



Scaling Up HIV Prevention
Programs for Youth:

The Essential Elements Framework in Action

Empowering youth ✦ Involving communities ✦ Building capacity
Promoting gender equity ✦ Sharing good practices

Produced by **Safe Youth
Worldwide**

A Global Initiative to Strengthen
HIV Prevention among Youth

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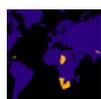
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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AJAC	L'Association Jeunesse Anti-Clivaje
ASBTEF	L'association Tchadienne Pour Le Bien Etre Familiale
AYSRH	Adolescent/Youth Sexual and Reproductive Health
BCC	Behavior Change Communication
BPMHF	BP Memorial Health Foundation
CBO	Community-Based Organization
CASCO	Coordinadora de Animación Socio-Cultural
DoH	Department of Health
EEF	Essential Elements Framework
HIV	Human Immune Deficiency Virus
ICPD	United Nations International Conference on Population and Development
IEC	Information Education Communication
IEC/BCC	Information Education Communication/ Behavior Change Communication
INADES	INADES Formation Tchad
INGOs	International Nongovernmental Organizations
KABP studies	Knowledge, Attitude, Behavior and Practice studies
M&E	Monitoring & Evaluation
MSCI	Margaret Sanger Center International
MSCISA	Margaret Sanger Center International South Africa
NAPPA	Namibian Planned Parenthood Association
NGOs	Nongovernmental Organizations
NYHN	National Youth HIV Network
OYO	Ombetja Yehinga Organization
PLWHA	People Living with HIV/AIDS
PPNYC	Planned Parenthood of New York City
RTA	Resident Technical Advisor
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SYW	Safe Youth Worldwide
UNFPA	United Nations Population Fund
UNAIDS	The Joint United Nations Program on HIV/AIDS
VCT	Voluntary Counseling and Testing
VDH	Volontariat pour le Développement d'Haiti
VULDIC	Vuselela uLwazi Lwakho Drop-In Center
YC	Youth Club
YSRH	Youth Sexual and Reproductive Health
YIC	Youth Information Center

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EXECUTIVE SUMMARY

The urgency of finding ways to ensure a generation of young people that is free from HIV infection is the driving force behind this publication. The adage that “youth are the future of tomorrow” becomes meaningless if each and every day, 5,000 to 6,000 young people between the ages of 15 and 24 become infected with HIV, and if one-third to one-half of those who are now 15 years old and live in high-prevalence countries eventually die of AIDS. The challenge is growing every day and the world must take action that is strategic and guided by practical experience.

This same urgency has caused many international agencies to seek ways to expand promising prevention programs to better meet the growing needs of the largest generation of young people the world has ever known. But how best to do this? What are the components of the most promising prevention programs that address the age group of 10-24? And what is needed to expand the impact of such programs, so they become even more effective and reach more young people?

The document you have in your hands summarizes the experience of Safe Youth Worldwide, an initiative that focused on precisely these questions. In 2002, UNFPA invited Margaret Sanger Center International to help design an approach that would bring together knowledge from the field of sexual and reproductive health and rights (SRHR) and the field of HIV prevention in a way that would help local NGOs throughout the world to expand, replicate or improve their youth-focused HIV prevention programs.

These two agencies feel strongly that both fields must work together to share the knowledge and experience they have in forging effective ways to help youth grow up safe and healthy, free of HIV. Far too often these fields work in isolation from each other. But the SRHR field has a vast experiential base working with young people to

help them learn to enjoy their sexuality in healthy and safe ways. It is essential that this kind of knowledge be applied to HIV prevention programs, which have their own specificity and experience to share.

The question of how to best expand and “scale up” programs has created a great deal of controversy within the technical assistance and donor communities. Is it necessary to wait for the perfect program in order to expand it? Or is there a way of improving the quality of promising work while augmenting its size and reach?

The position taken by Safe Youth Worldwide, is that, in the real world, there are many promising programs that want to expand their work with youth and HIV prevention. We have found, however, that they need to attend to the quality of their programs while also addressing their institutional capacity to expand to meet the growing need. Though the urgency of the situation makes us look for quick fixes, the complexity of HIV prevention requires attention to deep-rooted social factors and processes. If such complex processes are ignored, the real impact of prevention programs will be limited. Thus if scaling up is a question of having a better impact for more people, the quality of prevention programs as they exist in many parts of the world needs to be addressed even as attempts are made to expand the programs.

The Essential Elements Framework, which is the basis of the present document and of the Safe Youth Worldwide program itself, does just this. It provides a useful framework for youth-focused HIV prevention programs that attends both to ensuring program quality and institutional capacity for scale-up. The framework provides a simple way of assessing the needs of programs – whether they are run by NGOs, governments and/or private enterprises – at the beginning of the technical assistance

phase. It then guides the programs and the technical advisors through a process of identifying and building capacity in those areas that need most attention. And finally, it provides a framework for monitoring and evaluating the progress and results of the program.

This document shows the reader how the Essential Elements Framework (EEF) was applied to programs in five countries: Chad, Dominican Republic, Namibia, Nepal and South Africa. The EEF was used with promising programs – sometimes the leading program in a country – over a relatively short time period ranging from one to two years. The document explains what the EEF consists of, how it was used in each country program and what lessons were learned from its application in these five very diverse settings. The EEF proved extraordinarily useful in all of these settings in identifying the programs' many strengths but also finding important areas that needed improvement, and is now being applied by MSCI in other countries. Further development will provide specific training modules for each of the essential elements as well as more work on establishing monitoring and evaluation approaches.

This report begins by describing in detail the components of the EEF and how the framework was applied in each country. It then presents the major lessons learned from the entire initiative as it was carried out in all five countries. Next, we provide short summaries of each country context and program, so that the reader can see specifically how the EEF was applied in that context. Since the entire initiative was quite short, there was not enough time to address all the needs that had been detected; however, the descriptions demonstrate the range of areas that were addressed and give a good idea of how the framework could be used on a more sustained basis. Finally, we have included a section of recommendations for

technical assistance agencies and donors that we hope will help others in their efforts to support similar expansion efforts for youth-focused HIV prevention programs.

Among the many lessons learned, we found that:

- even promising programs that are good candidates for expansion – and may be the best in a given country – may require assistance to improve operations in each of the main dimensions of the EEF: guiding approaches, program strategies and managerial practices.
- even when program staff are aware of the importance of the guiding approaches such as promotion of gender equity, positive sexuality, and youth rights, they may require technical support to understand how to foster those fundamental issues in their programs.
- no matter how comprehensive, well designed and managed the programs are, they need to be linked with broader strategies that seek to reduce poverty, bring about economic improvement, and foster greater community access to resources and better living conditions.
- although financial inputs are certainly critical for delivering HIV prevention programs, organizations often require assistance to improve their performance, manage resources efficiently, and demonstrate accountability.

But these are only glimmers of the specific lessons we learned and recommendations the reader will find in this document. We hope that you will read on and explore the specificity of each program and the richness of the options described in the report. And even more importantly, we hope that the Essential Elements Framework itself will serve to motivate more programs to work with young people on HIV prevention and do so in increasingly effective ways.

Introduction

Throughout the world, young people aged 10-24 account for half of all HIV infections. Each day, 5,000 to 6,000 people between the ages of 15 and 24 become infected, and in countries with very high prevalence, it is projected that one-third to one-half of those who are now 15 years old will eventually die of AIDS. Moreover, young people face specific barriers to protecting themselves from infection.

Behavior among youth often depends upon the environment within which they live and learn.

Depending on the context, they may be denied access to information, counseling, condoms, and testing or treatment services. However, they also bring unique resources to the fight against HIV, including their ability to change risk behaviors and adopt new attitudes and protective actions, as well as their distinctive creativity and energy. Over the past decade, numerous youth-focused HIV prevention programs have been developed, but only a fraction of these have been evaluated for impact and sustainability. Given the scale and momentum of the worldwide HIV epidemic, it is clear that strategies that are effective in HIV prevention must be identified, supported, strengthened, shared globally with program designers

and policymakers, and scaled up to meet the ever-growing need.

“Youth” are not a uniform group. Their needs vary by culture, social system, marital status, and socio-economic resources such as access to education and parental or community support. As young people develop, they are shaped by a web of influences and social factors. Behavior among youth often depends upon the environment within which they live and learn. An ecological approach to HIV prevention recognizes that, in addition to young people, programs must target parents, teachers, religious and community leaders, employers, media sources, and relevant policymakers (see Figure 1).

Figure 1

INFLUENCES IN YOUTH'S LIVES	
WHO	WHERE
<ul style="list-style-type: none"> • Parents, Family Members • Peers • Educators/Teachers • Employers • Community Leaders and Organizations • Health Providers • Religious Leaders • Local Authorities • Policymakers 	<ul style="list-style-type: none"> • Home • School • Community/ Neighborhood • Religious Organizations • Workplace • Media

Safe Youth Worldwide (SYW), as implemented between 2002 and 2004 by Margaret Sanger Center International (MSCI)¹, with support from UNFPA, followed a two-pronged initiative designed to identify and scale up effective strategies for preventing HIV among youth. SYW set itself apart from other technical support HIV prevention programs in two important ways. First, at a global level it created a **compendium** of program materials and training resources collected from sources around the world, including selected curricula, reports, manuals and training modules, standards and guidelines, handbooks, and other materials.² This good-practices compendium is now available on CD-ROM and in a printed version to interested program designers and managers throughout the world. Secondly, the initiative provided **technical support** to local partners in five countries interested in expanding effective programs and projects in HIV prevention. MSCI's support focused on enhancing organizations' effectiveness and efficiency as their programs grew, so that "scaling up" meant improving programs, as well as increasing service numbers. The SYW compendium and

the support for the five country programs were completed in November 2004.

This report presents the **Essential Element Framework** that shaped the global SYW initiative and shows how the framework can be used to guide concrete actions to expand and strengthen HIV prevention programs. The document also presents brief case studies that illustrate how the framework was applied to support activities conducted by NGOs/CBOs in Chad, the Dominican Republic, Namibia, Nepal, and South Africa. The lessons learned through the initial two-year phase of SYW and recommendations made in this document are applicable to a wide range of similar programs. The ideas presented here underlie SYW's ongoing approach to expanding and enhancing youth-focused HIV prevention.

The Safe Youth Worldwide Approach to Scaling Up HIV Prevention Programs that Effectively Target Youth

A wealth of research exists regarding factors to take into consideration when scaling up or expanding prevention interventions. However, even the definition of "scaling up" continues to evolve. Different definitions reflect underlying differences in philosophy, approach, and objectives.³ There is general agreement that "scaling up" means reaching more people or increasing program impact at the national level in relation to a finite level of resources.

However, individual community-based or nongovernmental organizations will be more likely to relate this definition of scaling up to their own capacity and process of engaging their respective constituents. Although its

¹ The international arm of Planned Parenthood of New York City (PPNYC).

² UNFPA and Margaret Sanger Center International (2004). Programme Planning Materials and Training Resources: A Compendium. Produced by Safe Youth Worldwide. Available at <http://www.unfpa.org> or <http://www.safeyouthworldwide.org>

³ DeJong J (2001). A Question of Scale: The Challenge of Expanding the Impact of Non-Governmental Organizations' HIV/AIDS Efforts in Developing Countries. The Horizons Project of the Population Council and the International HIV/AIDS Alliance.

authors recognize that the discussion around effective strategies for scaling up focuses on large-scale interventions, this document introduces five case studies that illustrate how the SYW initiative shaped a scaling up process that helped programs developed by local NGOs to improve, expand, and implement HIV prevention for young people. While these programs did not reach national levels, the steps they followed and the experience they had can provide important insights for governments and donors to take into account when trying to move successful programs to nationwide levels of coverage.

Principles for Scaling Up

As background to developing a systematic framework to guide its technical assistance to specific programs, SYW took into account four important aspects that the International HIV/AIDS Alliance has recommended for the overall process of scaling up:

- **Focus** – ensuring that programs work closely with the individuals and groups with the most significant effect on epidemic dynamics.
- **Coverage** – ensuring that as many people and groups as possible are reached.
- **Quality** – ensuring that programs and interventions are appropriate to the local context and target group, and maintain a consistently high standard.
- **Sustainability** – ensuring that the organization, and its program and effects last over time [including through strengthened local capacity].⁴

UNAIDS recommends that successful HIV prevention programs that focus on youth should have the following characteristics⁵:

Figure 2

UNAIDS RECOMMENDATIONS FOR SUCCESSFUL HIV PREVENTION PROGRAMS
Implementing a combination of interventions to meet diverse needs of young people
Utilizing schools and media, and using culturally appropriate and age-specific avenues of communication
Linking effective interventions whenever possible and appropriate (schools, community, services, media)
Devoting particular efforts to reach young people living in vulnerable circumstances and those living with HIV and AIDS
Addressing social, economic and legal factors that contribute to young people's vulnerability

The challenge for SYW was to construct a framework that could guide its technical support and capacity building activities in a way that took into account these recommendations but built on them and brought in other lessons learned from the broader sexual and reproductive health field. The resulting framework defines a set of **Essential Elements** for youth-focused HIV prevention programs. This framework is described in the following section.

