
 7. After the list is created, ask participants to briefly discuss why each point is important in building strong partnerships.



Reflection Points

The following points may be generated by the group and can help guide the discussion.

What are characteristics of successful partnerships?

When we think back to the partnerships that we have been involved in, which ones worked well and which were the most rewarding? What were their common elements? A strong foundation of research has found the following elements critical to partnership success (Gormley 2000):

Foundation elements:

- Shared goals and compelling vision.
- Strong, participatory leadership, and decision-making.
- Shared problems.
- Power equity.
- Interdependency and complementarity.
- Mutual accountability to each other and to a vision or mission.

Sustaining elements:

- Attention to process.
- Communication.
- Explicit decision-making process.

- Trust, respect, commitment, and reciprocity.
- Credit and recognition.

Mutual accountability:

- Established milestones.
- Indicators.
- Quality standards.
- Identified benefits.
- Clear timeframes.
- Monitored results.
- Recognized accomplishments and credit.

Attention to process:

- Communication.
- Decision-making.
- Agreed-upon approaches.
- Conflict resolution.
- Feedback.

What are key behaviors of participatory leadership?

Points generated from participants may include the following:

- *Involve others and listen to each other.*
- *Involve partners in decision-making from the beginning to start from the same point.*
- *Give positive feedback to partners to help improve the work, not just to be nice.*
- *Use the input or opinions of others and give credit.*
- *Exchange ideas and explore new ideas.*
- *Share opinions and feelings honestly.*
- *Be sensitive.*
- *Use common sense.*

What issues are related to power equity in partnerships?

- *Mutual respect and trust.*
- *Different quality standards and expectations.*
- *Participatory decision-making.*
- *Frequent information sharing.*
- *Negotiated priorities.*
- *Clear roles and responsibilities.*
- *Equitable and transparent distribution of funds and other resources.*
- *Win-win negotiation approaches.*
- *Recognition and respect for people's strengths.*

“It’s easy for bigger organizations to take over (feel they can do it better). They need to let smaller organizations do it and make mistakes. Sometimes the big agency brings in money but the small organization does the work.”

—quote from participant

“Who has power? Some organizations are big and less able to move quickly on issues; they are entrenched and established. Small organizations may have less influence, but also less baggage, so they can be powerful in raising issues.”

—quote from participant

- *Responsibility and accountability*
- *Equitable workload distribution*



Suggestions for Facilitators

- Remind participants that talking about partnerships and networks in abstract terms may be difficult. Encourage people to reflect on partnerships and networks, both formal and informal, that they have been a part of.
- During the brainstorm, an alternative methodology could be used. Three small groups could generate different lists and report their findings to participants in a plenary session.
- Be sure to mention any important points that participants may have not included on the list.

Activity 9.2—Developing Trust, Respect, and Commitment



Time Estimate

45 minutes



Objectives

- Describe behaviors that elicit trust, respect, and commitment.
- Develop trust among participants.
- Discuss factors that should be considered before entering into partnerships.



Materials

- Flip-chart
- Markers



Method

Brainstorm how groups develop trust, respect, and commitment. Ask the following questions:

- Is there commitment to a shared purpose?
- Do the benefits of joining the partnership outweigh the costs and risks?
- Do the organizations bring different skills to the partnership?



Reflection Points

Examples of responses may include:

- *Understand and protect interests of all members.*
- *Listen well.*
- *Be honest about strengths and limitations.*
- *Share successes and take responsibility for your mistakes.*
- *Develop a shared set of values.*
- *Give each other a chance to learn.*
- *Let all the partners be involved (e.g., invite them to openings, put their logos on all the documentation).*
- *Be consistent and professional—do what you say you will do.*
- *Remember that building consensus takes time.*

Bangladesh

Partners may not have the same skills or pressures, and the impact of personalities may be a factor.



Suggestions for Facilitators

- One way to help participants consider issues of trust is to ask them to participate in a “trust fall.” Have one person stand with their back to a partner. Ask them to close their eyes and gently fall back into the other person’s arms. Repeat this several times. The exercise requires one person to completely trust another and is a good illustration of the concepts discussed in this activity.

