Protecting the Sexual and Reproductive Health of Adolescents and Youth: 

*an urgent programmatic and policy priority for the Global Health Initiative*

*November 2009*

Coalition to Advance Adolescent and Youth Sexual and Reproductive Health
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SUMMARY DOCUMENT

“We would like to emphasize that the Program of Action provides guidance for achieving the Millennium Development Goals, and that achieving these goals requires that we achieve the ICPD goals, most particularly universal access to sexual and reproductive health and the protection and promotion of reproductive rights. Further, we agree with the ICPD Program of Action’s recognition of the critical importance of meeting the needs and protecting the human rights and fundamental freedoms of the largest-ever generation of adolescents.”


Today’s generation of young people is the largest in history—nearly half of the world’s population, some three billion people, is under the age of twenty-five. This large demographic of young people presents the world with an unprecedented opportunity to accelerate economic development and reduce poverty. However to achieve this, young people in developing countries must be provided the tools and knowledge to adopt healthy sexual and reproductive behaviors, enabling them to confront challenges such as HIV, sexually transmitted infections, and unintended or mistimed pregnancy, as well as improve their overall well-being and contribute to their communities.

Worldwide, young people, especially adolescent girls and young women, suffer disproportionately from negative sexual and reproductive health outcomes and face huge social and economic barriers in accessing sexual and reproductive health information and services. Young people have the highest levels of unmet need for contraception; less than 5% of the poorest sexually active young people use modern contraceptive methods. Young women aged 15 to 19 are twice as likely to die in childbirth as adult women and half of all new HIV infections occur in young people between the ages of 15 and 24. Such negative sexual and reproductive health outcomes have economic, social, and health consequences that affect young people throughout their lives, as well as their families, countries, and the global community at large.

Despite young people’s profound need, there are limited programmatic efforts to protect and support this large and vulnerable cohort. Young people are among the least prioritized in international health and development efforts. Existing large-scale reproductive and maternal health programs, including U.S. foreign assistance supported and nationally sponsored programs, tend to ignore the unique needs of young people and often fail to employ tailored approaches for reaching them with information and services.

The Global Health Initiative provides an opening to realize a large and sustained commitment to protect and promote adolescent and youth sexual and reproductive health. Prioritizing the needs and rights of today’s young people within the Global Health Initiative will yield large dividends for generations to come, while failure to do so will have reverberations well beyond individual country borders. There exists a small window of opportunity in which to expand and reinvigorate sexual and reproductive programs (including family planning and maternal health) for young people in time to address their emerging fertility needs. The United States cannot afford to allow this window to close if it is to positively affect the outcome and prosperity of the developing world in the 21st century.

This document, prepared by the Coalition to Advance Adolescent and Youth Sexual and Reproductive Health, presents a basis for the Global Health Initiative’s investment, activities, and work with
developing country governments and partners in support of adolescent and youth sexual and reproductive health. It provides a vision for the Global Health Initiative, one which embraces a woman-focused model of care while emphasizing young people. It also provides aims and principles to guide the Global Health Initiative’s efforts relative to improving the sexual and reproductive health of young people. It presents justification for the prioritization of young people and their needs as part of the Global Health Initiative’s strategy to address maternal mortality and morbidity, HIV and AIDS, and the unmet need for contraception.

This document is intended as a roadmap for the Global Health Initiative to develop strong, effective, and sustainable sexual and reproductive health programming for young people. After several decades of accumulated programming experience and an increased body of evidence, certain interventions and program approaches have emerged as instrumental in improving the sexual and reproductive health of young people (e.g. youth-friendly service provision, comprehensive sexuality education, use of mass media to promote healthy behavior). This document reviews these interventions and approaches, providing comprehensive examples of program activities and successful, large-scale program models. By employing the effective program approaches described in this document, the international health community can successfully reach the adolescent and youth population and reduce the unacceptable levels of early pregnancy, unsafe abortion, and STI and HIV infection among the many young people in need.

Success, however, is ultimately dependent upon the United States, as the world’s largest donor of family planning and HIV prevention services, embracing its traditional, pioneering leadership in matters of reproductive health and rights and taking bold and substantial action to prioritize adolescent and youth sexual and reproductive health within its Global Health Initiative. This document identifies six key strategies for the United States to significantly expand its investment in young people and promote and protect their sexual and reproductive health and rights.

1. Rapidly scale-up programs for young people. The provision of information and services for young people, both married and unmarried, has been generally limited to small-scale efforts that reach a fraction of the population. Given the urgent need to reach increasing numbers of young people with sexual and reproductive health information and services and ensure limited resources are well-spent, the Global Health Initiative should take steps to re-focus a significant portion of funds to where they are most needed and will have the most impact—on young people.

2. Build capacity and strengthen systems for effective adolescent and youth programming. In concert with the rapid scale-up of programs for young people, the Global Health Initiative should build local capacity and strengthen systems to ensure sustainable and effective local and national adolescent and youth sexual and reproductive health programs. The Global Health Initiative must also focus on building the capacity of country-level mission and embassy staff (both international and local staff) to effectively integrate the needs of young people within the United States’ broader portfolio of health programs.

3. Advance policy initiatives that support young people. In order to increase political recognition and support for the needs of young people in developing countries, the Global Health Initiative should support governments and civil society sector partners in the establishment of policies and legislation that promote gender equality and reduce social exclusion, as well as in the integration of young people into health, development, and poverty-reduction strategies and policies.

4. Support multi-sector linkages and approaches. Increasingly research suggests that programs focusing on protective factors and incorporating opportunities that promote resilience (e.g. access to
education, livelihoods, and youth development programs) achieve greater improvements in sexual and reproductive health outcomes than those that center only on risk reduction. The Global Health Initiative should promote collaboration among sectors, specifically sexual and reproductive health, education, democracy and governance, social justice and social welfare, and economic development to provide more holistic programs to young people, especially adolescent girls and young women.