The Essential Elements Framework

The heart of Safe Youth Worldwide's approach is the **Essential Elements Framework**, a set of critical components that are key to all effective youth-focused HIV prevention programs. MSCI, with help from UNFPA, colleague organizations, and overseas partners developed the framework based on a review of recent literature on effective HIV prevention programs for youth as well as experiences in the sexual and reproductive health field.

⁴ Adapted from: International HIV/AIDS Alliance (2001). Expanding Community Action on HIV/AIDS: NGO/CBO Strategies for Scaling Up. International HIV/AIDS Alliance and Positive Action – GlaxoSmithKline.

⁵ UNFPA/UNAIDS (2004). At The Crossroads: Accelerating Youth Access to HIV/AIDS Interventions. UNFPA and UNAIDS Inter-Agency Task Team on Young People. Available at <http://www.unfpa.org>

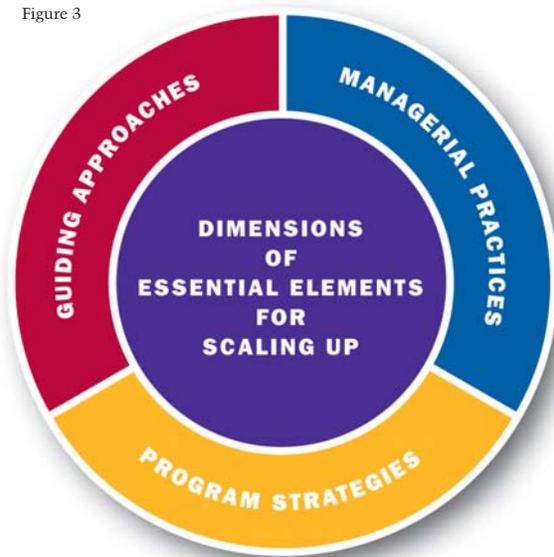
The **Essential Elements** fall into three dimensions, as illustrated in Figure 3 and described below:

Guiding Approaches

The **guiding approaches** are rights and equity-based concepts that help organizations design programs that address underlying causes of HIV infection and ensure sensitivity to local conditions and to the most vulnerable members of the population.

Traditional gender roles and some culturally-determined practices translate into unsafe sexual behaviors that fuel the HIV pandemic. Unequal vulnerabilities, both biological and social, drive the growing gap in HIV infection between young men and women – in some African countries, several times as many females as males between the ages of 15-24 are infected with HIV. When young men are expected to experiment sexually and marry later, but girls are expected to remain uninformed and marry young, even marriage becomes a risk factor for HIV infection in young women.

Figure 3



Despite this reality, many programs continue to focus narrowly on technical competencies without addressing the complex cultural and social factors that are inextricably linked to vulnerability, risk, and decision-making. Successful programs address gender norms and cultural practices, and encourage communities to support young people in making healthy choices. Since the 1994 International Conference on Population and Development, there has been a general acceptance that these are necessary elements in programming around sexual and reproductive health issues. Consequently, the guiding approaches should permeate all the activities suggested by the other two essential element dimensions in order to achieve effective interventions in HIV prevention that resonate with youth in realistic and culturally sensitive ways.

These guiding approaches include encouragement of positive sexuality, gender equity promotion, respect for young people's rights, and attention to cultural appropriateness.

- **Address sexuality positively** within the context of young people's development and rights, including intergenerational approaches, to favorably reshape sexuality and deliver factual information free of shame, guilt, and fear-laden messages. This creates conditions for healthy sexual development free from HIV infection. Unwillingness or inability to talk about sexual relationships, power dynamics, pleasure, risks, and protective measures all contribute to the failure of prevention attempts. Conversations about key protective behaviors cannot occur when providers are unable to talk openly about sexuality.

- Promote **equitable gender norms**, working from both male and female perspectives. Promote the empowerment of women and girls at the societal, community, family and interpersonal levels. Help boys and men redefine gender roles in ways that will help them to stay healthy and learn equitable ways of relating to girls and women. Programs should work to decrease gender-based violence and homophobia and ensure equitable access to health and education services.
- Understand and promote **young people's rights**, including sexual, reproductive, and human rights, and rights as health service clients. This helps create youth-friendly services and programs as well as building on and strengthening the resources, skills, and energy of young people. Raising young people's awareness of their own rights also creates an enabling environment for other Essential Elements, such as effective youth participation, utilization of key services, and adoption of responsible behaviors.
- Work with and through local people to design and implement programs and messages that are **culturally appropriate**. Such programs will build on the existing positive values and practices concerning sexuality, health, youth, and human relationships within the cultural, religious, and/or social context, while counterbalancing negative values and practices. No one solution is appropriate for all cultures and lasting change cannot be imposed or mandated from outside. So, HIV prevention programs should seek positive values that youth can identify with within their culture, while also recognizing that cultures are not monolithic, but vary within themselves and *evolve* over time.

Program Strategies

Program strategies address service, policy, and educational needs, or connect HIV prevention with other programs or service systems. They include multiple and combined strategies of comprehensive and skills-based health education, promotion of key protective behaviors, behavior change communication, youth participation, reduction of stigma, key youth-friendly services, linkages across sectors, engagement and mobilization of the wider community, and support for policies and political leadership.

- **Comprehensive and skills-based health education**, that is age-appropriate, in both school and non-formal settings, including reaching young people before the initiation of sexual activity.
- Promotion of **key protective behaviors**, including condom use for dual protection, non-violence and shared informed decision-making around sexual activity, and mutual faithfulness between uninfected partners.
- **Behavior change communication** that integrates age-appropriate strategies and activities in counseling, information, education, and communication (IEC); and social marketing of health services so that the same essential messages are promoted through multiple channels, including public education and mass media.
- Realistic and active **youth participation** in advocacy, program design and implementation, including well-supervised and supported peer education programs aimed to both at-school and hard-to-reach youth in vulnerable circumstances.
- Provision of or linkage to key **youth-friendly services**, including VCT, access to condoms, and management of sexually transmitted infections.

- **Reduction of stigma** against people living with HIV and AIDS in order to decrease discrimination, promote voluntary counseling and testing (VCT) and public dialogue about HIV, and prevent further transmission by those already infected with HIV.
- Promotion of positive social norms through **engaging the wider community** of gatekeepers, influential adults, and decision-makers who affect youth; working with parents, teachers, communicators, religious and other community leaders, and policy makers.
- **Linkages across sectors** of HIV prevention interventions to other programs, including broader health services and youth development interventions, e.g., promoting economic and job opportunities and working with women's empowerment programs.
- Advocacy and support for **policies and political leadership** that create an enabling environment for the preceding elements.

Managerial Practices

Managerial practices are abilities that allow organizations to strengthen youth-friendly HIV prevention programs while ensuring that they remain efficient and sustainable. Important practices include building staff capacity, maintaining programs and services up to date, assuring accountability and fiscal sustainability, strengthening monitoring and evaluation, and facilitating partnerships with other organizations and networks.

While these are essential to all sustainable programs, there are particular aspects of these elements that need to be addressed because of the special nature of youth-focused HIV prevention programs.

- Build **staff capacity** with the training, supervision, information, equipment, performance feedback, incentives, and supplies necessary to do their job effectively, including conducting outreach to a variety of population sub-

groups, socio-economic levels, and geographic regions. Special attention will need to be paid to ensuring staff capacity to address sexuality and gender equity effectively as well as to be comfortable working with youth.

- Procure information and best practices to **keep programs and services up to date**, and particularly attuned to changes in youth culture and the nature of the HIV epidemic.
- Demonstrate **accountability** and efficient management of resources.
- Develop **fiscal sustainability** through activities including fundraising from diverse sources and implementing cost-recovery mechanisms, such as selling products or providing fee-based technical support.
- Demonstrate results through a sound **monitoring and evaluation** structure including indicators in areas such as service quality and utilization and increase in protective behaviors, as well as some of the more "hard-to-measure" aspects of youth empowerment, sexuality, and gender equity.
- Demonstrate the leadership necessary to create **partnerships** and social capital with community networks and organizations, health providers, NGOs, governmental institutions, donors, etc., particularly those partnerships needed to meet the diverse needs of youth and the multiple aspects of HIV prevention.

This framework guided all phases of the SYW initiative, including the selection of partner programs, needs assessment, the technical support work plans, and the evaluation of intervention effectiveness. It also guided the analysis of materials included in the SYW compendium. The framework is flexible and useful for assessing aspects of program capacity as well as for analyzing local conditions that should be addressed by successful scale-up programs (such as availability of youth-friendly services, and policies that make information and services accessible to youth).

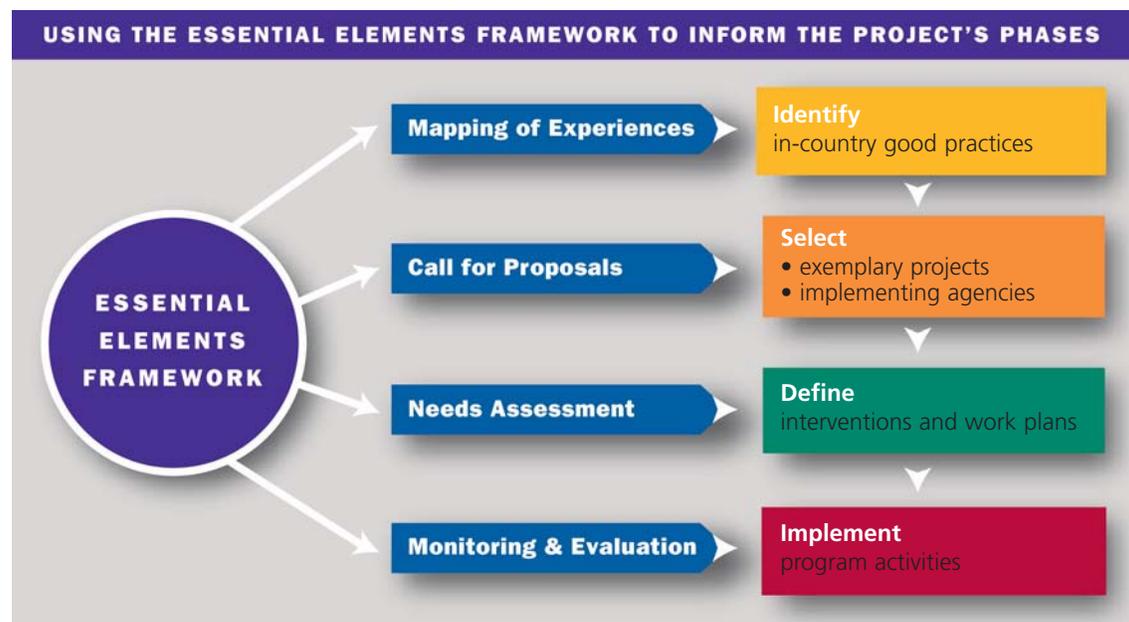
Methodology and Steps for Applying the Essential Elements Framework in Five Countries

Between 2002 and 2004, with support from UNFPA, MSCI worked in Chad, Dominican Republic, Namibia, Nepal and South Africa to apply the **Essential Elements Framework** to promising NGO programs that sought to expand and enhance the quality and coverage of their HIV prevention services for youth. MSCI resident technical advisors (RTAs), with support from MSCI New York and South Africa and UNFPA country offices, conducted and supervised all aspects of the development of SYW in each country through a multistage systematic process. The main outputs were the selection of local partners and provision of technical support to help them design and implement work plans to improve and expand their youth-focused HIV prevention activities. Working with MSCI, local partners managed the process of involving stakeholders, mobilizing communities, selecting community partners, and assessing their results.

The scaling-up process varied for each project and set of implementing partners. It included the expansion of a service or a program throughout a particular system (such as public sector facilities or a family planning association); or the process of making programs or local services widely available to youth in another district, province or throughout the country; or allowing the programs to become integral parts of the health system and other sectors. Yet another way of scaling up HIV prevention programs for youth involved improving the quality of programs and services by adding new Essential Elements (see above) to already-successful programs. Aside from a strategic change in institutions, this process involved an expansion of target groups and achievement of sufficient program acceptance to cause observable social change.

The initiative also worked through a diffusion model to strengthen capacity regarding all of the Essential Elements: as MSCI provided technical support to local partners implementing country programs, these agencies were expected in turn, to provide technical support

Figure 4



to community-based organizations, thus extending the expansion process.

