LINKED RESPONSE TO REPRODUCTIVE HEALTH AND HIV/AIDS

Experiences of ICOMP and Partners in Sub-Saharan Africa
for Gender Integrated and Youth Friendly Approach

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INTRODUCTION

A renewed emphasis on HIV prevention is critically needed. There were an estimated 2.5 million new infections in 2007 and about 33.2 million people were estimated to be living with HIV (PLHIV) by the end of the year (UNAIDS 2008). If not reversed, this trend of new infections will prove an untenable burden on HIV treatment efforts that are even now struggling to reach all those in need.

Although HIV/AIDS rates vary considerably throughout sub-Saharan Africa, the epidemic has had a devastating effect on most African youth who often lack access to reproductive health (RH) information and services. Moreover, young men are less likely than young women to seek health services, making it more difficult to reach them with information and other assistance. At the same time, cultural, social, and economic norms and pressures often put young African women at excess risk for HIV infection.

Although gender is increasingly used as an analytical framework in programme and policy development for youth in Africa, in most cases gender refers almost exclusively to the disadvantages that women and girls face. Given the extent of gender inequalities in sub-Saharan Africa, an almost exclusive focus on women and girls has been appropriate. However, a gender perspective and gender mainstreaming have too often ignored the men and boys.

Intensifying HIV prevention requires, among other things promoting safer behaviours and sexual norms, increasing knowledge of HIV serostatus, preventing sexually transmitted infections (STIs), preventing mother-to-child transmission of HIV, protecting young people and linking treatment access to HIV prevention.

FEMINIZATION OF HIV

A growing concern is the feminization of the AIDS epidemic with the increasing rate of HIV/AIDS prevalence amongst women. In 2007, half of the 30.8 million adults living with HIV/AIDS globally are women (UNAIDS and WHO, 2007). The most recent HIV data (Global Coalition of Women and AIDS, 2006) highlights an escalating epidemic amongst young women in sub-Saharan Africa:

- 76% of all HIV positive women live in sub-Saharan Africa, where women comprise 59% of adults living with HIV.
- 74% young people aged 15-24 years living with HIV in sub-Saharan Africa are women.

Women represent nearly half of all people living with HIV, including nearly 60% in Africa. About half of all new infections are under 25 years of age (including children through mother-to-child transmission). In parts of Africa and the Caribbean, young women (aged 15-24) are up to six times more likely to be HIV infected than young men.

Promoting gender equality and empowering women as well as involving men are necessary to achieve equitable social, economic and political development, and more critically for improving RH and HIV/AIDS status:

"Experience and research show that reproductive health (RH) and HIV/AIDS programmes are most effective when they take steps to improve the status of women (ICPD, 1994)."

The review by WHO (2003) finds that the effectiveness of HIV/AIDS programmes and polices is greatly enhanced when gender-specific concerns and needs of women and men are addressed, and gender inequalities are reduced. In view of the feminization of the epidemic, UNAIDS argues that HIV prevention for women and girls needs to be a global priority.

YOUNG PEOPLE, REPRODUCTIVE HEALTH AND HIV/AIDS

Young people are at the centre of the global AIDS epidemic. Of the 1.7 billion young people worldwide, 5.4 million are estimated to be living with HIV (UNAIDS 2007). About 40 per cent of new HIV infections are among young people. This age group also has the highest rates (over 500,000 infections daily) of sexually transmitted infections excluding HIV. Young people are particularly vulnerable to HIV infection due to social, cultural, and economic reasons.

The importance of preventing HIV infections among young people has been a consistent message in all HIV/AIDS related commitments to date, particularly ICPD+5, the Millennium Development Goals, the Declaration of Commitment made at the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS), and the General Assembly Political Declaration on HIV/AIDS in 2006 (see box below). HIV prevention among young people is also one of the 'Essential Programmatic Actions for HIV Prevention' in the UNAIDS Policy Position Paper Intensifying HIV prevention.

The Declaration of Commitment set specific targets for HIV prevention among youth. It calls on all Governments to ensure:

- HIV infection rates in persons 15 to 24 years of age should be reduced by 25 percent in the most-affected countries by 2005, and by 25 percent globally by 2010.
- By 2005, at least 90 percent, and by 2010 at least 95 percent of young men and women aged 15 to 24 years have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.

Six of 11 heavily affected African countries have reported a decline of 25 per cent or more in HIV prevalence among young people in capital cities (UNAIDS 2006). However, surveys indicate that fewer than 50 per cent of young people have achieved comprehensive knowledge levels about HIV prevention in 2005.

2006 UNAIDS Report on the Global AIDS Epidemic

ETHIOPIA

Ethiopia, with an estimated total population of 77 million, has the second largest population in Africa. Adolescent and young people between the ages of 10-24 are the largest group estimated to account 30 percent of the total population (National Strategy 2007-2015). Since young people comprise a significant proportion of the total population, the country is considered as a country of youthful population. With an annual population growth rate of 2.6%, the number of adolescents is more likely to increase further and the implication of this growth rate apparently is so huge on the overall development of the country in general and health service infrastructure in particular.

Young people in Ethiopia face many challenges resulting from lack of education, unemployment, and extreme poverty, which exacerbate and perpetuate the reproductive health problems that young people face in the country. Coupled with gender inequality and lack of information and access to services, these problems make young people even more vulnerable and at high risk of HIV infection. The vulnerability of girls and women to HIV and other reproductive health problems is very high because of various reasons such as gender inequality, unwanted pregnancy, and certain cultural norms including early marriage, and other harmful traditional practices.

Photo: ICOMP

UGANDA

Uganda is one of the countries in sub-Saharan Africa that has half of her population of 30 million as young people; it is now estimated that there are more than 120,000 young people in Mukono district alone. Uganda AIDS commission reports that HIV/AIDS is the leading cause of death among 15-49 year old Ugandans and the national HIV prevalence is 6.4% while that of Mukono District is at 28.2%. About 50% of new HIV infections occur among young people1 who continue to engage in risky sexual behaviours that fuel the spread of the pandemic. RH problems on the other hand account for about 20% of the total disease burden.