Activity 9.3—Deciding if Partnership is Right for Your Situation



Time Estimate

15 minutes



Objectives

- Consider whether a partnership is appropriate.
- Discuss ways to form and develop partnerships.
- Develop “Principles of Partnership.”



Materials

- Flip-chart
- Markers



Method

1. Ask the group how they would form a partnership. They may suggest the following:
 - Hold formal and informal meetings.
 - Build relationships.
 - Create agreed-upon “Principles of Partnership.”
 - Plan and conduct effective meetings.
 - Create a memo of understanding (MOU).
 - Develop a workplan.
2. Ask the group to divide into pairs. Give each group ten minutes to develop “Principles of Partnership.”
3. Ask participants to volunteer to report back a few examples of their “Principles of Partnership.”
4. Tell the participants that they can:
 - Create a MOU—a general statement developed together.
 - Have the MOU state that the partners cannot do the work alone. It should mention their shared commitment to making group decisions.
 - Have the MOU outline each partner’s role, and include any overlapping areas of responsibility.



Reflection Points

The following sample “Principles of Partnerships” was developed in a MOU by PATH and CARE in Cambodia.

The Partners agree that there will be full and equal cooperation in providing overall strategic direction and setting the decision-making framework for the project. The Partners believe that by working together, we will create synergy in youth reproductive health programming, thereby achieving greater impact. We are committed to providing a strong technical base of support to build the capacity of our Cambodian partners, including private sector, governmental and nongovernmental organizations. We are also committed to strengthening collaboration and coordination with organizations beyond the NGO Networks partnerships to promote our shared youth reproductive health goals.



Suggestions for Facilitators

- If pairs are having a difficult time identifying “Principles of Partnership” ask them to imagine embarking on a major research project together. Ask them to consider what would be necessary for this partnership to succeed.

Activity 9.4—Mapping and Analyzing Networks



Time Estimate

60 minutes



Objectives

- Describe how mapping and analyzing networks can help strengthen program strategy.
- Describe how analyzing networks can help scale up programs.