5. **Support community and youth partnership models.** In order to promote country ownership and long-term sustainability of adolescent and youth sexual and reproductive health programs, the Global Health Initiative should offer financial and technical assistance through a partnership framework which empowers communities, including young people, to diagnose the causes of community problems and actively engage in designing, implementing, and evaluating development strategies.

6. **Collect strategic information to monitor and evaluate adolescent and youth sexual and reproductive health.** A lack of age disaggregated data and reporting poses challenges in measuring progress and building support for improved adolescent and youth sexual and reproductive health. In order to monitor service usage and trends and adjust program approaches accordingly, the Global Health Initiative should ensure the necessary monitoring and evaluation mechanisms are in place to track both the resources allocated to adolescent and youth sexual and reproductive health and the number of young people reached by the United States’ global health programs.
I. Vision Statement

A Woman-focused Model of Care with Emphasis on Young People
From the devastating impact of HIV and AIDS to the largest generation of young people ever to enter their reproductive years, the world faces unprecedented challenges to our collective stability and sustainability. We believe these new challenges require a new approach to the health and development of individual nations and the global realization of the Millennium Development Goals (MDGs), one that places women and young people at its very center, with highest priority accorded to adolescent girls and young women.

As the parents, workers, and leaders of today and tomorrow, we view young people as the catalysts for transforming our societies, the stewards of our collective futures, and essential assets to all efforts to address the urgent development issues facing us globally. We are committed to broadening opportunities to develop the capacities and agency of young people to participate and contribute to the social, economic, political, and cultural life of their families, communities, and countries.

We recognize sexual and reproductive health (SRH)\(^1\) as a human right and fundamental for young people to realize their full potential and lead healthy, free, and productive lives. We support the provision of comprehensive, accurate information on SRH and aim to ensure access to high-quality SRH services for young people, helping to prevent early and unequal marriages, early and frequent child-bearing, sexually transmitted infections (STI) and HIV, and associated mortality and morbidity.

We are committed to challenging the pervasive gender, social, economic, and political inequities that make young people, adolescent girls and young women in particular, vulnerable to ill-health. We are also committed to reducing the social, economic, and political barriers to young people accessing information, services, and care.

We recognize the role of men in their capacities as husbands, fathers, partners, decision makers, political leaders, and gate keepers in improving the SRH of young people. We support the inclusion of adolescent boys and young men in all of our efforts to change the lives, opportunities, and prospects for adolescent girls and young women.

\(^1\) The International Conference on Population and Development Program of Action defined reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.”
II. Aims and Guiding Principles

Aims
The Global Health Initiative aims to achieve the following outcomes relative to young people:

- Reduce maternal mortality and morbidity among adolescent girls and young women.
- Reduce STI and HIV infections among adolescents and youth.
- Reduce unmet need for contraception among adolescent girls and young women.
- Enhance the ability of young people to fully exercise their right to SRH.

Guiding Principles
The Global Health Initiative supports a comprehensive and positive approach to young people that emphasizes:

- **Young people as assets.** Young people are valued and viewed positively, not only as the future, but for their present contributions. They are recognized as being essential assets and being unique resources in efforts to promote SRH at the global, regional, national, and local level.

- **Young people’s rights.** Young people are able to exercise fully their right to participate in decisions that affect their lives, including making decisions on matters related to SRH freely and responsibly, absent of coercion, discrimination and violence. Young people’s right to comprehensive and accurate SRH information, services, and care is promoted and protected.

- **Young people as partners.** Young people are directly and meaningfully involved in setting SRH policies, priorities, and strategies. Young people are full partners in the design, implementation, and monitoring and evaluation of programs that impact their individual lives and their communities.

- **Young people’s diversity.** The diversity of young people is acknowledged and respected; programs targeting young people are multi-faceted and tailored for individual characteristics and contextual factors, such as age, sex, sexual activity, sexual orientation, gender identity, marital status, place of residence (rural or urban), school enrollment, employment status, and the nature of family bonds (adolescent orphans, adolescents who no longer live with their families, and other vulnerable youth).

2.1 DEFINING YOUNG PEOPLE
The terms “adolescent”, “youth”, and “young people” have various meanings in different societies, as do the roles and responsibilities ascribed to each group. In line with the United Nations, this document will use the following definitions:

- Adolescence: 10-19 years of age
- Youth: 15-24 years of age
- Young people: 10-24 years of age
• **Young people’s unique challenges.** Young people’s particular challenges and distinct needs, compared to those of adults, are recognized; adolescent and youth sexual and reproductive health (AYSRH) programs² prioritize and accommodate age-related needs and challenges appropriately.

• **Young people’s gender equity.** Gender has a fundamental impact on the lives of young people. Successful programs foster a favorable environment that supports and maintains behavior change for both sexes and promotes gender equality, accountability, and equity.

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² Throughout this document, “AYSRH programs” indicates stand-alone youth programs as well as general reproductive health/family planning (RH/FP), maternal health (MH), and HIV and AIDS programs with specific interventions to address the needs of young people.
III. The Sexual and Reproductive Health of Young People: The Global Context, Challenges, and Obstacles

Why Young People? Why Now?
Today’s generation of young people is the largest in history. Nearly half of the world’s population, some three billion people, is under the age of twenty-five; the vast majority of whom live in developing countries. These young people represent the greatest resource for sustained economic growth and development within individual countries, as well as for the global realization of the MDGs. Their sheer numbers and the short-, medium-, and long-term potential of their productivity present countries with an unprecedented opportunity to deepen their investment in human capital and emerge from poverty. To succeed, however, young people in developing countries must be provided the opportunity to acquire education, life skills, and employment, as well as to adopt healthy sexual and reproductive behaviors and decision making, better enabling them to confront challenges such as HIV and STIs, unintended or mistimed pregnancy, and improve their overall well-being.