Developing capacity in local HIV prevention programs for youth included, among other aspects, promoting the acquisition of knowledge and technical experience through training personnel and giving them access to state-of-the-art prevention methods and resources; helping organizations build links with social networks; improving administrative and managerial abilities; encouraging ongoing research, monitoring, and evaluation to document evidence and communicate results; and developing plans for sustainability. Below is a description of how the Essential Elements Framework guided each phase of the process. (See Figure 3.)

1. Preparatory Phase: Identifying In-Country Good Practices

Once the countries participating in SYW were selected, MSCI hired Resident Technical Advisors (RTAs) in Chad, the Dominican Republic, Namibia, and Nepal. MSCI South Africa (MSCISA), based in Johannesburg, was responsible for implementing the project in South Africa.

The RTAs consulted with in-country UNFPA office staff and local experts knowledgeable about good practices for youth-focused HIV prevention and sexual and reproductive health promotion and established consultative groups (advisory councils) to help select partnering agencies working in HIV prevention. MSCI staff also worked closely with government officials and key NGOs to analyze the importance of the Essential Elements in relation to the nature of the epidemic and national HIV/AIDS strategies.

2. Phase One: Selecting Implementing Agencies

In the Dominican Republic and Nepal, MSCI collected information on NGOs working in the fields of youth services and HIV prevention. In

addition to information obtained from this mapping process, local advisory committees helped identify partners, mobilize communities, and build solidarity. These latter two activities proved critical to programs' sustainability.

Requests for proposals were disseminated in Chad, the Dominican Republic, and Nepal. In Namibia, organizations known to UNFPA were invited to submit proposals. In South Africa, MSCISA selected a promising and innovative start-up project. Programs were selected based on analysis of proposed interventions, guided by criteria developed specifically for each country. Variables considered included experience working with youth, potential for interventions to be inter-institutional, and potential for assessment. Only proposals for programs located in high prevalence areas, that included aspects of the Essential Elements Framework, or that intended to scale up ongoing programs rather than pilot programs, were considered. Other criteria included potential for replication, clarity of methodology, and clarity of geographical targets.

3. Phase Two: Defining Interventions and Work Plans

Needs Assessments Using a tool designed to assess each of the Essential Elements, baseline organizational assessments of each local partner provided specific information about the status of selected programs with regard to each essential element. Given that partners chosen to participate in SYW were leaders in youth-focused HIV prevention in their respective countries, the assessment defined areas of strength as well as weaknesses. The assessment provided MSCI and the partners with a basis for choosing areas to target for the scaling-up process within the one year allotted for the project. In two countries, Nepal and South Africa, baseline surveys provided additional information about target populations' knowledge, attitudes, and practices regarding HIV/AIDS and risk behavior.

Figure 5

AGENCIES AND PROGRAMS THAT PARTICIPATED IN THE SCALING-UP ACTIVITIES		
Country	NGO(s) Selected for Scaling Up	Name of Proposal/Program
Chad	INADES Formation Chad	Expanding information and education about HIV/AIDS at schools and rural communities
Dominican Republic	Association Jeunesse Anti-Clivaje (AJAC) Coordinadora de Animación Socio-Cultural (CASCO)	Fighting HIV/AIDS and empowering youth Youth leadership and development of an HIV/AIDS response within a context of provinces on the border with Haiti
Namibia	Namibia Planned Parenthood Association (NAPPA) Ombetja Yehinga Organization (OYO)	Scaling up the NAPPA Peer Education Program in Windhoek Strengthening and expanding OYO's innovative techniques and programs to create awareness of HIV prevention among youth and communities
Nepal	BP Memorial Health Foundation (BPMHF)	Empowering youth in HIV prevention program
South Africa	Vuselela uLwazi Lwakho Drop-In Center (VULDIC)	Generation of youth, gender, and community initiative for HIV/AIDS prevention and support

Work Plans MSCI helped each partner develop work plans based on results of the organizational needs assessment; their original proposals; and information about the HIV situation and national and local public policies, strategies, and programs. Work plans were organized by objectives that specified the element or elements that the project aimed to improve, strengthen, or broaden. The plans further defined activities required, people and/or organizations responsible for carrying out each activity, and timelines. The range of objectives included:

- Updating **guiding approaches** by adapting IEC/BCC materials to integrate gender equity principles, positive sexuality, culturally sensitive messages, and reproductive rights of youth.
- Improving and/or replicating and/or broadening **program strategies** by recruiting and training trainers, peer educators, providers,

peer leaders, and volunteers as well as by supporting youth-friendly services, stigma reduction, and referral systems between communities and providers.

- Enhancing **managerial practices** by training partners' staff in program coordination, accounting, management of logistics, and monitoring; supporting cross-fertilization among agencies; providing equipment; and developing tools to institutionalize these capacities.

4. Phase Three: Program Implementation

Since activities were customized to address the needs of each implementing agency and communities targeted by the initiative, they varied from country to country. Partners implemented capacity-building activities with technical support from MSCI. In some cases training was provided by local agencies, like the Family Planning Association in Chad. In Nepal and

Figure 6

EXAMPLES OF CHANGES ACHIEVED BY AGENCIES WITH HELP FROM SAFE YOUTH WORLDWIDE'S TECHNICAL SUPPORT
Integrated overlooked issues, such as gender equity, sexuality, or young people's rights
Replicated proven approaches and eliminated duplication of effort
Maintained quality as projects grew in size or scope
Trained staff, peer educators, and community leaders
Adapted existing materials and strategies for new audiences
Created tools for monitoring and evaluation
Built coalitions by linking local experts (NGOs, government agencies, donors, consultants, community leaders)
Built income-generating mechanisms to ensure sustainability

the Dominican Republic, partners provided training and adapted existing IEC/BCC materials with assistance from MSCI and consultants knowledgeable in specific areas such as gender equity. The RTAs in these countries also worked with partners to strengthen the coordination and management of their programs. In South Africa and Namibia, MSCISA's Center for Excellence trained staff from partner organizations on gender equity principles, sexual and reproductive health, and program monitoring and evaluation. The training addressed methods for institutionalizing record keeping and improving accounting practices.

Other activities common to most SYW programs helped organizations to build solidarity at all levels. MSCI and partnering agencies, particularly CASCO, BPMHF, and VULDIC, worked intensively to mobilize communities (teachers, parents, providers, political and religious leaders, and youth networks and

clubs). MSCI and UNFPA field representatives advocated for the initiative with ministries of health and education, as well as municipal health and education departments. SYW programs in Nepal and South Africa raised awareness among the media about HIV prevention, targeting youth and adolescent sexual and reproductive health through radio contests and workshops for members of the press.

Monitoring and Evaluation Program monitoring and staff supervision were activities emphasized in all the countries. MSCI monitored and supervised partners and developed tools to help them institutionalize monitoring activities. At the same time, staff members from partner organizations learned to monitor and supervise peer educators, volunteers, and community leaders. Using a progress table as a monitoring tool, MSCI's RTAs carefully tracked Essential Elements targeted for scaling up, progress achieved midway through the project, and final results.

Process evaluations showed positive results. Stakeholders indicated that they benefited from the training they received; approved the methodology; and valued the project's ability to open dialogue between parents and children, and among youth, teachers, providers, and community leaders. The initiative succeeded, in all countries, in legitimizing public discourse about topics previously considered taboo or too personal to discuss. This achievement varied from country to country due to differences in cultural issues. In Nepal, for instance, SYW helped young people to talk about HIV and related issues to friends of the same sex. Youth in the Dominican Republic, South Africa and Namibia, however, discussed these issues in mixed groups and with friends of the opposite sex. In Chad, information on safer sex became more accessible through youth clubs and committees.

Lessons Learned and Programmatic Advice

Based on the work of the SYW teams in all five countries – as gleaned from project reports and intense discussion among staff – we have summarized the observations and lessons we all learned over these two years of implementing the SYW approach.

The SYW approach proved to be both systematic and flexible and generated a rich array of experiences.

The SYW approach proved to be both systematic and flexible and generated a rich array of experiences. Though these lessons are derived from practical experience rather than systematic research, we are confident that they can provide solid insights and guidance for those who wish to help encourage efforts to expand HIV prevention programs for young people. We first offer some observations about the process of scaling up programs and then more specific ones about the Essential Elements Framework and its components.

General Lessons about the Scaling-Up Process

Expansion of promising projects is a complex process that requires various steps and takes significant time.

Here are some concrete observations for future programs:

- Even for programs whose focus is on youth, the need to define which youth are at higher risk will make it necessary to analyze the latest epidemiological data, but also to coordinate with governmental policies and strategies, and assess the risks in specific communities.
- Programs that wish to address the needs of younger youth, 10-15 years of age, may find themselves without the experience to do this, as work with this age group requires different skills and approaches than work with older ages.
- Careful and transparent assessment of strengths and weaknesses within even the most promising and exemplary programs must be performed from the outset.
- Quality of all program components (via the Essential Elements Framework) should be assessed from the outset and systematically throughout the expansion process.

- Quality deficiencies detected and/or Essential Elements identified as weak or absent need to be addressed as soon as possible, since expansion will only make deficiencies more apparent and damaging.
- Expansion of promising programs requires learning new skills, overcoming unforeseen challenges, and adapting to seasonal and political fluctuations that take place in the real world. Given this complexity, effective and sustainable scaling-up initiatives require several years of continuous support.
- As new partners become involved, as conditions change, and as agencies enhance their capacities, things will change and therefore programs must embrace a culture of evaluation to keep track of what is happening and stay focused on maximizing quality together with quantity of services to ensure real impact.
- Program level monitoring and evaluation will be essential for program planning to ensure that all the components are working well together, to adjust for changes that are occurring that may have unanticipated consequences, to build on successes, and to correct errors that may have taken place.
- To expand coverage into underserved regions, NGOs require a great deal of assistance to develop infrastructure, hire appropriate staff, and plan and manage the logistics of the expansion.
- In very impoverished countries, widespread poverty, lack of education, and difficult climate conditions present real obstacles to consider when expanding coverage to more remote areas.
- While sustainability requires continuous financial support, it primarily depends on improving social networks, opening channels for knowledge sharing, and expanding stakeholder buy-in and local avenues of funding.
- Multi-sectoral collaboration and building of partnerships are essential to any efforts at expansion and scaling up and must be addressed from the outset. Partnerships are highly complex and require investing sufficient time, patience, and dedication.
- Governmental-lead and more ambitious scaling-up processes involving institutions at the national level can learn important lessons from NGOs that have attempted to expand their HIV prevention activities and should form partnerships with such NGOs.

General Lessons Regarding the Essential Elements Framework

- Even the most promising programs which are considered good candidates for expansion and may be among the best operating in a given country, often require assistance to correct deficiencies and improve operations in one or more of the three main dimensions of the Essential Elements Framework: guiding approaches, program strategies, and managerial practices.
- Having a comprehensive framework enables technical support agencies to tailor their assistance to the specific needs of the implementing NGOs/CBOs.
- Components of all three dimensions should be assessed at the beginning of an expansion or scaling-up process.
- Tools such as the needs assessment used in SYW can help programs understand which areas require further development in order to scale up HIV prevention for young people.

- Once the organization’s profile is identified, a work plan needs to be developed to prioritize which of the Essential Elements will be addressed and in what order. Together, the technical support agency and the local implementing agency can design training and assistance plans that build on organizations’ strengths, correct weaknesses, and fill gaps so that programs can offer quality services and truly reduce HIV risk among youth.
- Progress needs to be monitored throughout the process since changes in any one dimension may affect the others.
- No single NGO should expect to fulfill all of the Essential Elements. Therefore the assessment and program activities need to take into account partnerships that will be central to scale-up efforts.

Lessons Specific to the Guiding Approaches

The dimension of guiding approaches is the area that seems to require attention by all local NGOs and government programs that are expanding and trying to enhance the effectiveness of their youth-focused HIV prevention programs.

- Even when programs are aware of the importance of principles such as gender equity and youth rights, they may not know how to integrate these elements into their strategies and activities, and require technical support in understanding and fostering those fundamental issues across the entire institution.
- Local organizations sometimes avoid addressing gender equity promotion and sexuality due to the cultural and political sensitivity of these issues. For programs to promote sexuality in positive ways, to become youth-friendly, and to promote changes in the prevailing gender norms will require that they address beliefs that are deeply rooted in culture and are difficult to change.

In Namibia, even though Ombetja Yehinga (OYO) had never addressed gender in their work on HIV and sexuality, once they had gone through a training on “gender equity promotion” they devised ways to discuss gender transformation with school teachers and began to introduce new elements on gender into their media work.