Materials

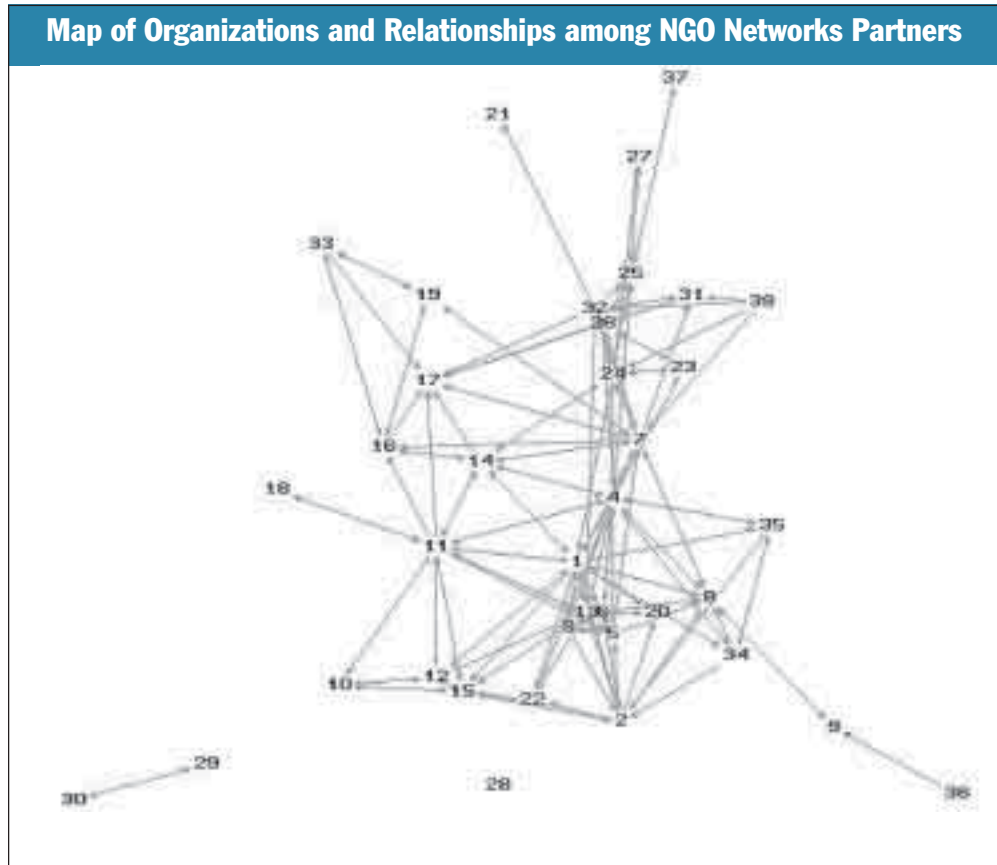
- Flip-chart
- Markers



Method

1. Divide the participants into five small groups (by country or project). On a flip-chart ask them to draw a map or diagram of the network of organizations and links among them that relate to their youth program strategy.
2. Give each group five minutes to report back.
3. After reporting back, ask the group to discuss how the organizational networks can better:
 - Share information and resources.
 - Improve capacity of their members.
 - Improve targeting to those most in need.
 - Increase coverage of services and programs.
 - Strengthen collective bargaining power for advocacy purposes.
4. During the discussion, on a flip-chart, write a master list of ideas for how to improve organizational networks.

5. After the list is created, ask participants to briefly discuss why each identified group is important in building networks.
6. Ask the groups to think about their own networks and countries, and consider which networks are involved in addressing sensitive issues.
7. Look at the following visual map.¹ This map has a code that links numbers with participants.



The visual map of this network represents individuals in the seminar series who were asked to identify who they talked to about YSRH issues. Each number corresponds to an individual. The lines and arrows indicate the discussion flow. Those individuals in the middle of the graph represent seminar coordinators and facilitators (1, 4). The individuals in the upper part of the graph represent participants from Nepal and Bangladesh. Those in the lower half of the graph represent participants from Southeast Asia, including Thailand, Cambodia, Vietnam, and Myanmar. Some of the individuals at the periphery of the network had not spoken with other participants prior to the meeting.

8. Explain to participants that we can analyze network maps to:
 - Identify channels of communication and influential leaders.
 - Identify “bridge” organizations for information exchange and advocacy.

¹ At the beginning of the training week, we asked participants to list the organizations or participants in the seminar with whom they had contact. We then mapped these relationships and networks as a diagram.

- Assess organizational capacity to respond to youth needs.
 - Engage young people to advocate on their own behalf.
 - Strengthen links for social change.
9. Ask the group the following questions:
- What is the size of the network?
 - Who are its leaders?
 - What patterns of communication does it have?
 - What subgroups does it have?
 - How would this graph look at the end of the training series?
10. Discuss how networks can be used to strengthen program strategies. Ask the following questions:
- How are informal and formal communication channels used to solve problems?
 - With which organizations was collaboration most active?
 - What are the implications for being a centralized or decentralized group?
 - How well have network-building activities resulted in increased collaboration?
11. Ask the group to consider how YSRH networks can:
- Share information and resources?
 - Improve members' capacity?
 - Strengthen collective bargaining power for advocacy and social change?



Reflection Points

- Understanding the composition of the organizations and their links with each other can help us build systems, bring smaller programs to scale, and ensure broader coverage of programs.



Suggestions for Facilitators

- It is extremely helpful to conduct a survey that will illustrate a network. This can be done at the beginning of the seminar or a few hours before this particular activity. For example, ask participants to list the organisations or participants with whom they have had contact. Then map these networks and relationships as a diagram.
- The network map can be created electronically by using a computer application entitled Krackplot.[®]
- An alternative methodology for mapping a network is to conduct the network survey as part of this activity. After the survey is completed, you can ask participants to try to map out the network on a large sheet of paper. This approach usually works best with a few smaller groups so that the network is not too extensive, and thus easier to map.