Uganda has one of the highest teenage pregnancy (34%) in the East African Region and the family planning demand stands only at 27%. The increasing population trends that put pressure on service delivery is attributed to the uncontrolled pregnancies particularly among young female Ugandans whose fertility rate lies at a staggering 7.1%. According to UNFPA, About 40% of pregnancies (750,000 pregnant women) in Uganda are unplanned and unsafe; and crude abortion are high among young people.

Photo: ICOMP

ZAMBIA

In Zambia 47% of the population are young people with less than 14 years and the life expectancy, according to statistics, does not exceed 37 years of life. These data reflect the seriousness of the scourge, which affects the country: AIDS, responsible of the very high mortality rates. It is estimated that HIV infects 20% of the population. Mainly the virus transmission is acquired through heterosexual intercourses with infected partners, but in 20% of cases the infection is transmitted from mother to child at the time of delivery. Different factors are contributing to AIDS spreading, such as: lack of information, extreme poverty that leads girls to prostitution and scarce and inadequate health facilities.

The health sector in Zambia is one of the sectors with enormous challenges such as malaria, HIV/AIDS pandemic which have a considerable impact on the families and the economy as a whole. Though noting that the government announced the reduction of HIV/AIDS prevalence from 15.6 percent to 14.3 percent in adult population aged 15-49 years but, HIV prevalence increased with age from 5 percent among the aged 15-19 years to 24 percent in the 35-39 age groups1. This has had some impact on the life expectancy at birth in Zambia which has fallen to about 40 years, mainly because of the prevalence of HIV/AIDS.

Photo: Chilanga Youth Awake

FACTORS AFFECTING YOUNG PEOPLE'S REPRODUCTIVE HEALTH

Young people face unique challenges that expose them to making poor choices regarding their reproductive health. Poor parental guidance, homelessness, drugs, alcohol and substance abuse, limited survival options and unemployment, inadequate accurate RH/HIV/AIDS information, poor coping and life skills, poverty, inadequate RH and HIV/AIDS services, and high levels of stress which are a precursor for risk sexual behaviour resulting in early sexual involvement, STI infections and other reproductive issues including HIV /AIDS are some of the factors that put young people at risk.

Peer pressure is the other important issue identified as the major factor resulting in risky reproductive heath related behaviour among youth and adolescents. This is particularly so in the context of the growing social acceptance of premarital sex, which influences decisions of adolescents and other young people related to reproductive health. The influence of peer pressure is also very high in the situation where the traditional parental control over premarital sexual behaviour of young people and role of family members is declining.

Adolescent girls face significant barriers in using contraceptives. This is largely due to gender power disparities that results in an inability of adolescent and young girls to negotiate with partners. Girls between 15-19 years age are seven times more likely to be HIV positive than boys of the same age group. Women 20-24 years old are four times more likely to be infected than men the same age. In addition to biological factors, young women are at increased risk of HIV transmission as they have earlier sexual experience than their male peers and marry husbands older than them. In a male dominated society, traditionally women and girls are expected to be submissive to men thus increasing the risk of being sexually assaulted, infected with HIV/STIs and having unwanted pregnancies.

Cultural norms and practices make women and girls to be marginalized, and not only vulnerable in different ways to

sexual and reproductive health problems, but the disparity also limits their access to sexual and reproductive health services. The subordination makes women financially, materially, and socially dependent on men and also to have limited power to negotiate relations including use of condoms during sex.

Parents do not discuss sexuality issues with their children because they often consider the issue as a taboo and are also embarrassed by the subject. Consequently, young people tend to value the opinions of their friends and peers more highly.

Poverty and economic constraint is also the other major factor that influences the behaviour of young people in most cases. Participants expressed that young girls enter into sexual relationships with older, wealthy men often referred as sugar daddies because of compelling reasons to earn money to cover their school related expenses and material needs.

Inadequate access to friendly heath services is also another barrier for young people and adolescents. Lack of adequate knowledge of contraceptives coupled with limited access to friendly heath services, is one of the reasons preventing adolescents and young people from using contraceptives even when they want to protect themselves from pregnancy. Among the barriers that limiting the access to reproductive health and HIV/AIDS services are inconvenient hours of operation of health facilities, lack of transportation and high cost of services and also feelings of discomfort with real or perceived conditions of health facilities and attitudes of providers.

Young people have the right to information, safe health services and the right to access these services. They have the right to make informed choices, the right to privacy and confidentiality, to dignity and comfort, and to be able to express their opinions in an atmosphere that is welcoming, non-prejudicial and one that promotes sexual responsibility.

Significant social changes have now made it increasingly clear that a new level of health services and facilities needs to be introduced, i.e. youth-friendly services. This is aimed

to encourage young people to seek preventive and curative health care, and to have informed choice to decide freely and responsibly on issues relating to their overall health, but more especially their sexual and reproductive health (SRH). Youth-focused sexual health, education, and social services that provide young people with information on the importance of seeking guidance and services for their health needs have now become crucial.

Admittedly, addressing the needs of young people goes well beyond the provision of comprehensive health care. However, health care that is tailored towards an engendered linked response to other key services, and aimed at attracting young people, can play a crucial role in promoting healthy sexual reproductive health habits that will help young people attain healthy adulthood.