Presently, young people suffer disproportionately from negative SRH outcomes, such as early and unintended pregnancy, unsafe abortion, and sexually transmitted infections, including HIV. These negative outcomes have economic, social, and health consequences that can affect young people, their families and communities throughout their lives. Adolescent girls and young women are particularly vulnerable to problems of SRH due to power imbalances vis-à-vis adults and males, as well as traditional/cultural norms that prevent or limit their control over their sexual and reproductive lives.

Maternal Mortality and Morbidity
Throughout much of the world, adolescent girls and young women face intense pressure to marry and start bearing children at an early age. Each year, one third of women in developing countries give birth before age 20. Complications from pregnancy and childbirth are the leading cause of death for young women aged 15-19 in developing countries. For those who survive pregnancy and delivery complications, long-term health consequences can include fistula and infertility, while socio-economic consequences include limited education and participation in the labor force.

Adolescent girls and young women are more likely to experience spontaneous abortion or to seek unsafe, induced abortion than adult women (e.g. women under the age of 25 account for 60 percent of all unsafe abortions in the African region). Greater attention to the SRH needs of adolescent girls and young women could alleviate the burden of maternal morbidity and mortality worldwide.

Fertility and Contraception
Young people have the highest levels of unmet need for contraception. Approximately, 25 percent—or 11 million—of married women aged 15–19 in the developing world have an unmet need for contraception; this estimate does not include the millions more never-married, sexually active women. Early and frequent childbearing often results in higher total fertility rates (TFR) and high rates of maternal and infant morbidity and mortality, which can have negative health, economic, and environmental consequences for developing countries. Targeting young people with contraceptive
information and services before they begin childbearing can have a significant impact on realizing lifetime fertility preferences, increasing contraceptive prevalence rates, and reducing total fertility. Ultimately, if young people are given access to contraception and the ability to make their own reproductive decisions—including the timing of their first and subsequent births—the result could be an unprecedented fertility transition, with long-term benefits for a country’s social equity, economic growth, security and productivity.

**Sexually Transmitted Infections and HIV and AIDS**
It is estimated that 100 million new cases of STIs occur annually among young people, and half of all new HIV infections occur in young people between the ages of 15 and 24. The majority of these infections are among adolescent girls and young women. Adolescent girls and young women are more vulnerable to HIV infection than young men partly due to biological factors. They are also more vulnerable due to cultural norms that restrict access to information about sexuality and HIV prevention, sexual relationships that commonly occur between younger women and older men, economic and gender inequities that force many young women to trade sex for various forms of support, and greater susceptibility to sexual violence and coercion. Despite conventional wisdom, young married women are also at increased risk for STIs and HIV. They are often the least able to negotiate condom use, as they are viewed as having sex with a trusted partner, and are under intense pressure to bear children. They may also risk violence if they request condom use, as they may be perceived as having been unfaithful.

**Gender Inequity, Gender-based Violence, and Harmful Traditional Practices**
Social and traditional patterns generate gender inequities that hinder the ability of women to exercise their rights, including the right to health care, thereby increasing vulnerability to HIV and negative SRH outcomes. A lack of power, due to their young age, further compounds this vulnerability for adolescent girls and young women. Various factors contribute to girls’ and young women’s difficulty in participating in public forums and prevention activities; virtually all are related to the secondary position that females occupy in society. Additionally, the high prevalence of gender-based violence, harmful traditional practices (e.g. female genital cutting, early marriage, dowry requirements), and lack of formal education directly affect the ability of a young woman to make her own decisions, especially in matters related to SRH.

Many societies accept young men being sexually experienced, yet frown upon young women who engage in premarital sexual activity. This double standard puts both young men and women at risk. Young men feel pressure to live up to a socially imposed concept of masculinity, while young women are expected to remain ignorant and chaste until marriage.

**Access to Services**
Young people face major obstacles accessing SRH information and services, including antenatal and delivery care from a skilled provider, as well as access to a variety of methods of contraception. Taboos and norms about young people’s sexuality and reproduction present strong barriers to providing information, services, and other forms of support that young people need to practice healthy sexual and reproductive behavior. Access to health services is further constrained by policies that restrict access to care based on age, marital status, and/or parental permission; limitations on young people’s—especially adolescent girls’ and young women’s—indpendence, mobility, and freedom of decision; judgmental and negative provider attitudes towards young people; fear of being seen accessing services; high-cost of services; inconvenient hours and locations; fragmentation of services; and lack of continuity of care.
Despite young people’s profound need and the profound repercussions of not investing resources to address the health and development needs of this large segment of the population, young people are among the least prioritized when it comes to resource allocation. Furthermore, large-scale reproductive health/family planning and maternal health programs, including U.S. foreign assistance-supported and nationally sponsored programs, often ignore the special needs of young people and rarely employ tailored, age-appropriate approaches for reaching young people with information and services. In addition, the lack of age-disaggregated data and reporting poses challenges in measuring progress towards achieving improved AYSRH.

Moving Forward
Adolescence and youth is a crucial time for SRH interventions, as it provides an opportunity to influence young people during a period when they are establishing lifelong behavior patterns. Establishing healthy behaviors in SRH, as well as nutrition, alcohol/drug use, and exercise are important to the long-term health of developing countries. Provided access to comprehensive information and services that respond to the realities of their lives, and a supportive social environment, young people and their future families are more likely to engage in healthy decision making and behaviors over the long-term.
IV. Strategies to Promote AYSRH

Rapidly scale up programs for young people
While USAID and PEPFAR have supported SRH and HIV programs for young people, most such programs have been pilot or small-scale initiatives. Although many have demonstrated effectiveness, few have been implemented at the scale required to achieve significant impact. Given the urgent need to reach increasing numbers of young people with SRH information and services, the Global Health Initiative will prioritize the rapid scale-up of proven existing interventions while, in the long-term, seeking to develop sustainable national programs.