10. Managing Change, Relationships, and People

Introduction

Youth sexual and reproductive health is a complex issue, encompassing physical, psychological, social, cultural, and political concerns. The integration of YSRH programming into an organization requires staff to fulfill new roles and functions, as both programmers and trainers. The capacity of staff teams to effectively fulfill new roles and carry out new functions will depend on their acquiring new skills, values, and relationships. The challenge for team leaders is to create and maintain an environment in which staff continues to operate effectively through a period of change while learning and building confidence to undertake new roles and functions.

As change occurs, problems may arise. Teams should be encouraged to use their skills, experience, and resources to develop innovative solutions to the problems. These solutions should be tested to help enhance existing capacities, and be modified as needed. In developing its sexual and reproductive health capacity, CARE coined the phrase “*embracing error to improve practice*.” In doing so, the organization helped create a psychologically safe learning environment, thus reducing the anxiety that inevitably accompanies new learning and change (Wilcox 1999).

The aim of this section is to provide team leaders with some tools and tips on effective leadership during a period of change, and examples of how to foster an enabling environment where teams can build capacity, adopt new approaches, and learn from their mistakes.

This section and its activities deal with:

- Being prepared for change
- Supporting your team through change
- Building capacity
- Coaching
- Mentoring
- Dealing with conflict

Being Prepared for Change: Assessing Strategic, Operational, and Management Issues

While the needs of youth within your community are the foremost reason for considering integrating YSRH into programming, to develop an effective and sustainable program, management, staff, local partners, and other stakeholders must agree and show commitment to the initiative.

Interest in integrating YSRH may be motivated by many factors, including: potential funding sources; government strategy and policy; demonstrated need from data and

lessons learned in existing YSRH programs; requests from local partners or communities; or a strategic planning process within the organization.

Whatever stimulates the interest, a review of the organization’s readiness is essential, as is an assessment of external factors that will influence the success of your efforts. To ensure that decisions about integrating YSRH are informed, strategic, and operational, management issues must be considered (UNDP 1998).

Organizational Mission and Goals

Youth sexual and reproductive health must be in line with your organization’s missions and goals. If not, you will be unable to gain needed support from senior management. In addition, every organization has a public image to uphold. You have to assess how introducing YSRH will influence the organization’s image and how public perceptions of YSRH will influence uptake of youth services, especially health services, sexuality education, and life-skills training programs.

Development Environment

It is essential to understand the issues youth face and the focus areas of the organisations working with them. Try to see how your organisation could complement these existing efforts, including the possibility of forming partnerships.

Political Influences

Explore whether the policy environment is supportive of YSRH programming, and the kind of advocacy efforts needed to facilitate policy change.

Management Systems

Review your systems to ensure there is capacity in the organization to support the introduction of another programming area. Explore which donors prioritize YSRH programming and whether you will need to look at other sources of funding outside the country.

Human Resources

Especially important is whether you have the staff with the skills mix needed to implement YSRH programming, and whether they are willing to welcome the new programming opportunity.

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Activities

The activities in this section are designed to encourage participants to apply tools and tips for managing change to the issues and concerns their organizations face as they introduce YSRH programs.

Activity 10.1—Strategic, Organizational, and Management Issues

Activity 10.2—Coaching Case Study

Activity 10.3—Conflict Case Study

Activity 10.1—Strategic, Organizational, and Management Issues



Time Estimate

30 minutes



Objective

- Consider strategic, organizational, and management issues and their impact on your organization's chances of successfully integrating YSRH programming.



Materials

- “Strategic, Organizational, and Management Issues” hand-out  p. 386-389



Method

1. Ask participants to work in small groups.
2. Provide them with the hand-out and ask them to use it as a discussion guide.
3. When the groups have completed their discussion, point out that some factors will support or promote change, and others will hinder or possibly undermine attempts to change.
4. Suggest that it may be helpful for your team to review both promoting and hindering factors, and to develop an action plan aimed at reducing the hindering factors.