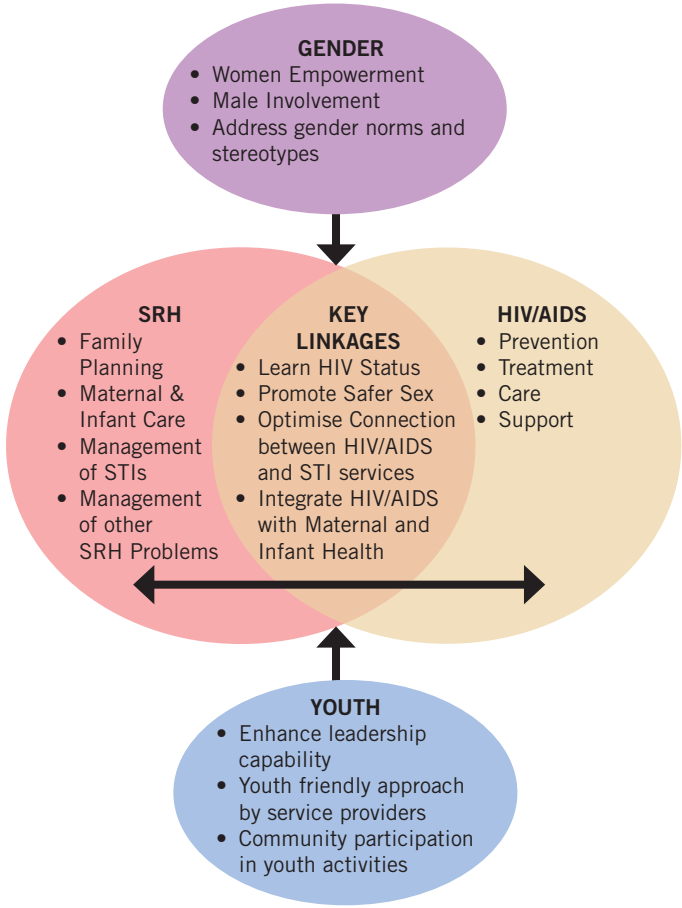
Youth-friendly services are intended to promote easy access to SRH information and promotion of health education and skills development (for safe sexual behaviour). There is also a growing need to support engendered linked health services for, VCT for HIV, promotion of condom use for dual protection, prevention and treatment of pregnancy, PMTCT, STIs, RH for HIV and other male and female RH sexual disorders. This engendered linked response will foster a strong supportive structure that will protect young people in their quest for knowledge, skills and good sexual health.

Photo: ICOMP

GENDER INTEGRATED AND YOUTH FRIENDLY LINKED RESPONSE FRAMEWORK

In 2005, WHO, UNFPA, UNAIDS and IPPF published a framework for priority linkages proposing a set of key policy and programme actions to strengthen linkages between SRH and HIV/AIDS programmes. These linkages work in both directions, by linking HIV/AIDS into on-going SRH programmes, or conversely linking SRH into on-going HIV/AIDS programmes.

Due to feminization of HIV and the urgency for HIV prevention among young people, ICOMP has adopted the Framework for Priority Linkages by incorporating the gender and youth components to address gender issues in HIV prevention as well as the RH needs of young people and its linkages to HIV prevention.



DELIVERING YOUTH FRIENDLY LINKED RESPONSE SERVICES: Some Important Consideration

What are youth friendly services? Services are youth friendly if they have policies and attributes that attract youth to the facility, provide a conducive setting to serve young people, and are able to encourage young clients to return for follow-up and repeat visits.

A. FACILITY CHARACTERISTICS

1. Location

For a health facility to attract a young clientele, its location is a determining factor. If the location is not anywhere close to where young people congregate, an easy and affordable public transport system that services the area is an important consideration. In addition, directions to the facility need to be clear and understandable.

2. Hours

Traditionally, health services are offered at a fixed time for all who need attention. However, to reach out to young people, there is a need for health service facilities to have designated days and hours for young people. Youth friendly services should have hours that are arranged according to those times that are most suitable for young people, such as weekend services or after school (or work) hours.

3. Fees

Making services affordable for young people is a crucial consideration to make health facilities more youth-friendly. Where possible, youth friendly health facilities need to consider offering some services free of charge, or at a much reduced fee.

B. SERVICE CHARACTERISTICS

There is an urgent need for health education, counseling services, prevention, treatment and follow up care that is specifically geared towards the needs of young people. This relates especially to decision making about sex, gender issues,

sexual abuse and exploitation, sexual and contraceptive negotiation, contraceptive methods, and pregnancy options.

It needs also to be remembered that provision of RH services to young people must be within the relevant country's legal framework. When laws are not clear as to what services can be provided, to whom and under what circumstances, service facilities need to have a clear framework about particular actions, such as providing contraceptives to young, unmarried clients.

1. Trained Staff and Relevant Services

An important criteria for establishing youth-friendly services is the availability of staff who are trained, and have the sensitivity and skills to interact with young people. It is important to note that service providers are products of their cultures, and deeply ingrained attitudes and beliefs can translate into disapproval and/or hostility towards young people seeking sexual reproductive health services. Among the required skills is an understanding and familiarity with adolescent physiology and development, supportive attitudes and interests, and a willingness to be trained in adolescent-related issues.

2. Privacy & Confidentiality

Privacy and confidentiality also ranks high in delivering youth-friendly services. It is important and quite necessary that the confidentiality of services is promptly and clearly highlighted to young people at the initiation of the service. A common fear, particularly among young women, is that their mothers will be informed why they have come to the clinic. Young peoples' concern that parents, neighbours, or some member of the community might see them and find out about their visit to the health facility is very real. The need to maintain privacy and confidentiality, and respect for the individual cannot be more emphasized.

C. SERVICE PROVIDER CHARACTERISTICS

The importance of having trained staff with the skills to interact with young people has already been established.

Characteristics of a good service provider in a youth-friendly facility would include the following:

They must have the ability to counsel young people on a range of topics without displaying any form of discomfort in discussing issues related to RH and sexuality. The information is tailored to suit the needs of young people, taking into consideration age, gender, sexual behaviour, marital status, sexual orientation. Benefits, risks, contraindications, side effects and consequences of other treatments (particularly those treatments offered by the service facility) are clearly explained, in language that is easily understood by young clients.

Young people are learning new information about their emerging sexuality and development. Often, their only source of information is their peers. Young people tend to remain poorly informed or even misinformed about matters surrounding sex and sexuality. In this context, young women seem to suffer greatly from lack of information and knowledge given the inconsistency in their exposure to education. Young men too are often misinformed.

A good service provider therefore, encourages young people to ask questions, to ascertain if they have understood the information. Appropriate responses from the service provider can also enhance the client-provider relationship. The ability to ask open-ended questions and the ability to paraphrase are crucial skills to develop.

With regard to 'linked response', service providers need to know the rights of young people to access linked services, the importance of gender issues, and the ability to put training and information into practice. Service providers need to build on their ability to provide either consultation or counseling, or both, for linked services. It is important for service providers to understand the differences in requirements for females and males, and to pay close attention to gender considerations.