After several decades of accumulated AYSRH programming experience and an increasing body of evidence, certain interventions have emerged as instrumental in improving the SRH of young people (e.g. comprehensive sexuality education, youth-friendly SRH services). The Global Health Initiative will support appropriate levels of resource allocation needed to implement large-scale, evidence-based programs. The Global Health Initiative will partner with relevant ministries (e.g. health, education, finance, youth and sports), NGOs, and faith-based organizations with broad reach to expand current activities rapidly while building on best practices to ensure effective regional and national programs.

Build capacity and strengthen systems for effective adolescent and youth programming
In concert with the rapid scale-up of evidence-based interventions, the Global Health Initiative will build local capacity and strengthen systems to ensure sustainable and effective local and national AYSRH programs. The Global Health Initiative will help build, strengthen, and improve the quality and sustainability of AYSRH programs by promoting evidence-based interventions, encouraging innovation and evaluation to identify effective new approaches, and improving program planning, implementation, management, and monitoring.

At the country level, the Global Health Initiative will seek to support:

- The development of standardized, age-appropriate, comprehensive sexuality education curricula, which include components of gender, rights, and HIV prevention and pre-service and in-service training of teachers and administrators to incorporate such curricula within their schools;

4.1 U.S. GOVERNMENT PROGRAM REQUIREMENTS FOR A YOUTH-CENTERED APPROACH
The following are required to ensure a youth-centered approach within the U.S. Government’s Global Health portfolio:

- The status of young people should be included within assessments and subsequent country strategies, recognizing that these strategies inform country priorities of missions and the focus of subsequent requests for applications (RFAs).
- Comprehensive, evidence-based SRH services and information for young people should be explicitly integrated within relevant RFAs, with a specific result or sub-result focused on young people.
- All applicants for relevant U.S. government funding (e.g. USAID, PEPFAR) should discuss how they will address the needs of young people and how young people will be involved in their projects.
- All applications and reports for U.S. government funding should include data disaggregated by age and sex. Modification of key operation plan indicators to include age would facilitate this requirement.
- Performance evaluations for all employees who manage U.S. government foreign assistance programs should incorporate attention to young people (e.g. “What actions did the employee take to ensure that young people were addressed in the programs that s/he oversees?” and “How did the employee use evidence-based approaches to support these actions?”)
- An annual cross-cutting report should be submitted to the Secretary of State that reviews programs addressing the needs of young people across the U.S. global health apparatus, their costs, and outcomes.
• The development of a youth-friendly SRH training curriculum that is rights-based and gender-sensitive and pre-service and in-service training of health workers in youth-friendly SRH service provision;

• Revisions to national health management information systems in order to track the number of young people reached with reproductive health/family planning, maternal health, and HIV and AIDS services;

• Supervision systems that take into account the quality of services rendered to young people;

• Improved commodity logistics and availability to meet young people’s demand; and

• Institutional, management, and technical capacity building of youth service organizations, including an expanded focus on gender, rights, and sexuality.

In addition, the Global Health Initiative will seek to build the capacity of country-level mission and embassy staff (both international and local staff) to effectively integrate the needs of young people within their broader portfolio of health programs and facilitate the meaningful participation of young people in the design and delivery of services. Mission and embassy staff’s knowledge of AYSRH and evidence-based interventions will be enhanced through the provision of tools, access to training and e-learning, and technical updates.

Advance policy initiatives that support AYSRH

A key priority of the Global Health Initiative will be to increase political recognition and support for the needs of young people in health and development strategies and policies, as well as engage and support country and local governments and private and civil society sector partners in the establishment and implementation of policies and legislation that promote gender equality and reduce social exclusion. Illustrative examples of policy issues that may be addressed through Global Health Initiative technical assistance include:

• Development and coordination of national frameworks for young people across sectors and ministries, including development of integrated and comprehensive approaches to the special SRH, nutritional, general health, education, and social needs of adolescent girls and boys and of young women and men;

• Integration and prioritization of young people into national policy planning and budgeting processes, including poverty reduction strategies and other development frameworks, social equality policies and frameworks, sector plans, and budgets;

• Development of service delivery standards and guidelines for AYSRH, including responses to sexual and gender-based violence;

• Support for the greater involvement and participation of young people in program planning and policy in both national-level NGOs and government bodies;

• Support for the review, revision, and enforcement of laws relating to discrimination and violence against women and minors and harmful traditional practices (e.g. early marriage and female genital cutting);

• Support of the review, revision, and implementation of laws and regulations that ensure the provision of comprehensive sexuality education is an integral component of the educational system’s curricula;
• Support for the review and revision of policies and protocols that restrict access to care based on age and/or marital status and the development of rights-based regulatory frameworks; and

• Support for universal education for young people, including retaining/returning adolescent girls and young women who are married and/or pregnant to school.

**Support multi-sector linkages and approaches**

Increasingly, research suggests that programs focusing on protective factors and incorporating opportunities that promote resilience (e.g. access to education, livelihoods, and youth development programs) achieve even greater improvements in SRH outcomes than those that center only on risk reduction. Linking young people with these opportunities also imparts the skills they need for leadership, citizenship, and participation in the national economy. While the link between girls’ education and lower fertility has been well documented, there is further evidence that keeping girls in school, specifically in secondary school, can have positive impacts on a range of SRH aspects, including delayed sexual debut, delayed marriage, adoption of preventive behaviors, and reduced risk of HIV.

The Global Health Initiative will promote collaboration with other sectors, specifically education, democracy and governance, social justice and social welfare, and economic development to provide more holistic programs to young people, especially adolescent girls and young women. Essential steps to more effectively link programs include: 1) developing the capacity to design, implement, and evaluate strategies that go beyond sectoral expertise; 2) strengthening institutional capacity to manage human and financial resources; 3) integrating high quality, affordable, and accessible SRH services for young people as an essential component; and 4) sharing strategies and lessons learned to improve the depth of linkages.