- An organization’s own staff will likely have the same attitudes – to some degree – as are prevalent in the population the agency is working with. Therefore, attention needs to be given to supporting staff development in these areas (See: Managerial Practices).
- Enhanced technical expertise in these areas helps programs flourish and find creative ways of communicating prevention messages to young people.

Promoting more equitable gender norms, working from both male and female perspectives, is critical.

- Given the pervasive influence of gender inequities in the propagation of HIV, no youth-focused program can afford to ignore the importance of working to promote changes in gender norms and practices related to sexual behavior. Youth are particularly open to making healthy changes in this area.
- Agencies will need to analyze how they approach gender, and learn to work towards transforming gender norms and roles in order to reduce risky sexual behavior.
- Introducing gender issues for the first time will require organizations to ensure thorough understanding of gender issues within their own structures as well as being willing to analyze their programming to promote gender equity at every opportunity.

- Even organizations that are incorporating attention to gender, may be doing it in a number of different ways (that have very different consequences):
 - a. Reinforcing gender stereotypes (gender negative)
 - b. Focusing on equal numbers of boys and girls without addressing differential needs (gender neutral)
 - c. Accommodating to gender differences (gender sensitive)
 - d. Helping youth change gender norms and work towards greater equity and equality (gender equity promotion).
- Understanding the difference among these four approaches can help programs become more consistent in working to promote needed changes.
- Special skills are needed to help organizations integrate a gender equity promotion focus into their work. Often public health personnel do not have the training required for this – but can learn quickly. Once staff members understand the different ways of addressing gender and the different implications of each approach, they become very creative in finding ways to facilitate important changes. Agencies will need to commit to supporting their staff on an ongoing basis to foster those changes. Even small changes toward promoting gender equity will often make a large difference in the real impact of HIV prevention and on the organizations involved.⁶
- Programs may decide to promote girls’ and women’s empowerment at one or more levels, including the societal, community, family, interpersonal, and individual levels.
- Where gender roles are highly differentiated and firmly entrenched, long-term efforts, on multiple levels, will be needed to foster sustainable change in gender norms.

In Chad, tribal chiefs were enlisted to support income generation projects for women.

- Special attention should be given to reducing gender-based violence and helping boys and men redefine gender roles in ways that help them stay healthy and learn appropriate non-aggressive behaviors relating to girls and women.
- Work on promoting gender equity will have to move only as far as the context and culture allow, but some progress can always be made.

Sexuality should be addressed in positive ways that foster healthy behaviors and good communication between adults and young people.

- Promotion of healthy sexuality is often confused with promoting safer sex alone. Even programs that pride themselves on working on sexuality may fall into sex-negative approaches to education, which foster guilt, shame, and fear. Messages are too often focused only on risk in ways that do not resonate with youth.
- Youth often want to engage in open discussion of sexuality, in ways that acknowledge pleasure, intimacy, and passion and help them stay healthy and have loving relationships.
- Efforts to open debate on sexuality may come up against strong taboos and gender-based obstacles; different approaches will be needed to open the dialogue for girls and women in comparison to approaches for boys and men.

⁶ MSCI (2005). Doing Gender the “Rights” Way: Promoting Gender Equity in Sexual and Reproductive Health Programs. In press.

- Programs address sexuality in the following ways, with very different implications for HIV prevention:
 - a. Avoiding discussion about sexuality, except in terms of the biological basics of anatomy and physiology of sex.
 - b. Describing sex in negative, fear-based, risk-oriented ways only.
 - c. Addressing sexuality as a public health and medically focused topic.
 - d. Encouraging open discussion that balances prevention and responsibility with discussion of pleasure, empowerment, and rights. This last approach is the most effective for HIV prevention programs for youth.
- Youth have fewer barriers to discussing sexuality; their minds are more open than are those of adults. They do not accept programs that limit information and focus only on the negative aspects associated with sexuality.
- Programs will need to understand their country's own legal and macro-social framework within which they can operate (for example, Do laws prohibit contraception for young people or not? Are there restrictions on the kind of information that can be made available?).
- Technical support for programs that are beginning to work in these topics will take time and needs to be provided over the long haul.
- There is frequently an assumption made that HIV professionals know everything there is to know about sexuality. However, they also express interest in learning more about how to foster open and non-judgmental dialogue on this topic, and may need help to overcome taboos and stigma that are common to their own cultural context.

In Nepal, despite BPMHF's acceptance of health sexuality within its curriculum and staff training, the issue is still difficult to manage in public events with the community due to cultural pressures.

- Multiple sectors of stakeholders need to be mobilized from the beginning, including parents and key community and religious leaders. Educating these sectors first may well be necessary in order to bring them on board. By involving and educating multiple sectors, resistance – when it occurs – can be attenuated and even dissipated.

In Chad, where culture and excruciating poverty dominated the context, efforts centered on women's empowerment through income generation interventions that promoted HIV prevention but could not yet expand to discussions of sexuality due to cultural taboos and young women's fear of losing support from their husbands.

- It is essential to embrace local cultural traditions and to find ways to open up dialogue and debate within culturally acceptable limits.
- By empowering youth to mobilize the community in support of sexuality education and HIV prevention, strategies will be more context-appropriate and effective.

Fostering young people's rights, including sexual, reproductive, and human rights and their rights as health service clients, should be a fundamental principle for programs working on youth-focused HIV prevention.

- In contexts where rights discourse is developed or developing, youth may see sexuality as a human right and demand access to information they need to make their own decisions about their sexuality.
- Situating sexual and reproductive health and HIV prevention within the context of citizenship and empowerment is a very effective strategy.
- Tensions that arise over the rights of youth to exert influence in their communities and schools can be attenuated by involving younger professors and other local allies, such as the media.
- Youth networks can boost stakeholder support for HIV prevention and ensure program sustainability.

In the Dominican Republic, youth who received advocacy and health training became far more effective leaders than those who only received training in sexual and reproductive health. Those who also received training in advocacy were able to learn new ways of expressing themselves and gained a “seat at the table” to negotiate local programs to meet their needs and those of their peers. The trained advocates found new ways of inserting themselves at different levels of district and provincial government and were able to influence public budgets, ensure basic services, and develop ongoing networks to support their work.

- Empowering young people to work with community leaders and health providers contributes to changing attitudes for all community members, as youth and adults became more comfortable talking about sensitive issues.
- Advocacy skills training should be provided in addition to sexual and reproductive health training.

HIV prevention requires organizations to work with and through local people to design and implement programs and messages that are culturally appropriate.

- Programs need to learn about and thoroughly understand the communities they are working in, since the local context greatly influences HIV risks and care.
- In some cases, HIV prevention programs try to operate as vanguard agencies and come into conflict with (or are rejected by) the local culture. It is far more effective to work within the local culture and find ways to reinforce positive aspects and deconstruct or neutralize negative ones.
- All local cultural, religious and/or social contexts have some positive elements that can be supportive of healthy sexuality, youth development, and equitable relationships. Programs should identify, understand, and build on these positive elements.
- It is important to remember that cultures evolve and change to find solutions to new problems.
- Communication with communities needs to be very fluid to ensure that new programs are not rejected outright. Technical assistance for expanding HIV prevention programs needs to help organizations introduce themselves into new communities in culturally sensitive ways.

Lessons Specific to Program Strategies

In order to implement a combination of different program strategies as part of a comprehensive approach to meeting the needs of young people, NGOs don't have to be experts and develop activities in all the program strategies but need to understand how to ensure an integrated set of interventions through networking and collaboration.

- Even NGOs that do not provide direct services (e.g. VCT, STI treatments, etc) should know what those services are, who provides them, and how to link to them in order to scale up a comprehensive prevention strategy.
- Organizations that focus on specific strategies can improve the quality of their programs by specializing, while also coordinating with other agencies to provide a joint comprehensive package.
- Coordination among specialized agencies needs to be designed so as to reach a variety of target populations, reduce cost of interventions, and generate a greater impact in the communities.

Comprehensive and skills-based health education and promotion of key protective behaviors, in both school and non-formal settings, should be an important component of prevention programs and should reach younger groups.

- Basic problem solving skills, coping with stress, and decision-making – particularly around sexuality and use of contraceptives – are the most common components of skills-based health education. However, providing young people with training to develop employment skills and abilities to manage free time are components that could also be very useful.

- Income generating activities can be especially powerful, as they promote life skills, attract communities' attention, and help spread prevention messages.
- Programs need to develop skills-based health education that reaches young people before the initiation of sexual activity.
- Promotion of key protective behaviors, including condoms for dual protection, informed and mutual decision-making about sexual activity, and mutual faithfulness between uninfected partners should also be part of a comprehensive health education strategy. Programs that distribute condoms or coordinate with services to make them available for young people are effective in gaining youth attention and buy-in to protective messages and other components of HIV prevention.
- Similarly, promotion of skills to prevent alcohol and drug abuse, a prevalent problem among youth and a factor in the spread of HIV, should be integrated into those strategies.
- Young people and communities can be empowered to reduce stigma by sharing knowledge and fostering social networks and solidarity.

The degree of real youth participation varies among different agencies and greater participation should be encouraged among youth-focused HIV prevention programs.

- Even though NGOs involve young people in the design and implementation of some programs (especially those related to peer education), there is still a long way to go to achieve real participation of youth in program management and planning.

A tenth grader from Pokhara, in Nepal, likes to share the change the training has brought about in his life. He says: “I don’t feel shy any more to talk about issues related to reproductive health. I share my knowledge with my friends both in and outside my class. I talk to girls as much as I do to boys.” When asked the benefits of the training, he says: “I can talk with boys and girls without any hesitation, my level of confidence has gone up and I feel happy to have been able to help others understand the issues surrounding adolescence.”

- NGOs need to be prepared to actively involve youth at all levels in order to avoid tokenism. Real youth participation requires organizational support and – in many cases – changes in institutional dynamics and structures.
- The most solid base for youth participation in programs is one that involves youth, from the planning stages, throughout execution, and during evaluation of activities.
- Including young people as program staff can set up a new dynamic of knowledge sharing and open dialogue. This often facilitates the development of interventions at all levels; enhances the communication with target groups; opens room for innovation; and reinvigorates an organization’s vision, commitment, and role as an important player against the epidemic.
- Establishing a critical mass of peer educators is essential since educators rely on a network of informed peers to consult, exchange experiences, and share personal doubts. Membership in this network strengthens each educator’s ability to work effectively. Furthermore, peer educators are more confident when they work in a group rather than individually.
- Buy-in from the community and well-structured supervision are necessary to help avoid risks for the peer educators. Adults will need to initially talk to leaders in the community or teachers to gain support.
- The same gender biases that a program may want to address, that discriminate against girls, may create conditions that make it hard to include girls among peer educators. This will interfere in the project’s impact and should be addressed aggressively.

Peer education is a very popular and seemingly ubiquitous strategy for involving youth participation in HIV prevention, though it is done in different ways in different programs.

- Peer-to-peer education can be highly effective but requires continued support and supervision to reinforce knowledge and attitudes among peers.
- Peer education programs make major changes in the lives of peer educators themselves.

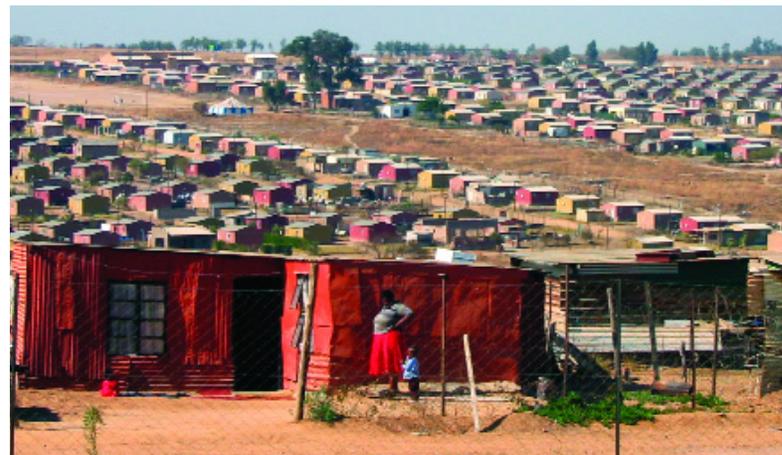
In Nepal, most of the youth multipliers had been male but the initiative added girls. Even this small step forward required considerable effort to gain parental support for this “radical” notion.