Reflection Points

- This activity examines the variety of factors that can either help or hinder change. There is no formula for how many of these factors are necessary in creating change in your organization. However, all of these factors should be considered if you are trying to introduce YSRH programming into an organization.



Suggestions for Facilitators

- This activity can be conducted at different times (e.g., when deciding whether or not to integrate a program, and when the decision has been made to assess the organization’s capacity-building needs).

Strategic, Organizational, and Management Issues

Organizational Mission and Goals

- Would YSRH help your organization achieve its mission and goals?
- Is senior management support ensured?
- Is your organization positioned to address the issues facing youth in your country?
- Would YSRH programming have a positive impact on your organization’s image?
- What are the possible positive and negative impacts of integrating YSRH activities?

Development Environment

- Which organizations are working in YSRH in your country?
- What aspects of youth programming are being implemented by other organizations and in which geographical areas?
- How can your organization complement existing work in YSRH?
- Which organizations could you approach to partner with and what advantages could there be?

Political Influences

- Which government ministries are responsible for youth programming?
- Is YSRH a government priority?
- Are government policies supportive of youth programming efforts?
- Is YSRH a community priority?
- Will the activities you plan to implement face cultural constraints?
- Who are the other stakeholders you need to consider and involve in your planning process?

Management Systems

- Are your management systems and capacities strong enough to support the introduction of YSRH programming?
- What are the operational similarities and differences between your existing programs and YSRH programming?
- Would your current funding agencies be supportive of your organization adding YSRH programs, or would you have to look for other funding sources?
- What funding agencies would you consider approaching?

Human Resources

- Could your present staff manage the increased workload?
- Do you have the knowledge and skills required for YSRH programming on your existing staff?
- What additional knowledge and skills do you need to develop in the staff team? How will you develop their capacity?
- Does your team support YSRH programming?
- What concerns do they have regarding YSRH programming?
- Do you need to recruit and train new staff?
- Will you need additional technical assistance? In what technical areas? Is it available within your organization either regionally or at headquarters?

Supporting Your Team through Change

While many factors are crucial to the success of your YSRH initiative, ultimately, it will depend on the team's acceptance and ownership of the initiative and their confidence to take on new responsibilities. Staff may reject what seems to managers to be an excellent programming opportunity. Staff resistance to new initiatives may be for a variety of reasons. Their resistance can result from:

- A perception that YSRH programming could adversely affect other aspects of their work.
- The belief that the timing is not right or the political climate is not conducive to establishing YSRH programming.
- A fear of not having the correct skills and experience to work in the field.
- Personal reservations about working with youth on sensitive sexual and reproductive health issues.
- The inevitable increased workload.

Managers and leaders need to be sensitive to these factors and try to establish strategies to reduce resistance and gain support. Tips for gaining staff acceptance and commitment, and reducing resistance to change include the following:

- Discussing how YSRH fits in with the organization's goals, strategic directions, and present programming activities.
- Celebrating present and past achievements and using examples of previous successful initiatives to illustrate their ability to bring about successful change.
- Including staff in planning to ensure they fully understand the change process and its implications.
- Boosting staff morale and confidence by planning for early "gains" and "wins" in the initiative.
- Being willing to adjust and fine-tune your plans based on feedback.

Capacity Building

Capacity building means a change in organizational behaviors, values, skills, and relationships that lead to improved abilities of groups to carry out functions and achieve desired outcomes. Capacity-building literature has added much to our understanding of the interrelationship between interventions and organizational change. Training interventions alone appear to have limited long-term effects on organizational performance and sustainability. However, processes such as: participatory institutional assessments; seminars; conflict resolution; team building; and reflection on critical events and incidents, are all part of building capacity and a key part of implementing change.