**Support community and youth partnership models to develop sustainable commitments to AYSRH**

A key pillar of the Global Health Initiative will be to offer global health financial and technical assistance through a partnership framework that provides for country ownership, uniquely tailored programs, and long-term sustainability of responses to global health challenges in each country and community. The Global Health Initiative will support partnership models as a means to empowering communities for sustainable responses to health challenges, especially AYSRH. Implementing agencies and organizations will partner with communities, including youth, to diagnose the causes of community problems and to actively engage in designing, implementing, and evaluating strategies to address identified challenges.

**Collect strategic information to monitor and evaluate progress and ensure compliance with Global Health Initiative policies and strategies**

To effectively monitor progress in addressing the SRH needs of young people under the Global Health Initiative, especially adolescent girls and young women, mechanisms will be put in place to track the amount of funding allocated to AYSRH, as well as the number of young people reached by relevant U.S. government programs (e.g. USAID, PEPFAR, and CDC). Data on program reach (e.g. number of program beneficiaries) must be disaggregated by age in order to monitor service usage and trends and adjust program approaches accordingly.

The Global Health Initiative will also ensure that additional indicators are tracked within focus countries, as well as within individual U.S. Government awards. The following table provides illustrative indicators that will be used to monitor progress and evaluate impact at each level. As much as possible, illustrative indicators are drawn and/or adapted from internationally recognized sources (e.g. the World Health Organization’s *Global Indicators for Monitoring Access to Health Services for Young People*, National
Demographic and Health Surveys, and USAID’s gender-related indicators) and reflect data already collected by reliable sources, such as DHS and UNAIDS.

| **4.2 RECOMMENDED INDICATORS FOR MONITORING AYSRH** |
|----------------------------------|-----------------|-----------------|
| **GLOBAL HEALTH INITIATIVE INDICATORS** | **GRANTEE INDICATORS** | **FOCUS COUNTRY INDICATORS** |
| • U.S. $ allocated to AYSRH within U.S. foreign assistance | • Use of specified health services (e.g. family planning, maternal health services, HIV testing, STI treatment) by young people (10-14, 15-19, 20-24) | • HIV prevalence among young people (15-19, 20-24) |
| • Program reach/service coverage of USG global health programs disaggregated by age | • Percentage of young people age 15-24 who report condom use at last sex | • Where available, HIV incidence among young people (15-19, 20-24) |
| | • Current use of modern contraceptives by young women (15-19, 20-24), married as well as sexually active unmarried | • Percentage of women age 20-24 that report being married by age 18 |
| | • Percentage of adolescent girls and young women reporting higher levels of self-efficacy | • Contraceptive Prevalence Rate (CPR) among young people (15-19, 20-24) |
| | • Number of health workers trained to provide adolescent and youth-friendly services | • Unmet need for family planning among married as well as sexually active unmarried young people (15-19, 20-24) |
| | • Number of facilities offering integrated youth-friendly SRH services | • Maternal mortality among young women (15-19, 20-24) |
| | • Number of schools offering comprehensive sexuality education | • Percentage of women aged 20-24 that have given birth by age 18 |
| | • Percentage of births to women under age 20 attended by skilled personnel | • Number of ministries of health with earmarked funds for AYSRH |
| | • Percentage of women (15-19, 20-24) that receive antenatal care during pregnancy | |
V. Approaches and Interventions

The Global Health Initiative recognizes the immense diversity among young people and supports multifaceted, tailored program approaches. Individual characteristics (e.g. age, sex, marital status, sexual orientation) and other contextual factors must be taken into consideration when developing interventions. USAID’s two global AYSRH projects, the Focus on Young Adults Project and its follow-on—YouthNet, were instrumental in building the evidence base of proven interventions and tools to reach different sub-populations of young people with SRH information and services. The Global Health Initiative will support the scale-up of the following evidence-based interventions while simultaneously building local and national capacity to sustain and institutionalize AYSRH programs, as well as supporting operations research and program evaluation to identify additional proven interventions.

Key interventions include the following:

- Ensure high-quality, accessible package of integrated family planning, maternal health, and HIV services;
- Change norms to delay age of marriage and first birth and promote healthy spacing and timing of pregnancy;
- Reach younger adolescents with comprehensive sexuality education;
- Use of media to promote healthy behaviors;
- Ensure gender equality and address sexual and gender-based violence and harmful traditional practices;
- Employ multi-component programs that includes community and youth involvement; and
- Promote community and youth involvement.

*Ensure high-quality, accessible package of integrated family planning, maternal health, and HIV services*

Young people face a plethora of barriers when accessing family planning, maternal health, and HIV and AIDS services. In addition, young people have unique needs based on their biological and psychosocial development. There is evidence that making existing services youth-friendly can increase service uptake, especially when accompanied by interventions that create demand and an enabling environment. Wherever feasible, it is essential to offer an integrated package of services that addresses the multiple SRH needs of young people. Particular attention should be placed on removing access barriers related to age or marital status (e.g. restricting some contraceptive methods based on age, requiring parental or spousal consent for certain services) to ensure that all young people are fully informed of their options and have a right to choose what contraceptive method or service to use.

*5.1 Youth-Friendly Services*

Youth-friendly services attract young people, meet their individual needs, and retain them for follow-up care. Characteristics include:

- Technically competent, non-judgmental staff;
- Respect for young clients;
- Confidentiality and privacy;
- Wide range of services;
- Convenient hours/location;
- Affordable fees;
- Short waiting times;
- Youth and community involvement; and
- Links with community outreach or peer educators to increase coverage.
Specific activities include:

- Offering an integrated package of services that include:
  - SRH counseling and information;
  - family planning, ensuring access to a broad range of contraceptive methods (including emergency contraception);
  - pregnancy testing, skilled delivery, antenatal, postnatal, and postabortion care;
  - prevention and treatment of STIs;
  - HIV prevention including PMTCT and HIV testing with referral for AIDS care and treatment; and
  - treatment for sexual- and gender-based violence, including emergency contraception and post-exposure prophylaxis for STIs and HIV.