In a youth friendly facility, service providers keep updated on RH issues affecting young people, particularly in relation to the services being offered at their facility. They are confident in their knowledge and are able to effectively inform, counsel and treat young women and men on issues such as:

- The use of condoms, highlighting the dual protection aspects;

- Provision of information and counseling on differing contraceptive methods, and what does and does not offer protection against HIV and other STIs; emergency contraception; alternative contraceptive methods;
- The health and social implications of unplanned pregnancies
- Information and treatment for terminating pregnancies (if legal)
- Prompt treatment of abortion complications, regardless of the marital status of the young woman
- Information on transmission of STIs; counseling on prevention and re-infection
- Prevention of mother to child transmission (PMTCT)

Service providers in a youth friendly facility help young people make informed choices by providing them with counseling and complete information, including the advantages and disadvantages, of treatments and procedures.

In youth friendly services, client and provider interaction is allotted an appropriate amount of time, given the fact that young people need more time to open up and reveal personal concerns. Young people require strong reassurances and active encouragement to allay their fears and to speak freely.

In short, young people need to be reassured that they are important, their health needs are important and whatever they have to say is important.

Encouraging young people to avail themselves of services, counseling and treatment, and ensuring they come back for follow-up services, rests on the ability and inter-personal skills of service providers.

Communicating needs and concerns without fear of being misunderstood is sometimes accomplished when service providers are closer in age to, and/or of the same sex as the young client. Although young people acknowledge that service providers and medical professionals have the technical knowledge, evidence shows that many young people prefer talking with their peers about certain sensitive

issues. It may be prudent therefore to have trained peer counselors available if required.

To promote 'youth-friendliness', the health facility needs to have in place, appropriate protocols (standard operating procedures) that will ensure any young person who enters the health facility, regardless of age, gender, marital status, or sexual orientation, will receive the same standard of treatment that rests on friendliness, and respect for the rights and dignity of the individual. Protocols and guidelines are especially important to address gender integrated youth RH issues.

In addition to protocols and guidelines, youth-friendly service facilities need to have efficient and effective referral mechanisms that ensure prompt attention is provided for services not offered by the facility, especially for young people at risk (high risk).

Other considerations for youth-friendly services include the availability of updated educational materials on SRH, STIs (including HIV, etc.) for on-site reading and taking away. Given young peoples' reluctance to speak openly about personal issues, good IEC (information, education and communication) materials are one of the best methods to provide knowledge, educate and encourage young people to seek counseling and/or treatment.

For facilities to develop youth-friendly characteristics, it is recommended that young people are involved in the design, implementation and evaluation of services. Evidence also shows that young people feel more comfortable interacting with people closer to their own age. A cadre of well-trained peer counselors to address the concerns of young people is a positive investment for youth friendly services.

FACILITIES ASSESSMENT FOR YOUTH FRIENDLY LINKED RESPONSE

ICOMP in-collaboration with partner NGOs in Ethiopia, Uganda and Zambia has conducted an assessment of youth friendly linked response services. The assessment was carried-out in seven health facilities in Ethiopia (4 government and 3 NGOs), four in Uganda (1 government and 3 NGOs) and four government health centre in Zambia.

The objectives of the assessment were to:

- To provide baseline information on the extent to which specific linked response to reproductive health and HIV/AIDS services are offered;
- To identify gaps in support services, resources, or the processes used in providing client services that may impact the ability of facilities to provide quality linked response services to young people.

Data Collection Instruments and Method

The assessment consists of three sections. Section I was used to obtained information on facility characteristics, service characteristics and privacy and confidentiality. Section II was used to access providers' characteristics and Section III was used to access the operational characteristics.

The summary results are as follows:

Facility Characteristics	Good %	Average %	Poor %	NA (n)
Located close to where young people gather	80	7	13	
Public transport is available	87	7	7	
Facility is easy to find	93	7	0	
Facility welcomes drop-in clients	93	0	7	
Signage are subdued and inconspicuous	53	7	13	4
Separate room for young people	13	7	87	
Designated days for young people	13	27	60	
Designated hours for young people	13	27	60	
Services are offered during weekends or after school/working hours	20	20	60	
Waiting time is less than an hour	53	20	27	
Fees are affordable for young people	60	7	33	

Providers' Characteristics	Good %	Average %	Poor %	NA (n)
Skills to handle youth friendly health services	60	33	7	
Know and put into practice, the rights of young people	47	40	7	1
Services are offered in a respectful manner	93	7	0	
Procedures are conducted with the young person's diginity, modesty and comfort in mind	80	13	7	
Young people are encouraged to express their concerns	73	7	13	1
Have the authority to refer cases to other external facilities	67	7	27	

Operational Characteristics	Good %	Average %	Poor %	NA (n)
Protocols in place to welcome with respect and dignity	80	0	13	1
Protocols in place to address linked services	73	0	20	1
Protocols/guidelines *available* to address gender integrated youth RH issues	40	13	33	2
Protocols regularly updated to address gender integrated youth RH issues	33	20	33	2
Internal referral mechanisms are available	73	13	7	1
External linkages are available	47	27	20	1
Educational materials are available	53	20	20	1
Young people are involved in the design, implementation and evaluation of services	40	13	40	1
Drugs and contraceptives are always in-stock	87	7	0	1
Follow-up visits are scheduled around convenient times	13	13	67	1
Good follow-up system	40	27	27	1
Well trained peer counselors are available	33	20	33	2

GENDER INTEGRATED AND YOUTH FRIENDLY LINKED RESPONSE INTERVENTIONS

ICOMP implemented a project on Strengthening Capacity of Youth Organisation for Gender Integrated and Youth Friendly Linked Response to Reproductive Health and HIV/AIDS in Sub-Saharan Africa. The goal of the project was to strengthen the capacity of 20 youth organisations and 15 government/NGO referral service facilities utilized by them for implementing an integrated package of interventions for gender-integrated and youth-friendly linked response to RH and HIV/AIDS. The project is supported by the Population and Reproductive Health Capacity Building Programme of the World Bank.