- Often peers, who return to their communities after being educated, will be pressured to maintain old beliefs and practices.
- The presence of the peer group and identification with the agency of origin will help peers avoid sexual harassment and other sources of violence. Symbols of membership – basic kit, knapsack, T-shirts, brochures – are important to keep peer educators safe. These symbols also help identify peer leaders and give them leadership status in the community.
- Peers also need reinforcement and support through families, as well as formal links to the health system to empower them and sustain their learning. When serious problems arise and peer educators are not able to resolve them, a good referral mechanism to counseling and services is crucial.
- Most peer educators are secondary school students, and therefore will drop out of the project in a short time frame. A sustainable plan for training younger peer educators and establishing schemes to retain skilled young leaders should be conceived. It is necessary to keep training more youth, and perhaps starting with 10- to 14-year-olds.
- Incentives are very useful to retain peer educators, but do not need to be economic. However, in very poor settings with high unemployment rates, stipends for peer educators become an important incentive and livelihood support for young people.
- Peer education programs can be sustained with commitment from NGOs and communities but also need some financial support.

In Nepal, there were very successful examples of using contests, awards, and competitions, instead of monetary rewards. However, in Diepsloot, a poor settlement outside Johannesburg, South Africa, peer educators depended on stipends to survive. In both situations the newly gained skills served as life-transforming experiences.

Provision of or linkage to key youth-friendly services is central to comprehensive youth-focused HIV prevention strategies. However, these services might be limited and vary in scope depending on the structure of the countries' health systems.

- A variety of good materials exist that can serve as a base for developing youth-friendly services. However, local programs need to adapt a model to local conditions.
- An effective way of adapting a model to local circumstances is to describe the components of youth-friendly services and then work with the community to define what they want, how they want the services delivered, and how they can access them.



- Programs will need to retrain service providers since, in many cases, providers lack information and positive attitudes to work well with young people.
- Even where public providers (e.g. health posts, local hospitals, etc.) have major deficiencies, it is possible to achieve sustainable integration of youth-friendly services. Rather than starting new independent services (which might be easier to set up), efforts to foster deep transformation of public institutions could be more sustainable and have a greater impact in the long run.

A peer volunteer from Dominican Republic noted: “The hospital also opened its doors to us. We can go there on any day that we need materials or condoms and they know us. When we go there, they don’t ask us anymore who we are or where we come from. They know that we are with CASCO, and we are known in the community.”

- Approaches that actively involve youth in the advocacy for and planning of youth-friendly services appear to be very effective.
- Expanding the health system’s definition of HIV prevention beyond distributing condoms and advocating dual protection, to include listening to young people’s concerns and assuring them of privacy and confidentiality, is essential. Building trust between youth and health care providers is a significant challenge in this area.

- Program expectations must take into account the limitations imposed by the broader societal context such as poverty, inadequate infrastructure, and lack of educational opportunities. These factors will affect every aspect of the program. For example, making services youth-friendly will not overcome resistances that are created by lack of options, such as scarcity of medications to treat HIV and opportunistic infections. Even if linkages to VCT services are established, lack of access to anti-retrovirals and STI treatments will discourage young people from being tested for HIV and seeking treatment for STIs.

Programs need to involve a wide range of stakeholders to eliminate stigma and the damage it causes to HIV prevention programs.

- Buy-in by community stakeholders is essential in order to promote broad campaigns to change social norms around stigma, gender, and HIV in general.
- Multi-faceted media campaigns seem to be effective in opening dialogue to reduce stigma.
- Stigma related to HIV+ status is a major barrier to VCT unless treatment options are available.
- When stigma and discrimination are deep-rooted and veiled, extensive desensitization and training will be needed to help staff speak out and design effective programs.

Programs aimed at expanding HIV prevention among young people need to engage the wider community of gatekeepers, parents, teachers, communicators, religious and other community leaders, and policymakers.

In Chad, partnerships with local educational and health care institutions were critical to the tasks of training, organizing youth clubs, building information centers, providing counseling, and implementing counseling services. In Nepal, after BPMHF and MSCI organized an orientation program for key stakeholders, local support to the entire program increased significantly.

- When entering into a new community, it is essential to identify and engage with community gatekeepers and get them “on board.” If a program is not supported from inside the community, it is doomed to fail in one way or another.
- The buy-in process, in an unfamiliar community, will probably take one or two years, especially if the community has a history of rivalries and internal tensions.
- Substantive participation by stakeholders contributes to better coordination, improves effectiveness, and is a factor in sustaining scaling-up initiatives.

Linkage of HIV prevention interventions to other programs and across sectors, including broader health services and youth development interventions, is necessary to break the perverse cycle of HIV and poverty.

- No matter how comprehensive, well-designed and managed the programs are, they always need to be linked with broader strategies that seek to achieve poverty reduction, economic improvement, and social and political changes that help communities access resources and better living conditions.

- For lasting success, a multidimensional approach is urgently needed: one that acknowledges the individual, environmental, structural, and societal causes of and solutions for the pandemic and attempts to resolve the inequalities in gender, power, and wealth distribution.

Advocacy and support for policies and political leadership create an enabling environment for expansion of HIV prevention.

- Policies that support youth-friendly services and expand sex education; and public discourse about sexuality, couple relations, condoms, dual protection, gender equity, stigma, and rights, are key to sustaining youth-focused HIV prevention activities.

In Chad, SYW promoted skills-based health education on HIV prevention while young women’s groups were empowered through a micro-credit strategy of income-generating activities.

- Advocacy to promote favorable policies will probably be necessary as program expansion proceeds and in order to ensure sustainability.

Lessons Specific to Managerial Practices

Building leadership skills and staff capacity is essential to developing sustainable programs.

- Where local leadership capacity within a country is limited and skills for programming and managing projects are weak, the building of professional skills merits special attention from donors and providers of technical assistance.

“Even in a short period of time, a well-conceived program such as Safe Youth Worldwide can leave behind a cadre of highly motivated and sought after community coordinators, peer educators, youth leaders and volunteers. Through these people – what they learned, experienced, gained, and gave – SYW lives on and will hopefully contribute to enhanced HIV prevention among youth.” – UNFPA Dominican Republic

- As programs move increasingly toward addressing issues of gender, sexuality, and youth rights, attention will need to be paid to staff training to address resistances and provide the staff with new skills.
- Introducing management and logistical systems in organizations also requires staff training, close monitoring, and ongoing follow-up.

Agencies require up-to-date knowledge and knowledge-sharing mechanisms to benefit from the experience of others and ensure that they are using the best program strategies available.

- Timely and continual access to updated planning materials and training resources helps improve program quality. Efforts to share materials, such as the SYW compendium, are critical for informing programs and activities. Local NGO staff can refer to materials collected from such databases and select the ones that address their particular needs.

- Sharing knowledge empowers communities and helps to ensure program success. Knowledge makes people aware of the rights and choices they have.
- While local NGOs and CBOs need financial support to work, knowledge sharing from multi-cultural and multi-regional experiences is also essential.
- Lessons learned from effective programs should be shared and disseminated at the national and international levels, through simple means such as illustrated brochures or videos that include testimonials as well as explanations of program methodology and keys to success.

Although financial inputs are often critical for delivering HIV prevention programs, organizations need assistance to learn how to manage resources efficiently and demonstrate accountability.

- Organizations want and need to improve their performance and impact in this area.

In countries, such as Namibia, that only recently became independent, and where local leadership was violently suppressed by its colonizers, sharing knowledge and capacity building is urgently needed.

- All the technical training in the world will not help prevent HIV if trained personnel return to organizations that fail due to a lack of managerial capacities.

- Weaknesses of organizational capacity and program quality should be addressed in coordination with other activities aimed at enhancing program quality. Even well-established NGOs and CBOs with acceptable financial practices tend to suffer from management-related weaknesses that can jeopardize the programs, particularly during the expansion process. Some of these weaknesses may be created by expansion itself. Other weaknesses are more generic and pervasive, such as the common need to diversify financial resources and to improve operational procedures and internal systems.
- Program expansion requires improving management systems, staff expertise, and logistical factors (such as access to condoms and medication) to achieve the larger goal of enhancing the accessibility of youth-friendly HIV prevention programs and services.
- Small CBOs with committed leaders and champions, provided with effective technical support, can expand programs at the local level, making a huge difference in people's lives. However, as programs expand, CBOs and NGOs founded by a charismatic leader need to decentralize leadership to improve management practices.



- NGOs and CBOs that attempt to expand while correcting major organizational weaknesses will need to rally staff at all levels of the organization and communicate activities and responsibilities very clearly.

Sustainability, including fiscal planning, must permeate all aspects of the expansion of HIV prevention programs.

- Analysis of and provision for sustainability must be integrated at the outset into all aspects of a program's work plan.
- For HIV prevention programs to be sustainable, various aspects of the organization need to be coordinated and strengthened such as its abilities to provide technically appropriate, state-of-the-art, high-quality services; plan and manage all aspects of the programs' operations; generate sufficient financial resources to continue to provide services; and maintain the support and involvement of community members, stakeholders, and key decision makers.
- NGOs need to develop fiscal sustainability by diversifying their funding sources and implementing cost-recovery mechanisms, such as selling products or technical support. Successful mobilization of stakeholders' community resources is also essential to ensuring sustainability.

A sound monitoring and evaluation structure is essential to ensure and demonstrate results.

- Even leading NGOs need to honestly assess their capacities, be willing to face up to weaknesses, and do what is necessary to overcome them.
- Careful assessment of local capacities is essential for designing projects with achievable objectives. Furthermore, accurate assessments are essential for choosing which programs should be scaled up.

Agencies may need assistance in designing tools for needs assessment, monitoring, and program evaluation. Such assistance may be necessary for enabling staff to gather information to assess their own needs and to acquire a critical perspective essential for deciding how to scale up their programs.

- Assessment variables should include programmatic and institutional capacities including administrative and managerial issues.
- Once the initial assessment has been made, NGOs should honestly evaluate whether or not they need to first strengthen their program before beginning the expansion process or whether they are committed to doing both at the same time.
- A culture of evaluation needs to be learned so that staff and stakeholders plan and utilize monitoring and evaluation findings to enhance their program activities, their advocacy, and their fundraising efforts.

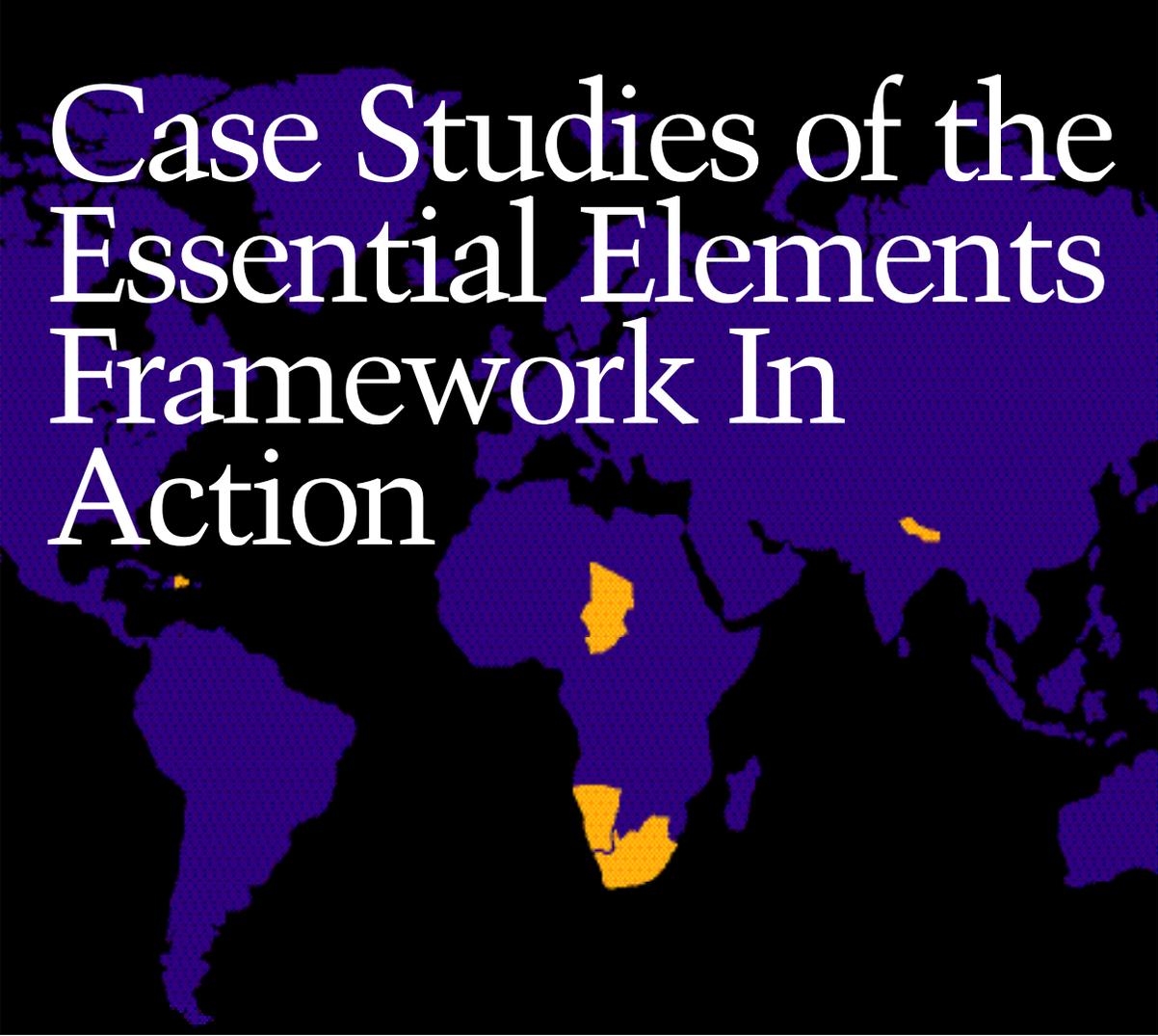
Partnerships, network building, and cross-fertilization among local collaborators are key factors in enhancing NGOs' technical capacity.