  Particular attention should be placed on: the use of condoms alone or with another method for dual protection, emergency contraception, postpartum and postabortion family planning, and prevention of mother-to-child transmission of HIV within maternal health services.

- Offering services through multiple service delivery channels (e.g. reaching young married women, who may have restrictions on their mobility, through community-based distribution of contraceptive methods, using pharmacies to provide non-clinical methods of contraception, or using workplace programs to reach young women and young men with family planning and HIV services).

- Training service providers in adolescent SRH and youth-friendly techniques, which include attention to addressing negative provider attitudes, and improving provider communication and counseling skills.

- Promoting delivery with a skilled birth attendant, given that a large percentage of maternal mortality is among adolescents. Strong referral linkages and transport systems should also be put in place to ensure access to emergency obstetric care in case of complications. Postabortion care services are also essential in reducing maternal mortality among young women.

- Working with ministries of health to introduce HPV vaccine within an integrated package of services for adolescent girls and young women.

### 5.2 Model Program

**National Adolescent-Friendly Clinic Initiative (NAFCI)—implemented by the Reproductive Health Research Unit in South Africa from 1999-2005 with funding from DfID and the Henry J. Kaiser Foundation**

NAFCI was part of a sexual health campaign for young people called LoveLife. NAFCI is a quality improvement approach that sought to make healthcare services more accessible and acceptable to adolescents, establish national standards and criteria for adolescent health care in clinics throughout South Africa, and to help healthcare providers improve their delivery of adolescent-friendly services. Program achievements included:

- Establishment of national standards and criteria for adolescent health care in clinics throughout South Africa, including clinic policies that support the rights of adolescents, appropriate, available, and accessible services for adolescents, and systems to train staff on the provision of adolescent friendly services;
- 350 clinics participated in the NAFCI program, with an additional 171 “associate” youth-friendly clinics; and
- 212 of 350 participating clinics were externally assessed. The majority complied with 80-90% of NAFCI standards and criteria and 35% complied with more than 90% of quality standards.

Evaluation findings demonstrated that clinics can implement NAFCI quality improvement standards regardless of clinic size or location.
Change norms to delay age of marriage and first birth and promote healthy spacing and timing of pregnancy

To overcome deeply entrenched norms that perpetuate early marriage, place value on early fertility, and encourage large families, sustained, community-based engagement, particularly with influential community members, is required. Partnerships with religious, traditional, and community-based leaders and parents help ensure culturally relevant approaches and community acceptance of new ideas. Keeping girls in school has emerged as a culturally acceptable approach to reducing early marriage. Therefore, the Global Health Initiative will encourage close collaboration with the education sector to help retain adolescent girls in primary and secondary school.

Recognizing that adolescent girls and young women are rarely independent decision makers when it comes to decisions around childbearing, approaches that target gatekeepers (e.g. parents, in-laws, and partners), in addition to young people, will be promoted for interventions to delay the first birth and space subsequent births, increase young women’s sense of empowerment, and increase their access to family planning services.

Specific activities include:

- Engaging religious and traditional leaders, communities, and community-based organizations to keep girls in school and prevent early marriage and childbearing;
- Designing behavior change messages and activities for husbands, parents, in-laws, and others who act as gatekeepers for young women, both married and unmarried;
- Raising awareness of vulnerability to HIV associated with early marriage and promoting HIV testing among couples newly married or contemplating marriage;
- Educating and empowering girls and young women to stand up for their right not to be forced into marriage;
- Developing interventions for first-time expectant parents that include household visits and information on HIV testing, safer sex, healthy timing and spacing of pregnancy, safe delivery, postpartum care, and parenting skills;
- Reaching married young women with appropriate SRH information and non-clinical methods through activities in which they partake (e.g. literacy or microcredit programs, women’s clubs), places they frequent (e.g. market places), or at home through community-based distribution; and
- Integrating family planning services within child health services, where possible, to maximize the opportunity of reaching young mothers.
Reach younger adolescents with comprehensive sexuality education

Comprehensive sexuality education is the cornerstone in reducing young people’s sexual risk behaviors and promoting SRH. There is a strong evidence base for comprehensive sexuality education. Recent reviews of effective sexuality education programs have found programs that were more comprehensive in focus—providing accurate and complete information on SRH, teaching life-skills, and addressing attitudes and values—tended to result in better health outcomes.

Comprehensive sexuality education should provide accurate information about prevention and consequences of STIs/HIV and early pregnancy, as well as life skills to enhance interpersonal communication and decision making. To be most effective, comprehensive sexuality education should be offered as early as possible before adolescents initiate sex, and use developmentally-appropriate instructional approaches and information. While most appropriate for adolescents 10-14, comprehensive sexuality education is also appropriate for older adolescents. The Global Health Initiative supports the wide scale up and institutionalization of comprehensive sexuality education.

5.3 MODEL PROGRAM

Promoting change in reproductive behavior (PRACHAR)—implemented by Pathfinder International in Bihar, India from 2001-present with funding from the Packard Foundation

The PRACHAR project aims to improve the health and welfare of young mothers and their children by promoting major attitude and behavior changes among young people, their parents, and influential community members. The project specifically targets young, engaged couples, newlyweds, and their families with information on the benefits of delaying first child until the wife reaches 21, spacing subsequent pregnancies by at least two years, and adoption of postpartum contraception. Project achievements include:

- More than 90,000 adolescents and young adults reached with information on key issues in reproductive health and family planning. More than 100,000 parents and influential adults were also reached, building community-wide acceptance of social changes;
- Use of contraceptives among couples ages 15-24 increased from 4% to 21%;
- The average age of marriage among women increased by one and half years and the average age at which a woman had her first child increased by two years;
- Community acceptance of contraception as both necessary and safe increased from 38% to 80%. Among unmarried adolescents, acceptance increased from 45% to 91%; and
- The percentage using contraceptives to space their second child or limit childbearing increased from 6% to 25%.