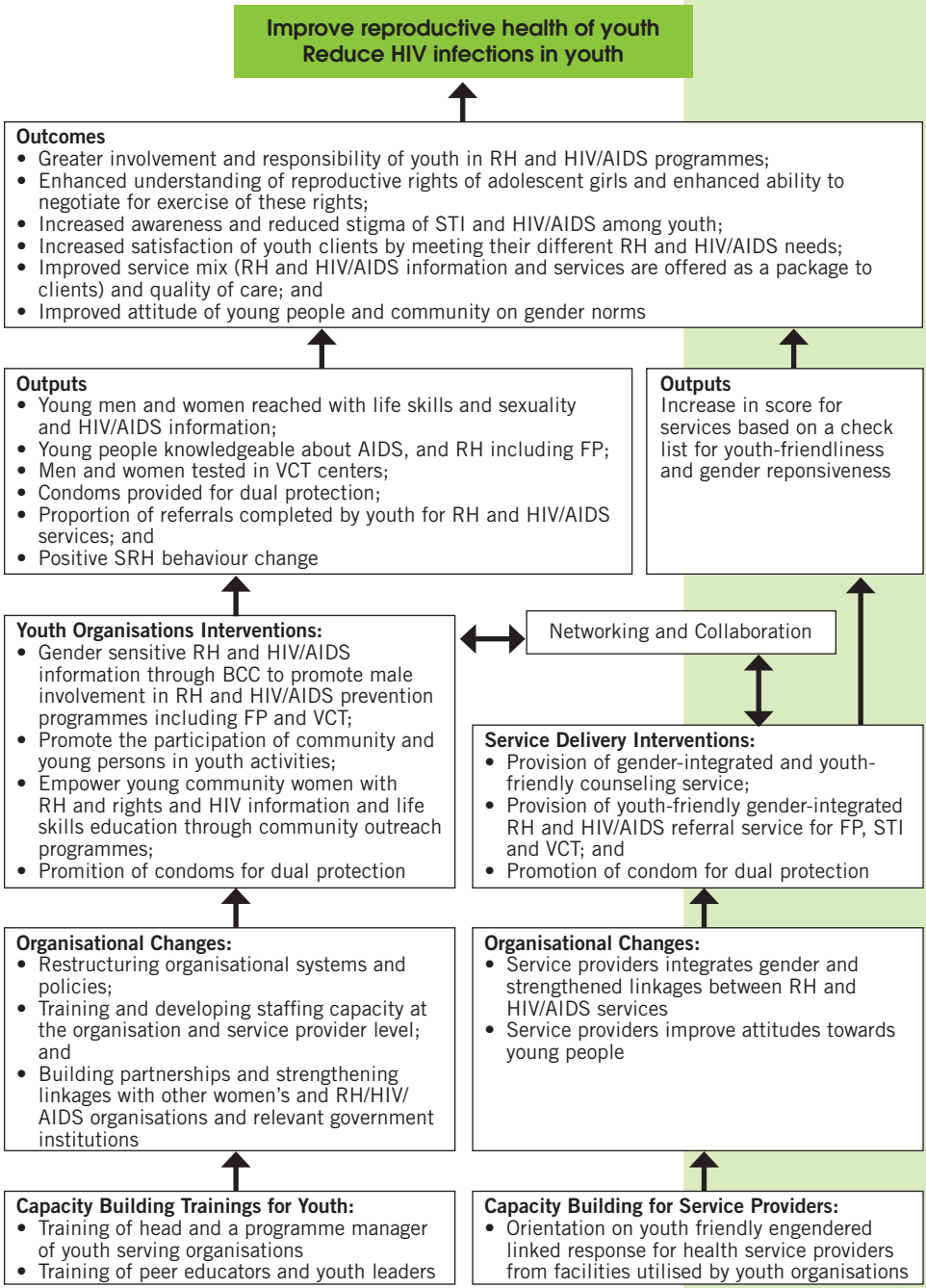
The specific objectives of the project were to:

a. Strengthen capacity of youth NGOs and government/ NGO referral service facilities for implementing an integrated package of interventions for gender-integrated and youth-friendly linked response t; and
b. Build their network by enhanced conviction, commitment and capacity for expanding gender-integrated and youth-friendly linked response for youth.

Seven types of youth friendly and gender-integrated and youth-friendly linked response interventions were identified for implementation by the partner NGOs.

1. Gender sensitive RH and HIV/AIDS information through BCC to promote male involvement in RH and HIV/AIDS prevention programmes;
2. Condom promotion for dual protection;
3. Empower adolescent girls with RH and rights and HIV information and life skills education through community outreach programmes;
4. Provision of gender-integrated and youth-friendly counseling service;
5. Promote community involvement and participation in youth activities;
6. Effective referral for FP, STI and VCT; and
7. Advocacy and networking for youth-friendly engendered linked response.

SYSTEM DIAGRAM FOR GENDER INTEGRATED AND YOUTH FRIENDLY LINKED RESPONSE



LIST OF YOUTH ORGANISATIONS AND HEALTH FACILITIES

Ethiopia

Youth Organisations
- Addis Fana Be-Ethiopia
- Andinet RH Association
- Areaya Le Ethiopia
- Eshet Children and Youth Unity Association (ECYUA)
- Negem Lela Ken New / Association of Women Living with HIV/AIDS (NLK)
- Talent Youth Association (TaYA)
- Tsinat Youth Centre Ethiopia (TYCE)

Health Facilities
- African Service Committee-Ethiopia
- Arada Health Centre
- Family Guidance Association of Ethiopia
- Gulale Health Centre
- Kasanchis Health Centre
- Yeka Health Centre

Uganda

Youth Organisations
- Juvenile Welfare Service (JWS)
- Mukono Aids Control And Recovery Organisation (MACRO-Uganda)
- Mukono Multi Purpose Youth Organisation (MUMYO)
- Mukono Young Positives (MYP)
- Pat the Child
- Uganda Youth Development Link (UYDEL)
- Youth League for Socio-Economic Renovation (YOLSER)

Health Facilities
- Kyetume CBHC
- Mukono HC IV (Private)
- Mukono HV IV (Town Council)
- Nagojje HC III
- Noah's Ark Children's Ministry Uganda
- St Francis Naggalama Hospital

Zambia

Youth Organisations
- Chilanga Youth Awake (CYA)
- Christ World Volunteers (CWV)
- Kafue Community Stop HIV/AIDS Initiative (Kacoshai)
- Kafue Youth Care and Community Prevention Programme (KYCCP)
- Kafue Youth with a Destiny (KYD)
- Pride Community Health Club

Health Facilities
- Chilanga clinic
- Estate clinic
- Ngongwe clinic
- Railway clinic
- Zambian Helpers Society