- Ongoing and in-depth communication among program staff and partners is critical. This requires maintenance of stakeholders' buy-in throughout the span of the program, which entails agreement on goals and strategies as well as effective ongoing communication.
- Referral systems, networks, and cross-program collaborations enable agencies to specialize while ensuring that youth have access to a full array of services. No agency should feel that it has to "do it all alone."
- Even though strong NGOs can assure that program activities become institutionalized, sustainability will be limited in the absence of effective partnerships.

In Chad, SYW fostered successful collaboration and cross-fertilization among local NGOs building upon the existence of local expertise. MSCJ requested assistance from the Family Planning Association of Chad (ASTBEF) to provide training for personnel and peer educators from two other partner NGOs.

- Since expanding services requires active collaboration among local partner agencies, NGOs must accept or value partnerships and not compete to dominate the playing field or direct rather than collaborate. This may be particularly difficult for the NGOs that have been considered leaders in their field or in a specific niche area. However, those NGOs could be a valuable resource that can benefit the program outcomes.
- Stakeholder buy-in and cross-fertilization among NGOs and between NGO and governmental programs takes time. At the outset, time should be invested in building these partnerships. Programmatic outputs and outcomes should be determined after the partnerships have been established and common goals are set.
- A clear definition of roles and responsibilities from the outset is absolutely necessary to avoid confusion and duplication of effort and to build rapport among stakeholders.
- The expansion of several components simultaneously requires careful planning, coordination, and buy-in from key stakeholders in various sectors (including health and education). This contributes to building solidarity, which in turn impacts achievements and sustainability.

Case Studies of the Essential Elements Framework In Action



The programs that worked in five countries with MSCI and UNFPA during 2002 to 2004 within SYW demonstrate the diversity of conditions and institutional capacities within which the Essential Elements Framework was applied. The case studies in this section provide specific examples of what was achieved and how it was done. In each case study, the program objectives are organized according to the essential element they addressed, followed by results in achieving each objective.

Though none of these cases provides an example of scaling up a program to a nationwide level, each one had the intention of expanding an initially successful program by replicating its original model, extending its coverage, and augmenting its quality and effectiveness in order to reach more youth.

The flexibility of the Essential Elements Framework enabled each program to focus on its own priorities during the time period in which SYW provided them support. Though much remains to be done, the lessons learned from these cases can help these and other programs move forward even further.



CHAD

Chad

Country Profile of HIV and AIDS

UNAIDS estimates that by the end of 2003, 4.8% of people in Chad were living with HIV and AIDS. An estimated 18,000 people died of AIDS in 2003, but according to some sources this number could be as high as 28,000.⁷ The populations most affected by HIV and AIDS are 15- to 49-year-olds. Overall prevalence in the SYW program sites ranged from 7.7% to 11.8%.⁸ In 2002, HIV prevalence among women attending antenatal care clinics ranged from 1.2% in Mongo to 11.9% in Moundou. In N'Djamena prevalence among the same group increased from 2.1% in 1995 to 7.5% in 2002.⁹

In Chad, HIV is primarily transmitted through heterosexual sexual relations, vertically from mother to child, and through contaminated tools used in traditional rites. Inequity, poverty, unemployment, and lack of access to life skills make women and youth especially vulnerable for engaging in commercial sex, and other sexual behaviors that place them at risk. The general population's knowledge regarding modes of HIV transmission and means of prevention is very low, as are condom use rates. In 2001, reported condom use for adults (ages 15-49) at higher-risk sex was 5.4% for men and 1.6% for women.¹⁰

Although Chad recently decentralized its health system, isolated rural communities continue to be under-served. In eastern Chad, the median distance to a health care center is over 10 km. Thus, most people rely on traditional medicine and unskilled practitioners. Very few agencies – NGOs or governmental service providers – offer counseling, voluntary testing, or social marketing campaigns. As per a WHO report in 2001, only 3 sites (public/NGO) offered VCT services.¹¹ Training curricula and IEC/BCC materials are also scarce and require updating.

An estimated 18,000 people died of AIDS in 2003, but according to some sources this number could be as high as 28,000.⁷

⁷ UNAIDS/WHO (2004). Epidemiological Fact Sheet – 2004 Update.

⁸ Ministry of Health (2002). Annual Report 2001-2002. Republic of Chad, Ministry of Public Health, National Program to Fight Against AIDS (PNLS).

⁹ UNAIDS/WHO (2004). Epidemiological Fact Sheet – 2004 Update.

¹⁰ UNAIDS (2002). Report on the Global HIV/AIDS Epidemic.

¹¹ WHO (2001). Coverage of selected health services for HIV/AIDS prevention and care in less developed countries.

PROJECT SUMMARY

NGO Programs Selected for Scaling Up	<p>INADES Formation Chad – “Information and Education about HIV/AIDS at Schools and Rural Community Organizations in Chad”</p> <p>AJAC (Association Jeunesse Anti-Clivaje) – “Fight Against HIV/AIDS and Empowerment of Young People.”</p>
Other Recipients of Training and Technical Support	BELACD Catholic Mission, CLAC (UNFPA), Guelendeng House, Pala Hospital, Moundou Hospital, Bedbejia Hospital, Center Al Nadjma
Location	10 cities: Bebedjia, Benoye, Bongor, N’Djamena, Gounougaya, Guelendeng, Pala, Pont Karol, Mao, Moundou
Beneficiaries	Youth (in-school and out-of-school) aged 10-24, women’s organizations, teachers, local leaders, health providers, staff at INADES and AJAC
Activities	<ul style="list-style-type: none"> • Training of peer educators • Technical and financial support to a network of peer educators, local clubs for in-school youth, and committees for out-of-school youth • Distribution of IEC materials through HIV information kiosks • Dissemination of HIV prevention messages to parents, communities, and local authorities • Support for income-generation activities to empower young women • Youth-friendly services, including training and provision of counseling services
Stakeholders Involved	<p>UNFPA, UNAIDS, UNICEF, FOSAP*, Peace Corps, BELACD Catholic Mission, Center Al Nadjma, Hospitals of Bebedjia, Pala, and Moundou, Guelendeng House, high schools and colleges at project sites</p> <p><i>*Fonds de Soutien aux Activités en Matière de Population</i></p>

INADES had experience using entertainment, educational dramas, films, and IEC materials to educate youth from farmers’ organizations about HIV prevention. It had also translated some materials into local languages (Moussey and Ngambaye), and had received previous financial support from the government and the American Embassy.

AJAC’s experience included training young people and women’s organizations in life skills and HIV prevention and helping people to develop income-generating activities and small businesses (such as sewing and woodwork shops) as a way of building life skills and economic freedom, and as an alternative to sex work. AJAC was receiving support from the World Bank through the Chad government.

SYW’s main goal was to help both NGOs broaden their activities beyond N’djama and into nine other cities countrywide. MSCI began by working with both NGOs to improve their work plans and budgets. This proved to be a vital, if time-consuming, piece in MSCI’s technical support due to the need to build staff capacity at both organizations.

MSCI also solicited assistance from the Family Planning Association of Chad (*Association Tchadienne pour le Bien Etre Familiale*, or ASTBEF) to provide training for personnel and peer educators. ASTBEF is a recognized leader in SRH services, HIV prevention, training, and counseling.



CHAD

SYW built upon INADES' and AJAC's previous experience and concentrated on a menu of activities that aimed to expand their coverage. ASTBEF and MSCI developed a training plan for INADES's and AJAC's staff which helped set the stage for scaling up programs and replicating training for peer educators in each of the cities.

Putting the Essential Elements into Practice¹²

Guiding Approaches

Identify peer trainers, define training needs, and reinforce content and skills around guiding approaches, such as gender equity and positive sexuality.

- The program disseminated information to in-school and out-of-school youth through a network of peer educators. With technical support from MSCI, INADES and AJAC selected peers, developed training materials, implemented training, conducted program activities, and developed monitoring and evaluation tools. INADES trained 84 peer educators and AJAC trained 20. Each one of those educators worked with peers to disseminate information about HIV/AIDS, emphasizing promotion of key protective behaviors and gender equity.
- Gender equity was promoted by empowering women's groups and involving girls among the peer educators trained by INADES and AJAC. These peer educators targeted out-of-school girls and young married women through women's groups.

Improve curricula and IEC materials in areas such as gender equity, youth rights, and healthy sexuality

- With help from ASTBEF, INADES and AJAC incorporated guiding approaches into their curricula. MSCI's technical assistance was instrumental in revising and including themes such as healthy sexuality and life skills, reproductive health, STIs, and the roles of peer educators.
- Stigma reduction was included as a topic in the training program, curricula, and updated materials.

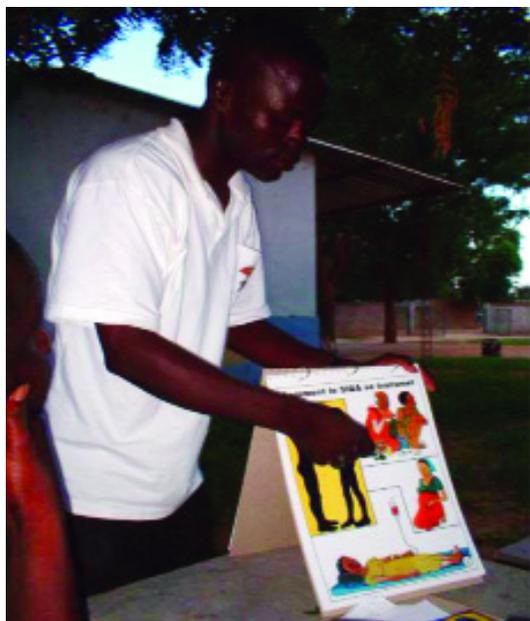
Program Strategies

Promote skills-based health education through empowering young women and improving their living conditions.

- SYW promoted health education and life skills by supporting income-generating activities for small business development parallel to HIV prevention training. MSCI and INADES selected 60 women as



¹² For each case study, the objectives are listed by Essential Element and the achievements listed under each objective.



beneficiaries, trained them in small business practices, and provided them with small grants to help them establish viable businesses in such fields as sewing and woodworking. These women were taught how to negotiate consistent and correct use of condoms and recognize the symptoms of sexually transmitted infections and their link to HIV, among other skills.

Strengthen the participation of youth by creating a network of peer educators who are knowledgeable about HIV prevention for in- and out-of-school youth

- Six local clubs were established for in-school youth in Moundou, Pala, Gounougaya, Guelendeng Pont Carol, and Bénoye. The program identified peer leaders, defined club objectives and plans, implemented educational activities, and set up kiosks where peers distributed IEC materials and condoms and provided youth with information about HIV prevention.

- In all six cities, peers received training in non-traditional educational strategies including drama and theater and subsequently performed productions related to HIV prevention in the communities.

Make services more youth-friendly by establishing adolescent counseling services linked to referrals through peer educators.

- In order to implement youth-friendly services, MSCI helped agencies develop referral systems in 10 cities between peer educators and health centers that provide counseling and treatment. Twenty providers received training in counseling, but their institutions will require further support to make their services truly youth-friendly.
- Two new counseling services were established in two cities.

Sensitize and involve the wider community (including teachers, parents, health providers, local leaders, and traditional chiefs) through educational and entertainment events.

- INADES and AJAC involved the wider community and expanded HIV prevention to rural areas by sensitizing parents, teachers, health providers, and community leaders in farming communities, youth clubs, health posts, and schools during special events. These organizations also advocated with local authorities, key leaders, and community members and informed parents through educational events and festivals. During these events, peer educators helped disseminate IEC materials, showed films, and organized informal talks and contests to create awareness about HIV prevention.



CHAD



- MSCI and its partners participated in Fest’Africa, an international one-week event held in N’djamena that promoted HIV prevention and stigma reduction and involved international and national authorities, musicians, celebrities, and the media. SYW promoted messages during the AIDS concert and set up a stand to distribute condoms and provide information to young people.