An evaluation conducted in March 2009 showed that the most critical approaches to achieving the behavior changes reported above include: engaging parents and community elders to ensure access to adolescents and young couples, reaching couples as adolescents before they entered into marriage, continued home visits to women, recognizing that young men lead the change in reproductive behavior, particularly for delaying the first child, and using male workers to educate men with reproductive health information.

5.4 COMPREHENSIVE SEXUALITY EDUCATION

Programs have four main goals:

1. To provide accurate information about human sexuality;
2. To provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality;
3. To help young people develop relationships and interpersonal skills; and
4. To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to engage prematurely in sexual intercourse, and the use of contraception and other sexual health measures.

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Specific activities include:

- Developing and disseminating developmentally appropriate curricula, which include information on gender, rights, and HIV prevention, and training teachers in participatory teaching techniques and comprehensive sexuality education;
- Supporting widespread implementation of curriculum-based, adult-led comprehensive sexuality education in schools by working with ministries of education and local schools; and
- Reaching young people out of school through education programs offered by youth-serving organizations, community/faith-based groups, and workplace education.

### 5.5 Model Program

**HIV Prevention Education for High School Students**—developed and implemented by health education experts at the Department of Preventive & Social Medicine at the University of Ibadan in urban Nigeria in 1996

This comprehensive sexual health education and HIV/STI prevention program was specifically designed to address HIV/STI related knowledge, attitudes, and behaviors among urban high school youth, aged 13-20 and living in poverty. The program was implemented in classrooms by trained healthcare professionals and teachers, and employed experimental techniques, including role-plays, stories, songs, debates, and essays, as well as films and more traditional lectures. The program also included a demonstration on the proper use of condoms and referral of students for SRH care. To address the differing needs of students, each class level received the program separately.

The final evaluation found that youth’s knowledge of modes of HIV transmission and prevention methods increased significantly as compared with youth in control sites. Awareness of HIV and AIDS and attitudes towards those living with HIV also significantly improved. The evaluation also found that youth in program schools:

- Delayed initiation of sexual intercourse;
- Reduced number of sex partners; and
- Increased use of condoms.

### Use of media to promote healthy behaviors

The use of both mass and local media has shown to be effective in improving knowledge and attitudes and changing behavior. The World Health Organization notes that, “media interventions can have an impact on knowledge and behaviors if they….are in line with cultural sensitivities.”

Mass media, especially radio and television series, can also contribute to shifting gender and social norms through role modeling. The Global Health Initiative will support the use of mass and local media to reach those out of school, reinforce messages that are disseminated through other interventions (e.g. comprehensive sexuality education, peer education), and promote the use of services and contraception/condoms.

Specific activities include:

- Supporting mass media (e.g. print, radio, television, and internet) to convey messages intended to ensure positive sexual behaviors, increase awareness and knowledge, and reduce high-risk behaviors among young people; and
- Working with youth-serving organizations to support youth-led local media to reach young people, their parents, and the community.
Ensure gender equality and address sexual and gender-based violence and harmful traditional practices

Empowering adolescent girls and young women is critical to improving their SRH and enhancing their decision-making ability. The Global Health Initiative will support a range of activities that create safe and supportive environments for adolescent girls and young women, arm them with the skills and knowledge needed to make informed decisions, and promote female leadership. To foster gender equality, males also must be involved to improve gender relations and create a favorable and secure environment that supports and maintains behavior change for both sexes. Additionally, a dialogue must be created between adolescent girls and young women and adolescent boys and young men about socially constructed gender norms, how these norms affect health and development, and what behaviors adolescent boys and girls can carry out to reduce violence and foster equal opportunities among girls and boys and young women and young men. The Global Health Initiative will place special emphasis on preventing and mitigating the impacts of sexual and gender-based violence and harmful
traditional practices, such as female genital cutting, given their significant impact on adolescent girls’ and young women’s SRH and state of wellbeing.

Specific activities include:

• Incorporating reflective and participatory activities for both males and females on rights, gender roles, and norms within comprehensive sexuality education, peer education, and community-based interventions;

• Conducting group activities for newlyweds or engaged couples that foster couples’ communication;

• Reaching adolescent girls and young women with rights-based mentoring and leadership programs, while linking with education and economic programs that expand adolescent girls’ and young women’s options;

• Engaging community through participatory dialogue on rights, gender norms, sexual and gender-based violence, and harmful traditional practices;

• Implementing programs and campaigns targeting boys and men on prevention of sexual violence and intergenerational sex;

• Training service providers, teachers, and peer educators to identify survivors of sexual and gender-based violence and refer them for needed support and services; and

• Developing and disseminating protocols for sexual and gender-based violence, including treatment for injuries, provision of emergency contraception, post-exposure prophylaxis for HIV and other STIs, and referrals for specialized services.