Thus capacity building should focus on processes that emphasize support and facilitation. Team leaders should strive to provide insights, disseminate best practices, and encourage staff to explore promising and innovative solutions to challenges, and in particular reduce the perceived risk and fear of failure. Tips for building capacity within your team include the following:

- Build a culture of change and tolerance for ambiguity, an understanding that failure is part of the learning process, and that staff will be supported throughout the initiative.
- Accept where your staff is in terms of knowledge, skills, and the perceptions they have relating to YSRH programming. They may have reservations and fears that need to be expressed.
- Be open to helping staff clarify their own values and understand where reservations and concerns may originate.
- Discuss and agree on roles and responsibilities, and clarify what preparation staff needs to fulfill these.
- Use coaching and mentoring to support team members as they undertake new roles and functions.
- Deal with conflict as it arises.

Coaching

As staff embark on a new programming area, it is essential to improve performance and build their confidence. Once staff has the knowledge and skills to perform the job, they will need support to help improve and maintain their performance and overcome barriers to building capacity (Lawson 1997). The aims of coaching are to:

- Help people learn on their own rather than teaching them; help them to see how they are doing; and help them to think about new ways of doing things.
- Raise staff awareness, responsibility, and commitment.

Coaching can be carried out on the spot when a situation arises, using the situation as a learning opportunity. Questions can be used to elicit new understanding and promote learning:

- What can we learn from this situation?
- What else could you have done in this situation?
- What alternatives did you reject?

Alternative coaching can be planned where you meet with staff to discuss their performance. In preparing for the discussion, consider these issues:

- Emphasize the positive. Clearly state the aspects of the person's performance that are good, and encourage these to continue.
- Focus on specific behaviors. Identify aspects of their performance you would like to see improved (give specific examples, not generalities).
- Discuss obstacles and how to overcome them. What problems does the person face in improving performance (unclear expectations, lack of skills, lack of experience, or ability)?
- Set realistic goals and agree on a timeframe for improvements.

Tips to effective coaching include:

- Allow enough time.
- Ensure staff is aware of your expectations.
- Be objective when measuring performance.
- Focus on positive performance rather than on negative consequences.
- Encourage self-assessment.
- Ask open-ended questions.
- Listen actively to what the employee says.
- Offer help as the employee strives to improve.
- Monitor progress and set times to review your plan.
- Offer encouragement and celebrate success.

Activity 10.2—Coaching Case Study



Time Estimate

45 minutes




Objective

- Apply coaching principles to a case study describing a situation YSRH program managers may face.



Materials

- “Coaching Case Study” hand-out  p. 390-393



Method

1. Ask participants to split into groups of four.
2. Ask them to read the case study and then discuss and answer questions 1 and 2.
3. Bring the group back to the plenary and ask them for their responses to both questions.
4. Write the answers on a flip-chart and highlight the coaching approach.
5. Sum up the discussions.



Reflection Points

- Reflect on youth involvement in your programs. Could a similar situation occur within the program and if so, have any of you experienced a similar situation and how did you deal with it?



Suggestions for Facilitators

- Ask participants to share any other experiences in which they coached staff. Their experiences may not directly relate to a YSRH program, but may still be relevant to the situation highlighted in the case study.

Coaching Case Study

You make a field visit to one of your “Youth Sexual Health Project” sites. The project committee is meeting to plan activities for the next six months. The committee includes four youth representatives, community leaders, teachers, and project staff. This is the first time you have seen the committee operate, and you find most of the four youth representatives are relatives of other committee members. There is little opportunity afforded to the youth representatives to participate in the discussions and they have no voting rights. There is only one girl on the committee. During the break, she made tea for the other members and missed the first 15 minutes of the meeting after break as she was collecting the cups and tidying up. The site leader does not seem to be able to influence the situation; the project committee chairman is a dominant character and the site manager appears reluctant to challenge him.

When you spoke to the youth representatives, they said they have brought up issues in the past, but the issues were not dealt with. They are simply told what to do and often feel pressured into activities they would rather not participate in.

You mention this to the site leader. She is aware of the situation, but is unsure of how to deal with it. You arrange a time to meet and discuss this.

1. What issues would you like to address with the staff member?
2. How would you conduct the meeting with the staff member?

Mentoring

In addition to coaching, mentoring is another technique that can be useful in helping individual team members. Mentoring can help new members transition successfully into the team and the organization. Mentors need not be the supervisor but should be experienced members of the team.