Managerial Practices

Enhance staff skills in youth-focused HIV prevention, program design, and monitoring and evaluation.

- INADES’ and AJAC’ staff received training and ongoing technical assistance during the project period in all of the areas mentioned above.
- Local consultants helped train INADES and AJAC staff in program evaluation and monitoring techniques focused on expansion efforts.

Maintain currency of programs by improving and re-publishing existing educational materials.

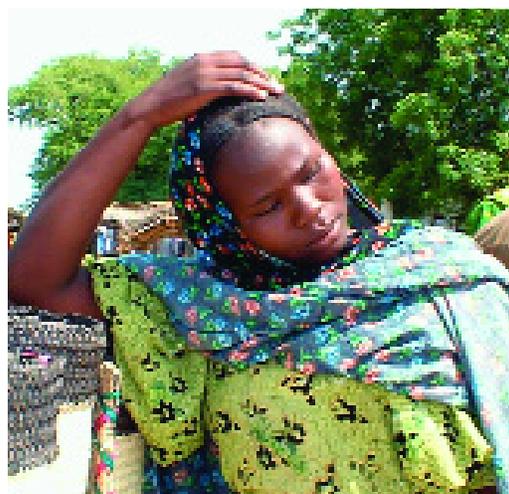
- INADES and AJAC updated the information and tools they use for effective youth-focused HIV prevention.
- Both NGOs re-published and developed new educational materials for beneficiaries and communities.

Augment program management capacity by strengthening NGOs’ infrastructure, including equipment.

- Training was provided on managerial and administrative practices.
- Although SYW worked with the NGOs to purchase equipment and tools and addressed their administrative difficulties, infrastructure and logistics complicated the rapid expansion of the activities from N’djamena to the rural areas.

Promote cross-fertilization among local NGOs through networking and partnerships.

- MSCI promoted cross-fertilization between AJAC and INADES and among other local partners by organizing capacity-building training and project implementation sessions.
- MSCI supported INADES’ and AJAC’s efforts to mobilize resources at the local level, by involving partners that contributed in-kind resources.
- AJAC and INADES fostered partnerships and mobilized stakeholders in favor of the project. Partners included international agencies as well as local service providers and community organizations.





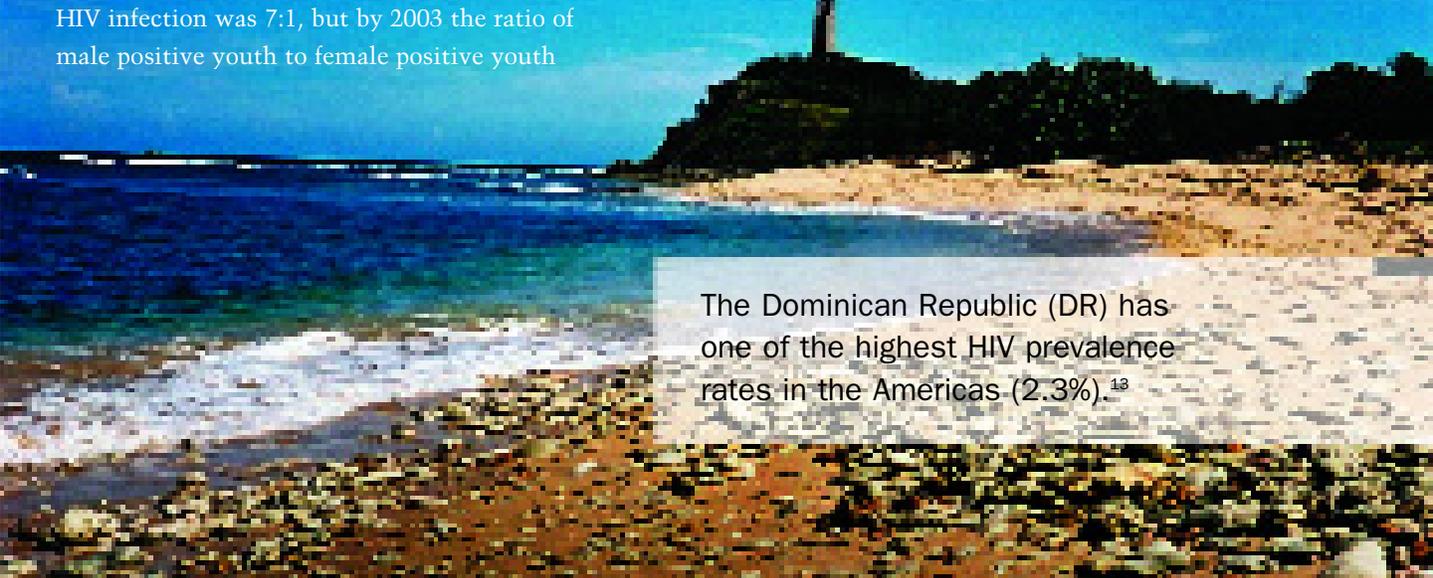
Dominican Republic

Country Profile of HIV and AIDS

The Dominican Republic (DR) has one of the highest HIV prevalence rates in the Americas (2.3%).¹³ An estimated population of 120,000 adults aged 15-49 is currently infected with HIV (2.5 percent of the country's total adult population). The DR's HIV/AIDS epidemic is regarded as generalized and slowly growing. Dominican youth aged 15-24 accounted for 22 percent of all HIV infections in 1999. HIV is transmitted primarily through sexual contact and 74.8 percent of infected individuals contracted HIV through heterosexual intercourse.¹⁴ Young Dominican women's vulnerability to infection has increased greatly in the past decade and AIDS-related diseases are now the leading cause of death among women of reproductive age. In 1987 the male/female ratio of HIV infection was 7:1, but by 2003 the ratio of male positive youth to female positive youth

was 1.3:1.¹⁵ In 2001, 4,700 children under the age of 15 were infected with HIV; 7,800 adults and children died of AIDS and 33,000 children had lost their mother or both parents to AIDS since the beginning of the epidemic. Tuberculosis infections, which are related to HIV infection, are five times higher than Latin America's average.

Together, the Dominican Republic and Haiti, the country most affected by the AIDS epidemic outside of sub-Saharan Africa, account for 85 percent of HIV and AIDS cases in the Caribbean.¹⁶ In the last two years, DR has signed several working agreements with its neighbor, Haiti, to collaborate on HIV prevention in the border areas in response to the intensity of circular migration between the two countries.



The Dominican Republic (DR) has one of the highest HIV prevalence rates in the Americas (2.3%).¹³

¹³ UNAIDS/WHO (2003). Epidemiological Fact Sheet.

¹⁴ USAID (2003). HIV/AIDS Country Profiles: Dominican Republic.

¹⁵ UNFPA (2004). Global Youth Partners Preventing HIV/AIDS. UNFPA in the Dominican Republic. <http://www.unfpa.org/hiv/gyp/profiles/dominicanrepublic.htm>

¹⁶ USAID (2004). HIV/AIDS Country Profiles: Dominican Republic.

http://www.usaid.gov/our_work/global_health/aids/Countries/lac/domrepbrief.pdf

PROJECT SUMMARY	
NGO Program Selected for Scaling Up	Coordinadora de Animación Socio-Cultural (CASCO) – “Youth Leadership and Development of an HIV/AIDS Response within the Municipal Context of Two Border Provinces between the Dominican Republic and Haiti”
Location	Six municipalities in the Dominican-Haiti border: Three in the province of Independencia (Jimaní, La Descubierta and Postrer Río); three in the province of Bahoruco (Neiba, Los Ríos and Villa Jaragua)
Beneficiaries	Youth (in-school and out-of-school) aged 10-24, community-based organizations, staff at CASCO, service providers, teachers, local leaders
Activities	<ul style="list-style-type: none"> • Training of youth leaders and peer educators • Mini-workshops and educational sessions for in- and out-of-school youth • Educational sessions for teachers, parents and community leaders • Implementation of youth-friendly services and training of service providers • Capacity building and organizational development for CASCO, including staff training, curriculum development, management and M&E tools
CBOs Included	20 schools and 8 youth clubs
Stakeholders Involved	UNFPA/DR, Ministry of Health, Ministry of Education and Social Services, Provincial Secretaries of Health, Education, and Youth, six municipalities, Red Cross, the Youth Group of the Catholic Church, the National Youth HIV Network, health centers, elementary and high schools, sports clubs, neighborhood associations, cultural groups, political leaders, fire-fighters, youth clubs



DOMINICAN REPUBLIC

Since 1984, CASCO has worked to strengthen the national response to HIV and AIDS through program implementation, development of education materials, and research. CASCO’s SYW goal was to expand its HIV prevention work with youth 15-24 years of age to include young people aged 10-14; and extend geographically – from a focus on the central part of the country – to include six municipalities on the Haitian border.

With support from MSCI, CASCO developed a work plan summarized in Figure 7 on page 38.

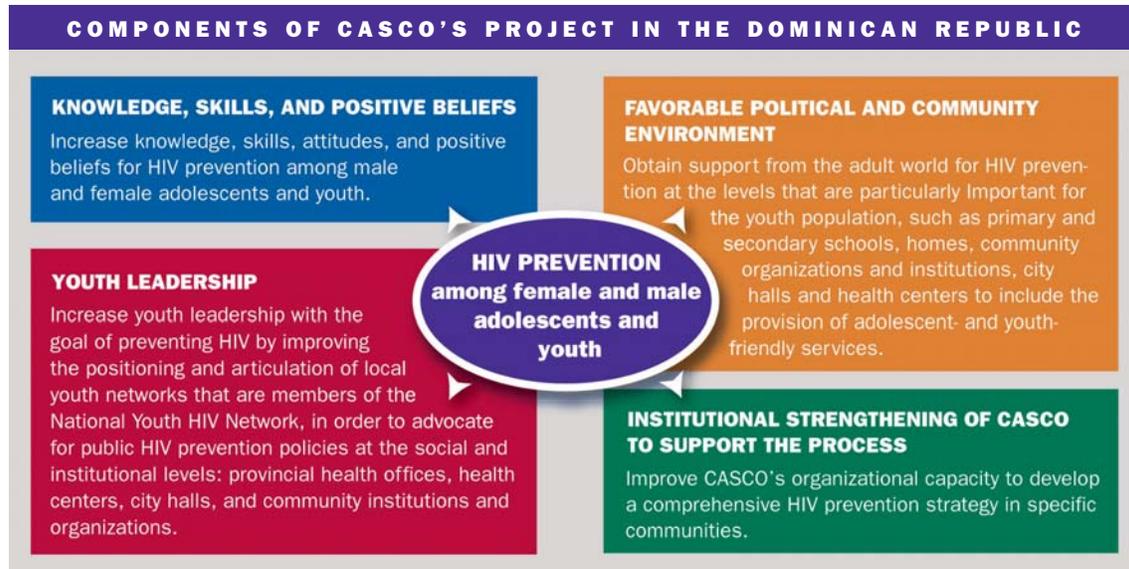
Putting the Essential Elements into Practice

Guiding Approaches

Adapt curriculum and training materials to integrate critical issues relevant to HIV prevention, such as sexuality, gender, reproductive rights of youth, reduction of stigma, and skills-based health education.

- CASCO’s communication, IEC materials, and educational curricula on responsible sexuality were reviewed and enhanced. MSCI helped CASCO strengthen its approach to positive sexuality by adding skills-based health education (e.g., negotiating condom use) and themes (e.g., gender equity).

Figure 7



- The program strengthened CASCO's gender-based approach by linking gender with every aspect of programming and developing strategies that promote equitable gender norms such as women's reproductive health rights and greater communication between men and women in sexual health decisions.
- CASCO's program was also strengthened through attention to culturally appropriate messages with which youth could identify. Staff, community coordinators, and peer educators were encouraged to build their educational sessions upon positive values within local cultures.

Train and update CASCO staff's technical abilities in aspects of HIV prevention for young people, particularly youth rights and stigma reduction.

- MSCI supported training of CASCO's staff on sexual and reproductive rights of young people, helped redesign the curricula to include youth rights and stigma reduction, and promoted community-based events to advocate against discrimination against people living with HIV and AIDS.

Program Strategies

Integrate multiple channels for behavioral change communication by enhancing and expanding distribution of program materials.

- CASCO's educational curriculum and IEC materials were strengthened through the addition of topics that had not been addressed in the pre-existing curriculum such as social construction of gender, youth perspectives on sexuality, and advocacy for public policy.
- Peers distributed educational materials created under the SYW initiative, and brochures and pamphlets from CASCO and other NGOs. With support from local hospitals and the Red Cross, peers also distributed condoms extensively.
- Billboards were hung at entrances to each of the six communities with youth-focused HIV prevention messages and information about the project in that municipality.