STRATEGIES FOR GENDER INTEGRATED AND YOUTH FRIENDLY LINKED RESPONSE INTERVENTIONS

Intervention 1:
Gender sensitive RH and HIV/AIDS Information through BCC to Promote Male Involvement in RH and HIV/AIDS Prevention Programmes including FP and VCT;

The youth organisations continue to provide RH and HIV/AIDS information to young people. The strategies used in delivering the messages were as follows:

- RH and HIV/AIDS messages are combined in all BCC activities such as drama and music shows, as well as in IEC materials printed by the youth organisations;
- Gender elements are integrated into all messages focusing on girls reproductive rights and male involvement in HIV prevention;
- Strengthening the capacity of peer educators, drama and music members and other volunteers on gender integrated and youth friendly linked response approach;
- Use education-entertainment with combined messages to reach to young people and provide referral linkage to counseling, RH and HIV/AIDS services during outreach programmes.

Photo: ICOMP

Intervention 2:
Condom promotion for dual protection

Condom is they only barrier method which is used for pregnancy prevention and HIV/STIs prevention. Condom prevalence, however, among young people remains low although young people are aware of its benefit. This may be due to several reasons such as the distribution points for condoms are not conducive for young people, the high price of condoms available at retail outlets, and stigma attached to condom.

The strategies used to promote and distribute condoms were as follows:

- Condoms were provided to young people with higher risk of sexual behaviour together with behaviour change messages such as abstinence and be faithful;
- Condoms were distributed at youth friendly centres to cater for the needs of young people who often fear to get condoms health facilities;
- Condoms were also distributed at places where young people congregate; and
- In communities where stigma attached to condom use is strong, the condoms were distributed in a closed environment such as youth-friendly counseling centers.

Although the youth NGOs reported that the demand for condoms has increased and they have been distributing a large quantity of condoms, it is, however, difficult to assess the impact of this intervention for the prevention of unwanted pregnancy and prevention of sexually transmitted diseases and HIV, as the youth NGOs do not have detailed information or profile of the users and close monitoring or follow-up assessment was not conducted with condom users.

Photo: ICOMP

Intervention 3:
Empower adolescent girls with RH and rights and HIV information and life skills education through community outreach programmes

Most societies in the sub-Saharan Africa region are male dominated and women and girls, to some extent, are required to be submissive to their male counterparts. The situation has implication to the reproductive health of women and girls as it deprived women from accessing healthcare services, prevents them from exercising their reproductive rights; and make them vulnerable to gender-based violence.

The youth NGOs used the following strategies to empower adolescent girls with reproductive health and rights as well as HIV prevention information:

- Organised workshops to enhance the knowledge of young girls on reproductive rights as well as enhance their self esteem; and
- Strengthened peer education programmes to provide information on girls reproductive rights to young girls and at the same time encourage young boys to respect girls' reproductive rights.

Photo: ICOMP

Intervention 4:
Provision of gender-integrated and youth-friendly counseling service

Voluntary counseling and testing is one of the entry points for young people to reproductive health and HIV/AIDS services. However, the voluntary counseling and testing uptake by young people remains low. The strategies used

by youth NGOs to increase the accessibility and utilization of voluntary counseling and testing were as follows:

- Formal collaboration was established by youth NGOs with health facilities to strengthen the voluntary counseling and testing services;
- Some youth NGOs have the capacity to provide counseling and testing at youth friendly centres. However, in the case where youth NGO does not have the capacity to provide such services, the youth NGO will collaborates with health providers to provide voluntary counseling and testing at youth centres;
- Pre-test counseling was provided at youth centres and clients were referred to health facilities for voluntary counseling and testing services;
- Post-test clubs were established by youth NGOs to provide psycho-social support to young people and encourage other young people to come forward for voluntary counseling and testing;
- Provide referral linkages to voluntary counseling and testing in all activities such as peer education, counseling and edutainment activities.

Intervention 5:
Promote community involvement and participation in youth activities

The involvement and participation of community members is vital to ensure the effective implementation of youth activities in the community. The youth NGOs continues to involve the community members, especially community leaders, religious leaders, and parents in their activities. The strategies used by youth NGOs to increase the involvement and participation of community members include:

Photo: ICOMP

- Sensitized community members on gender, young people reproductive health and rights, HIV prevention issues through various behaviour change communication activities such as community outreach programmes and edutainment activities.
- Sensitize community leaders on issues affecting young people that are considered sensitive by the community members such as condom use, family planning and pregnancy related issues, gender roles, etc.
- Recruit and train parents' peer educators to sensitize other parents/adults on issues affecting young people;

Intervention 6:
Effective referral for FP, STI and VCT

Referral is the key component to improve reproductive health condition of young people and prevent HIV transmission among them. Referral linkages becomes important as almost all youth do not provide family planning clinical services, STI diagnosis and treatment and HIV clinical counseling and testing. The youth used the following strategies to strengthen its referral system with the health service providers in providing such services:

- Establish formal referral linkages with government and NGO service providers;
- Provide an orientation session to service providers to sensitise them on the youth friendly engendered linked response services; and
- Conduct periodical meetings and follow-up with the referral facilities to ensure the completion of referral linkages.

Intervention 7:
Advocacy and networking for youth-friendly engendered linked response

The youth NGOs consistently advocate other stakeholders in building a stronger foundation for youth friendly engendered linked response. The advocacy was for accelerating diffusion of and creating a momentum for engendered to create sustained impact on RH and HIV/AIDS. A series of meetings were held to update the district health officers, donor representatives and health service providers on the progress of the gender integrated and youth friendly linked response interventions.

PROMISING RESULTS

The results from youth friendly engendered linked response interventions implemented by youth NGOs are as follows:

1. Young men and women reached with life skills, sexuality education and HIV prevention information

In the past ten months, the youth NGOs have conducted a number of sensitization activities through peer education, panel discussions, workshops, edutainment as well as developed and distributed IEC materials to young people and community members at-large. Such activities have been able to reach to a large number of young people with gender, reproductive health and rights and HIV prevention messages. Such information has helped young people to understand the issue, which will help to reduce stigma associated with HIV, improve their sexual behaviour, change their perceptions on gender norms and increase their self esteem.