Mentoring is a process in which one person is responsible for overseeing the career and development of another person outside the usual manager and subordinate roles.

Mentoring is a protected relationship where learning and experimentation can occur, potential skills can be developed, and in which results can be measured in terms of new skills gained rather than curricula covered.

Close personal relationships between mentor and mentee are usually open-ended and less goal-oriented than in coaching.

Mentoring is particularly helpful in these situations:

- The organization is restructured or merged with another organization.
- The organization has accelerated management development in place or is implementing a succession plan.
- The organization wants to stimulate flexibility and innovation.
- The organization hopes to increase equal opportunities.
- A sector of the organization needs support in a hostile environment.
- The organization needs to orient and integrate new employees.

A mentor usually has skills, wisdom, and experience that others respect and want to emulate. Mentors have the ability and willingness to identify the potential in less experienced people, and stimulate and encourage others. Mentors have the generosity to treat the relationship as confidential, and the humility to learn from the younger or less experienced person. They:

- Listen.
- Ask useful questions.
- Give and receive constructive feedback.
- Review progress to increase motivation.
- Help resolve conflict.

Matching mentor to mentee is important. Often it is not a line management relationship but a staff relationship. Good chemistry is essential between the mentor and mentee. They need to have a natural bond for the relationship to be mutually rewarding.

Dealing with Conflict

During a time of transition, people move from the familiar towards an uncertain future. Tensions often arise and conflict may occur. Conflict within a team is normal. It cannot be completely avoided, and can even be healthy if used creatively. Conflict can lead to new understanding, create new ideas, and strengthen relationships. If not managed, tension can be a destructive force and impede progress.

People respond to tension and conflict in many ways:

- **Avoidance.** Pretending nothing is wrong, just giving in, emphasizing minor points, and using delay tactics and passive-aggressive behavior. A lose-lose situation.
- **Power.** Using power, threats, intimidation, and physical or coercive force. A win-lose situation.
- **Rights.** Trying to win by appealing to authority and focusing on positions. A win-lose situation.
- **Interest.** Agreeing to talk and focus on the underlying interests of the parties rather than on their positions. A win-win situation.

Conflict has been likened to an iceberg. What is visible above the surface are the positions the individual parties assume. Beneath the surface may be the following:

- **Assumptions and perceptions.** Each person seeing the situation differently based on his/her own past experience, personal beliefs, and prejudices.
- **Individual values, needs, and goals.** These may be different for each person involved.
- **Emotions.** Fear, anger, anxiety, and frustration often block good communication.
- **Competition.** A struggle for resources or success.
- **Lack of information and clarity.** People may not have proper information or may not understand the information.
- **Individual communication styles.** Insensitive or inappropriate interaction with others can create resistance and hamper cooperation.

If you focus on the issues beneath the surface of the iceberg then you are more likely to find common ground with which to work. If you are personally involved in the conflict, you may choose to ask a neutral party to facilitate the discussion.

Here are some steps to try when dealing with a conflict situation (Bread for the World Institute 2000):

Step 1: Reflection and Clarification

Think about the situation. Do not try to resolve the situation when people are angry. Ask yourself the following questions:

- Who is involved?
- What is this all about?
- Clarify your own needs, values, and beliefs: How do I feel about this? What concerns do I have?
- What needs to happen?
- Have communication approaches to date caused concern or mistrust?

Try to consider all parties' views:

- Do they have all the facts?
- What are their concerns?
- What may their suspicions and assumptions be?
- What values, prejudices, or assumptions do they have?

Determine the importance of the relationships involved:

- What will happen if we fail to resolve our conflict?
- What would be the best approach here?

Step 2: Finding Time to Talk

- Invite the people to talk: “When can we meet to talk about ... ?”
- State positive intentions: “I know there are a number of different views within the team.”
- Agree on a mutually convenient time.
- Set aside enough time to discuss the problem.
- Find a quiet meeting place, free from interruptions, where discussions cannot be overheard.

Step 3: The Discussion

- Set the goal: “What do we want to achieve?”
- Set the ground rules: Take turns; show mutual respect; listen for understanding; and stay calm and positive.