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**5.8 MODEL PROGRAM**

**Women and Girls Empowerment Project**—implemented by Pathfinder International in Ethiopia from 2007-present with funding from the Packard Foundation

The Women and Girls Empowerment Project works to improve the lives of young women and adolescent girls in Ethiopia by working with local women’s organizations to increase awareness of reproductive health issues, advocate for the elimination of harmful traditional practices, and increase access to and utilization of youth-friendly reproductive health services. A combination of scholarships for girls, mentoring programs, girls clubs, and peer education programs were used to keep girls in school, prevent early marriage, and increase SRH knowledge and life skills. Program achievements include:

• More than 4,000 early marriages have been cancelled during the project period;

• A total of 6,780,345 adolescent girls and women were reached with messages on reproductive health issues;

• 432 fistula cases were identified and repaired;

• 1,200 law enforcement officials, including judges, prosecutors, and police officers, were trained on the implementation of new laws pertaining to early marriage and harmful traditional practices;

• Use of modern contraceptive methods in project areas increased from 24.7% to 34.9%; and

• The proportion of young women and adolescent girls who sought contraception and could not obtain a method decreased significantly, from 10.9% to 3.3%.
Employ multi-component programs that include community and youth involvement

Multi-component AYSRH programs that use a variety of channels that reinforce each other are able to reach a large breadth of young people and have shown to be more effective in changing behavior than programs that use only a single strategy.\textsuperscript{xxiii}

Specific activities include:

- Fostering partnerships among multiple government sectors (e.g. education, health, and youth and sports) and civil society to implement a coordinated response to the SRH needs of young people;
- Complementing youth-friendly health services with other interventions that educate young people on SRH and HIV and promote the use of reproductive health/family planning, maternal health and HIV services (e.g. comprehensive sexuality education, mass media campaigns, or peer education);
- Building local capacity to plan and implement multi-component programs, including the development of strong linkages between components (e.g. strong referral systems between school or community-based interventions and youth-friendly services).

5.9 MODEL PROGRAM

Program H—developed and implemented by Instituto Promundo and partner organizations in Brazil and the greater Latin American region, beginning in 1999, with funding from John Snow Brasil, Pan-American Health Organization, International Planned Parenthood Federation/Western Hemisphere Region, and Durex-SSL International

Promundo’s Program H is a tested and validated set of interventions that work to promote attitude and behavior change among individual young men, as well as promote changes in social or community norms that influence these individual attitudes and behaviors. Program H focuses on helping young men to reflect upon and question traditional gender norms, including traditional definitions of "manhood," and challenges them to consider advantages of gender equitable behaviors. The program consists of educational workshops, with training manuals and videos, and lifestyle social marketing campaigns.

As part of the program, a culturally relevant, validated evaluation model (the GEM Scale - Gender Equitable Attitudes in Men Scale) was developed to measure changes in attitudes and social norms about manhood and to measure outcomes of the initiative. Program H has been empirically shown to positively influence safer sexual behaviors (including increased condom use and reduced gender-based violence), reduce the incidence of unplanned pregnancies, improve partner negotiation skills, and increase utilization of health services in several Latin American and Caribbean countries. Other major program achievements included:

- A significantly smaller proportion of young men supporting unequal gender roles;
- Increases in condom use among young men during their last sexual encounter with their primary partner; and
- Decreases in support for unequal gender roles were significantly associated with decreased reports of STI symptoms.

5.10 MODEL PROGRAM

Geração Biz—implemented by Pathfinder International and the ministries of health, youth and sports, and education in Mozambique from 1999-2009 with funding from UNFPA, DANIDA, NORAD, and SIDA

Geração Biz (Busy Generation) is a national, multi-component program aimed at reducing HIV transmission and improving the SRH of young people through the provision of youth-friendly services, intra- and extracurricular school-based interventions, and community outreach. Cited as a best practice under the World Bank Initiative on Education and HIV/AIDS, Geração Biz invested heavily in local capacity building to ensure national scale-up, multisectoral coordination, and program sustainability.

- Geração Biz has established youth-friendly services in 244 health facilities. Evaluation and studies show that the vast majority of youth clients reported that these services not only met their needs, but that they were treated with respect and privacy and that their confidentiality was ensured.
- As of 2008, the program had reached approximately 1,710,783 young people with information about HIV and STI prevention and healthy SRH behaviors through the school-based component and another 1,599,705 through community-based outreach.
- In two provinces, outreach efforts increased the number of youth seeking HIV testing by more than 74 percent.
- Approximately 339,809 young people were provided with youth-friendly SRH services, including HIV testing, at health facilities.
Promote Community and Youth Involvement
A growing body of evidence shows that community and youth involvement is necessary to ensure that programs are relevant, culturally acceptable, and sustained over time. Communities need to be mobilized to address the norms, attitudes, and behaviors that undermine the SRH of young people and to create enabling environments that support positive, healthy behaviors, including the use of family planning, maternal health, and HIV services.

Furthermore, when young people are respected and have a meaningful role in the process, their lives are profoundly affected. Young people gain a vital opportunity to learn, to act as leaders, and to earn respect for themselves and their peers when included in community participation forums. Young people who are active in community mobilization often become powerful leaders for AYSRH in their communities.

5.11 Model Program

Nyeri Youth Health Project—implemented by Family Planning Association of Kenya and the Population Council from 1997-2001 with funding from The Rockefeller Foundation

This culturally-based, comprehensive sexual health program utilized a traditional reliance on young parents in the community to guide young people on sexuality-related issues, advocated with adults in the community for adolescent sexual health information and services, and referred young people to youth-friendly sexual health care. The program was evaluated among urban and rural youth, aged 10-24, both in and out of school. Final evaluation showed:

- Increased conversations on sexual health between young people and their parents and other community adults;
- Delays in sexual initiation among young men;
- Increased condom use among young men who were sexually experienced; and
- Increased secondary abstinence and a reduction in the number of partners among sexually experienced young women.
Coalition to Advance Adolescent and Youth Sexual and Reproductive Health:

Advocates for Youth

Family Health International

Georgetown University-Institute for Reproductive Health

Guttmacher Institute

International Women’s Health Coalition

International Planned Parenthood Federation/Western Hemisphere Region

Pathfinder International

Planned Parenthood Federation of America

Population Action International

Population Services International

Save the Children

Sexuality Information and Education Council of the United States

Student Partnership Worldwide

Summit Foundation
End Notes


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