2. Young people knowledgeable about AIDS and RH including FP

The youth NGOs organised training programmes for their peer educators and volunteers to improve the delivery of messages to young people. As a result, the quality of peer education and sensitization activities conducted by the youth NGOs have been improved which have contributed to increase the knowledge of young people on issues affecting them. Post activities assessments and observations made by youth NGOs show the level of knowledge among young people has increased. In addition, the improved knowledge has also increased the demand and utilization of youth friendly engendered linked response services.

3. Men and women tested in VCT centers

The youth friendly engendered linked response interventions has increase the opportunity for young boys and girls to be counseled and tested for HIV. Effective referral linkages between the youth NGOs and health facilities have helped to improve the accessibility to such services, which in the past young people are reluctant to be tested due to fear and stigma. A changed in attitude among health providers

towards young people is also one of the contributing factors that has increased the number of young people accessing HIV counseling and testing.

4. Condoms provided for dual protection

Although youth NGOs continues to promote abstinence and be faithful among young people, condom is also promoted for dual protection. The youth NGOs has improve condoms distribution points by making it available through youth centres, selected places where young people congregate and during outreach programmes. The supply of condoms was obtained through collaboration with district health office, health facilities or private donors. Condoms were distributed together with safe sexual behaviour and HIV prevention information.

5. Proportion of referrals completed by youth for RH and HIV/AIDS services

Each youth NGO has established formal collaboration with the health facility utilized to provide RH and HIV/AIDS services through referral linkages. Such collaboration has enabled the youth NGO to follow-up on the case referred to the health facility. If the clients failed to complete the referral, they will be assisted to ensure that required services are provided to the clients. Some peer counselors accompanied the youth clients referred to the health facilities to ensure the completion of the referral by young people.

6. Positive SRH behaviour change

Youth NGOs reported that there is a positive behaviour change among young people sensitized with gender, RH and HIV prevention information. Young people sensitized with the information is likely to abstain themselves from high risk sexual behaviour thus minimizing the risk of HIV infection and other reproductive health problems. Youth friendly approach practiced by health providers also has encouraged young people to utilized the services provided by the health facilities.

THE WAY FORWARD

1. Strengthen institutional capacity to provide youth friendly and gender integrated linked response to RH and HIV/AIDS

Linking gender, RH and HIV/AIDS programmes and services and making it friendly to young people can address missed opportunities in HIV prevention and care as well as improving RH status of young people. To strengthen the linkages, it is necessary to strengthen their institutional capacity – that is to develop appropriate policies, improve programmes and service delivery and strengthen the capacity of youth programme managers and leaders.

a. Development of appropriate policies to promote youth friendly engendered linked response to RH and HIV/AIDS. Appropriate policies and strategies that promote closer collaboration between RH and HIV/AIDS with gender component should be in place. Successful youth friendly engendered linked response can only be achieved when supported by political commitment to genuine institutional collaboration rather than through attempts to simply expand and link vertical programmes. In addition, youth friendly engendered linked response should be institutionalised in all policies related to young people, gender, RH and HIV/AIDS. Such strategies would provide necessary support to provide comprehensive RH and HIV/AIDS services to young people, drive better resource allocation and strengthen health delivery systems.

b. Improve programmes and service delivery to provide youth friendly engendered linked response to RH and HIV/AIDS. In order to provide a comprehensive and good quality youth friendly engendered linked response to RH and HIV/AIDS services, they need to strengthen their skills and competencies to provide such services to young people. Evidence from literature reviews and observations poor RH and HIV/AIDS services was one of the factors affecting access and utilization of services by young people. Unfriendly service providers who are not sensitized on RH rights of young people, approaches to youth friendly service provision and gender issues were

some of the challenges identified. Thus it is necessary to enhance the capacity of service providers through training workshops or experience sharing to equip them with appropriate knowledge and skills in providing youth friendly engendered linked response services.

c. Strengthen the capacity of youth programme managers and leaders. The management and leadership capacity of youth serving organisations needs to be strengthened to ensure effective and efficient programmes management by the organisation. Their capacity can be strengthen through training workshops and experience sharing sessions that focus on appropriate management systems and practices that support sustainable planning and implementation of youth friendly engendered linked response to RH and HIV/AIDS programmes. Through these trainings, the managers and leaders shall be assisted to learn how to use improved management information system tools to be able to collect gender disaggregated data on HIV/AIDS and RH indicators in service delivery that is important for planning and reporting.

2. Document lessons learned to provide evidence based advocacy and demonstrate the positive results.

A deficiency in implementing youth friendly engendered linked response to RH and HIV/AIDS services is the failure to acknowledge the inter-relation between RH and HIV prevention coupled with limited resources for youth friendly healthcare services. Efforts should be made for high-level advocacy to provide the evidence which youth friendly linked response to RH and HIV/AIDS can improve RH status of young people and prevent HIV infection among young people. Investment should also be made to demonstrate youth friendly engendered linked response to RH and HIV/AIDS interventions. Small scale demonstration at different levels, with good documentation and analysis, should be undertaken to lead the way for up scaling successful interventions and adaptation in new areas, as well as for policy dialogue and advocacy.

3. Strengthen collaboration and networking with important stakeholders

Coordinated planning and networking that will institutionalise the youth friendly engendered linked response to RH and HIV/AIDS is also needed. Successful institutionalization and implementation of the interventions can be achieved through institutional collaboration by bringing together all important stakeholders dealing with issues related to gender, RH, HIV/AIDS and youth. This will also result in cost sharing, capitalising on existing infrastructures and resources and reaching wider audiences while becoming responsive both to clients' needs and to public health.

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PROFILE OF YOUTH ORGANISATIONS

ETHIOPIA

Addis Fana Be-Ethiopia was established in 1999 to improve the sexual and reproductive health and HIV/AIDS situation of young people. AFET provided SRH information and services to young people. It also organise panel discussions, coffee ceremony, and produce and disseminate IEC materials. The organisations works with community leaders and government officials to encourage their participation in youth SRH programmes.

Andinet RH Association is a youth volunteer association that promotes young people sexual and reproductive health. ANDENET was established in 2001 in collaboration of Hiwot Ethiopia. Its vision is to see healthy and productive youth in Ethiopia and the vision is to promote SRH through information, social service and advocacy campaign.