Step 4: Define and Discuss the Problems

- State the problem as an open-ended question: “How to ... ?”
- Offer each person an opportunity to say what he or she knows, or how he or she feels about the situation.
- Use “I.”
- Avoid blame.
- Identify interests, needs, and values—not positions.
- Reflect back—check that everyone understands the issues, interests, and needs.

Step 5: Find Solutions

- Explore alternative solutions and be creative.
- Use “I can,” “could you,” “we could,” rather than “you should,” “you’d better,” “you must.”
- Accept all options at first—do not criticise or dismiss.

Step 6: Evaluate and Choose Solutions

Determine the advantages and disadvantages of each course of action:

- Will it work now and in the future? Consider the consequences.
- Is it balanced? Is it possible to have a win-win situation?
- Is it a mutually satisfactory solution?
- Who will do what, when, and how?

Step 7: Plan for Follow-up and Review

- Agree on a time-line.
- Check with one another to make sure the agreement is working.
- Renegotiate if necessary.

Activity 10.3—Conflict Case Study



Time Estimate

1 hour




Objective

- Apply a conflict resolution approach to a hypothetical case study.



Materials

- “Conflict Case Study” hand-out  p. 394
- Whiteboard or flip-chart
- Markers



Method

1. Ask the participants to form groups of three or four people.
2. When in their groups, give out the case study.
3. Ask participants to read through the case study and take 30 minutes to answer the questions at the end.
4. Ask the participants to document the answers to the questions.
5. Reconvene the group and ask for volunteers to answer the questions. Invite discussion and comment from the group as a whole, and note the main points of the discussion on a whiteboard or flip-chart.



Reflection Points

- Often conflict is the “tip of an iceberg.” There are many possible causes, including: miscommunication; misconceptions; lack of clarity in relation to roles and responsibilities; lack of understanding of people’s priorities, agendas and values; difficulty in moving from competition to collaboration; or failure to take time to discuss lines of communication and expectations.
- On many occasions not enough time is taken to discuss and agree on how to resolve the conflict. Conflict never just goes away—active steps are required to resolve it. Never try to resolve conflict when people are angry.



Suggestions for Facilitators

- Another way to conduct this session is to ask for a member of the group to offer an example of a conflict situation, and ask the group to discuss the underlying causes and possible steps that could be taken to help resolve it.
- Conflict is a sensitive topic. People may be reminded of personal situations. They may need time to reflect on and process the issues.

Conflict Case Study

A group of international nongovernmental organizations (INGOs) and local nongovernmental organizations (LNGOs) have formed a network to implement a number of YSRH projects and to advocate for a more youth-friendly policy environment in country X. The group formed the network in response to a donor request for a YSRH program consortium proposal. The network is made up of organisations with similar mission statements, strategies, and technical capacities. Before winning the bid, few of the INGOs and LNGOs had worked together, and most had been competitors.

A conflict has arisen. Peer educator training is being implemented jointly by two international organizations and two local partners. During implementation of a training, one of the international partners complained that the local partner had not fulfilled its part in organizing the training; logistics were not completed and a lot of last minute preparations were needed before the training could begin.

On the other hand, the other INGO is upset because invitations were sent out to participants and other stakeholders that did not clearly state all the partners' names. In addition, they have heard that the international partner has been meeting with local officials to discuss follow-up and support for the peer educators without inviting the other partners to join in the discussions. Tensions between the partners are obvious and threaten to affect the smooth implementation of project activities. One of the local partners is threatening to withdraw from the partnership.

You are the network coordinator and have been called in to help resolve the conflict. You are aware that tensions have existed within the partnership for some time and feel that things will only get worse if the situation is not resolved. However, one of the partners is reluctant to spend time resolving the issue and feels that everyone should try and forget it now.

- What are the possible consequences of not dealing with the conflict?
- What are the possible underlying causes of the conflict?
- What actions could you take to try to resolve the situation, in order that a win-win situation is reached, to enable people to continue working together to achieve the project goals?