Areaya Le Ethiopia was registered as a youth NGO in 2003. Areaya is working in the prevention and control of HIV/AIDS and elevating the SRH problems of young people.

ESHET Children and youth Unity Association of Ethiopia was established in 1995. ESHET works for the betterment of youth reproductive health by advocating for improved sexual behaviour among children and youth. ESHET has five anti-Aids and RH clubs in six kebeles around Yeka and Bole sub city in Addis Ababa.

Negem Lela Ken New Association of Women Living with HIV/AIDS was established in 2006 by a group of women living with HIV. NLK's vision is to see HIV/AIDS free society in Ethiopia by reducing the socio-economic problems of women. Their mission is to intervene in an endeavour to check the spread of HIV/AIDS through the meaningful involvement of women at the grass root level.

Talent Youth Association (established in 2002) is a youth-led organisation working for the empowerment of youth and their full and active participation in the countries development process. Its vision is to see a country where its young people are healthy, productive and self-reliant. TAYA's mission is to promote, initiate and advocate for the improvement of adolescent reproductive health condition and combating the spread of HIV/AIDS through participation, partnership and networking in rural and urban areas of Ethiopia.

Tsinat Youth Centre Ethiopia was established in 2003. TYCE is working on issues pertaining to young people's reproductive health and HIV/AIDS prevention and control. TYCE envisions a society in which children and young people enjoy life free from ill-health, violence and discrimination. TYCE works in selected sub-cities of Addis Ababa for the promotion and protection of the right of children and young people through community based BCC and advocacy interventions.

UGANDA

Juveniles Welfare Services was registered in 1983 (previously known as Christian Faith Centre). Most of the programmes are child/youth focused and the Organisation has schools and children's homes in Kiboga, Rakai and Mukono districts.

Mukono AIDS Recovery Organisation was established in 2001 as a community based organisation. In 2006 MACRO was registered as a non government organisation. The aim is to control the spread and the effects of HIV/AIDS through effective community education and the development of projects. MACRO operates in rural areas where poverty is at its most viscous. MACRO, through its extensive network of representatives in the village implements income-generating projects, provides basic health care and life skills education to young people and community members at-large.

Mukono Multi-Purpose Youth Organisation is an NGO dedicated to promote the rights and well being of the young men and women, especially in the rural areas. It was founded, in 1992, by a group of seven volunteers who found it necessary to form an organisation that would unite the youth and promote the exchange of views, information and experiences for social and economic development.

Mukono Young Positive was established in 2007. Its main goal is to advocate for better services (treatment and care) for young people living with HIV/AIDS. Among the activities implemented by MYP include sensitization, peer counselling and referral.

Pat the Child is a relief and Development organisation established in 1995 to address the plight of people living in difficult circumstances i.e. People living with HIV/AIDS, orphans, the rural poor, people living in urban slum areas, school drop outs and marginalized youth and women regardless of their faith, race or political affiliation.

Uganda Youth Development Link was established in 1993, targeting vulnerable young people (10-24 years) living on the streets and slums, including commercial sex workers (CSWs), drug users, and teenage mothers. The vision of UYDEL is a world free from marginalization and exploitation of hard to reach vulnerable young people. It strives to empower disadvantage and marginalized street and slum youth with social cognitive life skills that will enable them become useful citizens of Uganda.

Youth League for Social and Economic Renovation was founded in 2006. Working with volunteers from Europe, North America and Australasia, their vision is to address a broad range of issues and problems faced by the vulnerable groups of Uganda (youth, women and the elderly).

ZAMBIA

Chilanga Youth Awake is a youth network that works to eliminate all obstacles that hinder youth development, growth and existence by stimulating cooperation among youths, NGOs, and individuals going beyond class, ideology, religion and ethnic background. By eliminating such obstacles, CYA shall endeavour to empower Zambian youths and communities to acquire good sexual behaviour, civic right knowledge and both social and life skills.

Christ World Volunteers Pentecostal Mission of Zambia was formed in 1995 for the purpose of fellowship and carrying out community development projects in areas of capacity building for youths and widows. It also focused on HIV prevention issue.

Kafue Youth with a Destiny was formed in 2002 by a group of young people from different Churches/Communities of Kafue District who realised that lot of youths were dying from HIV/AIDS. KYD mission is to have a community of youths with informed choices on issues related to RH and HIV/AIDS by 2015 and its vision is to provide support and care to youths in the community on matters pertaining to RH and HIV/AIDS.

Independent Churches of Zambia is a faith-based organisation with a vision to lift every Church and Ministry to acceptable standards. It strives to bridge the gap between the upcoming church and ministries with the already well-established ones, so that there should be no division in the body of Christ but recognised that the church has a role to play in community development.

Kafue Community Stop HIV/AIDS Initiative is a community organisation working to achieve a society free of HIV/AIDS, STIs and TB related diseases and to fight against stigma and discrimination.

Kafue Youth Care and Community Prevention Programme was registered in 2003. It was formed by local community members of Kafue to educate its members on health issues such as HIV/AIDS, malaria and STIs.

Pride Community Health Club was established in 2003 by a group of people living with HIV in Kafue. The aim is to mitigate the impact of TB and HIV/AIDS, improve the quality of life for and of its members through establishment of income generating activities.

International Council on Management of Population Programmes (ICOMP)

The International Council on Management of Population Programmes (ICOMP) is committed in the management of high-quality sustainable reproductive health programmes. Since its establishment in 1973, ICOMP has charted a unique path towards strengthening programme capacity and effectiveness with managerial improvements in numerous developing countries. Thus, it works to narrow the gap between a programme's potential and actual results.

Building on 35 years of experience, ICOMP continues to work towards identifying key pertinent concerns and issues related to population and development, especially in a post-ICPD environment, with focus on MDGs. It assists in management improvement through leadership and management development, promoting use of good practices and catalysing policy dialogues by the use of instruments like assessment tools, organisational/programme diagnosis, training modules, action research and technical assistance.

It builds synergistic alliances and relationships with a number of key population management institutions. ICOMP's clients and partners range from policymakers of government agencies, managers and heads of both government and NGO programmes to grassroots project personnel and researchers.

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