Expand and improve peer education programs.

- CASCO developed a peer education program with a cadre of well-trained community coordinators and youth leaders, who were recognized by teachers, community leaders, and peers. Once trained intensively, each peer passed on his or her training to other youth volunteers.
- Community coordinators and peer educators conducted four-hour workshops for youth at primary and secondary schools in the six municipalities participating in the program.
- Peer educators conducted informal one to two-hour educational sessions (charlas) with their peers whenever they had the opportunity. These activities occurred in places where young people congregated, mainly in centrally located parks. Peers also held discussions in sports clubs, with soccer and baseball players, fire fighters, and church youth groups, as well as parents, other family members, and CBOs.
- Peer educators conducted formal educational sessions for parents and community leaders to encourage protective behaviors and communication on HIV and sexuality with their children.



- CASCO instituted home visits as a means of reaching young people by requiring that peer educators in each community make monthly home visits to inform their friends about STI/HIV prevention, adolescent reproductive rights, and youth-friendly services, among other issues. Community coordinators accompanied volunteers on these visits.

Often adults, who were at home, mostly mothers, joined the conversation helping to open communication between children and parents. In the end-of-program evaluation, home visits received high praise as one of the successful new components of the program.

- The peer education program also included special events at the community level, where large numbers of people received information about HIV prevention.

Strengthen youth participation by involving community coordinators and peer educators in all phases of program implementation and empower them through training and networks.

- CASCO's peer education program built on a successful youth participation model. The model encourages young people to play a significant role in HIV prevention education and advocacy through work with decision-makers and the expanding National Youth Network.
- MSCI also helped build capacity among youth and CASCO staff and stakeholders by introducing stigma reduction into their overall approach.



DOMINICAN REPUBLIC

Develop youth-friendly services along the Dominican-Haiti border.

- The program succeeded in introducing a youth-friendly model of services (non-existent in the Dominican Republic prior to this initiative), publishing guidelines for implementing youth-friendly services, and brokering agreements among the Ministry of Health, CASCO, and UNFPA to introduce youth-friendly services in two health centers. UNFPA made condoms available to community coordinators and promoters for distribution as part of their work in BCC.
- The program provided training for health providers, community coordinators, members of the youth network, peer leaders, and volunteers in youth-friendly services. CASCO and MSCI staff updated the curriculum for SRH promotion and HIV prevention and developed a guide consisting of nine modules.
- MSCI and CASCO jointly wrote *Youth-friendly Services Guidelines* that presents strategies for developing youth-friendly services, provides examples of methods for implementing such services, and recommends approaches for integrating sexual and reproductive health into those services.¹⁷
- CASCO helped introduce youth-focused prevention programs in schools.
- CASCO worked with various partners and service providers to make sure that condoms were available and accessible to the youth who increasingly sought more services in response to contacts with the peer educators.

Mobilize and involve the wider community to support HIV prevention activities and events in six towns on the Dominican-Haiti border.

- The program successfully mobilized the community by involving key members in



efforts to change social norms and legitimize, accept, and encourage public discourse among youth and adults about sexuality, condoms, and HIV prevention. An end-of-project evaluation noted that a larger number of public institutions and politicians perceived STIs, HIV and AIDS as public health problems and were more committed to involving themselves in prevention programs.

- CASCO and VDH, a Haitian NGO, with support from MSCI, UNFPA, UNAIDS, national and local governments, and other local and international agencies, organized the “Great Mobilization of Youth,” an event that addressed stigma and discrimination and lasted three months, ending on World AIDS Day 2003. Preparatory activities included informational meetings, strengthening of local youth networks, and linking networks with local authorities. On World AIDS Day, youth from Dominican and Haitian border towns came together to share cultural activities that created awareness of stigma reduction and HIV prevention.

Advocate and build solidarity among local authorities and organizations in the program's six municipalities.

- CASCO entered into contractual agreements with community-based organizations, religious leaders, public and private schools, and local governmental institutions to help expand its programs.
- In each community, coordinators organized advisory groups consisting of governmental agencies, NGOs, and CBOs. One of the program's first steps was to consult these partners, especially those involving young people, about the peer educator selection process.



- CASCO promoted appropriate policies for HIV prevention among youth and advocated for the allocation of government resources for HIV prevention. CASCO and MSCI supported the Ministry of Health (SESPAS) in the creation and revision of *Plans for the Fight Against HIV* in two provinces. CASCO's partnerships with local authorities allowed community coordinators to hold meetings with youth, parents, and members of CBOs in town halls, which are centrally located and easily accessible. In some areas, community councils used budgets from their youth departments to provide refreshments and transportation to participants.
- In addition to these formal relationships between CASCO and the health authorities, in each municipality community coordina-

tors and peer educators established relationships with health providers, whose hospitals and centers became important venues for condom distribution.

- CASCO also created partnerships with NGOs and churches working in the area. The Red Cross contributed condoms and provided transportation to health fairs. The National Guard offered transportation and meeting space. World Vision worked with CASCO to organize health fairs. *Fundación Esperanza sin Fronteras* (Hope Without Borders Foundation) allowed young people to hold educational meetings in its facilities. Local churches embraced the participation of young parishioners in discussion groups and program activities. The Catholic churches supported peers' dissemination of messages about HIV prevention, although they discouraged them from discussing condoms. The peers resorted to various strategies to accomplish discussion of all prevention methods.
- CASCO focused on developing working relationships between youth promoters and providers, including hospital directors, to encourage youth-friendly services.

Strengthen the National Youth HIV Network by supporting and linking new local chapters.

- The program also strengthened the National Youth HIV Network (NYHN) by extending its reach to four new communities and revitalizing the network in two others. Several peer leaders and volunteers were members of the network when the program started and many joined after learning about it.
- The project facilitated meetings among youth from different communities, giving them the opportunity to strategize on sexual and reproductive rights advocacy.
- MSCI and CASCO trained members of the NYHN in sexual and reproductive health (SRH), sexual and reproductive rights (SRR) and advocacy.



DOMINICAN REPUBLIC

Managerial Practices

Improve staff knowledge and skills on up-to-date youth-focused HIV prevention.

- CASCO hired community coordinators and an advocacy coordinator in each of the participating communities, based on referrals from CBOs. Once hired, they participated in an intensive multi-session training program.
- Peer educators who received intensive training passed on their training to youth volunteers they recruited.

Improve the organization's management systems and reduce compartmentalization.

- The program built staff capacity through training in technical skills and development of a management system to help staff comply with administrative policies, prepare technical reports and develop programs, and update their knowledge of subjects related to sexual and reproductive health promotion and HIV prevention.
- CASCO's organizational structure was restructured in order to include youth in the technical staff team and decision-making process.
- A new supervisory system with appraisals to assess and improve staff performance was established.
- MSCI also helped CASCO to integrate five previously independent and vertically organized programs and encouraged coordination among management areas.
- CASCO establish a computerized accounting system and created a comptroller position. CASCO also expanded its physical structure, purchased and repaired computers and office furniture, established e-mail accounts for technical staff, and invested in an emergency generator.

Strengthen monitoring and evaluation capacity.

- MSCI helped CASCO to put key program management mechanisms in place, including monitoring tools that tracked activities as well as monthly monitoring meetings with community coordinators and peer educators.
- MSCI's RTA monitored the activities through monthly meetings with the program coordinator, bi-monthly meetings with educators, and additional meetings with the entire team, including CASCO's technical team, peer leaders, and volunteers.
- Each community coordinator met with his or her network of peer educators at least once a month to plan actions and revisit goals. To evaluate the results of the peer educator training, pre- and post-program KABP (Knowledge, Attitude, Behavior, and Practice) measures were compared, showing positive improvements in knowledge and behavior, particularly regarding condom use.

Improve and expand CASCO's partnerships through implementation of all the program activities.

- CASCO built relationships with local authorities and worked extensively within existing structures at the local and provincial levels with a variety of social sectors (such as community networks, health providers, NGOs, and governmental institutions).





Namibia

Country Profile of HIV and AIDS

Namibia has a population of 1.8 million, characterized by a wide disparity between rich and poor. Namibia is one of the five countries in the world most affected by the HIV/AIDS pandemic and few Namibian households have not felt the direct impact of HIV/AIDS.¹⁸ Adult HIV sero-prevalence stands at 22.5%, and one in five Namibians aged 15-49 is infected with the virus.¹⁹ The Caprivi Region in the north-east, a transit point for people and goods moving between Namibia, Zambia, Zimbabwe, and Botswana, has the country's highest HIV infection rate.

Life expectancy for both women and men is expected to drop to 40 by 2005.²⁰

According to the Namibian Ministry of Health and Social Services, in 1999 AIDS accounted for 26% of all deaths in Namibia. By the end of that year, estimated prevalence for people aged 15-24 ranged from 19% to 21% for females and from 8% to 10% for males. These numbers indicate that women are becoming infected at a

younger age than males, and that older males are typically infecting younger females. The prevalence of HIV/AIDS has led to increases in mortality rates, as well as reductions in the total fertility rate and the population growth rate. Life expectancy for both women and men is expected to drop to 40 by 2005.²⁰

No group is more threatened by HIV and AIDS than young people. In Namibia, 61% of the population is under the age of 24. This large youth population is increasingly at risk for getting infected with HIV and other STIs due to early sexual activity, inadequate and inconsistent use of condoms, as well as practices that lead to multiple sex partners, beliefs in myths about sexuality, and lack of knowledge of STIs and their risks. The situation requires both enhanced prevention measures as well as increased efforts to provide treatment, care, and support to the growing number of people living with HIV and AIDS. In addition, the numbers of orphans and vulnerable children are increasing. Discrimination and denial compromise effective responses, however, and access to VCT services remains limited. There is also a growing demand for comprehensive workplace programs in the public and private sectors.²¹



NAMIBIA

¹⁸ Phororo H (2002). HIV/AIDS: Who Suffers in Namibia? Namibian Economic Policy Research Unit (NEPRU). NEPRU working paper No. 84, May.

¹⁹ USAID (2004). HIV/AIDS Country Profiles: Namibia. http://www.usaid.gov/our_work/global_health/aids/Countries/africa/us_namibia.pdf

²⁰ USAID (2004). HIV/AIDS Country Profiles: Namibia. http://www.usaid.gov/our_work/global_health/aids/Countries/africa/us_namibia.pdf

²¹ UNAIDS (2004). Namibia. <http://www.unaids.org/en/geographical+area/by+country/namibia.asp>

PROJECT SUMMARY	
NGO Programs Selected for Scaling Up	Namibia Planned Parenthood Association (NAPPA) – “Scaling up the NAPPA Peer Education Program in Windhoek” Ombetja Yehinga Organization (OYO) – “Strengthening and expanding OYO’s innovative techniques and programs to create awareness of HIV prevention among youth and communities”
Location	Four regions: Windhoek (urban and its rural settlement, Dordabis), Kunene, Erongo, and Khomas
Beneficiaries	Youth (in-school and out-of-school) aged 10-24, community-based organizations, teachers, local leaders, health providers, staff at NAPPA and OYO
Activities	<ul style="list-style-type: none"> • Train peer educators • Involvement of parents, teachers, and community leaders on HIV prevention activities and build solidarity • Expansion of OYO’s programs in three regions and NAPPA’s peer education program throughout Windhoek • Increased coverage and quality of OYO’s “<i>Young, Latest and Cool</i>” magazine • Training and technical assistance to OYO and NAPPA staff to build capacity on Gender Equity Promotion, Monitoring and Evaluation, and Project Management
Stakeholders Involved	UNFPA, UNAIDS, Ministry of Health and Social Services, Ministry of Basic Education, Sport, and Culture, Ministry of Higher Education Training and Employment Creation, University of Namibia, Khomas Regional Council

NAPPA is the local affiliate of the International Planned Parenthood Federation (IPPF). Although it does not provide clinical services like other members of IPPF, NAPPA contributes to the reduction of HIV infection, STIs, and teen pregnancy by advocating for gender equity and sexual and reproductive rights of young people. NAPPA’s strategies include capacity building and training of young people as peer educators and condom use promotion. The organization works in four regions throughout the country, targeting youth 10 to 24 years old, parents, and community and religious leaders.

NAPPA’s goal was to expand its peer education work reaching more youth in Windhoek’s urban and rural communities.

OYO was established in 1999 but only became fully operational in 2001. It has three field offices in the regions of Kunene, Erongo, and Khomas, in addition to its main office in Windhoek. OYO promotes HIV prevention among young people through media-based educational programs using art as a medium to inform youth about SRH issues including HIV. The organization advocates for young people’s rights through theater, newsletters, and focused discussion groups, and works closely with schools, youth clubs, and community organizations. It also conducts socio-cultural research.

OYO’s SYW program sought to strengthen existing activities in the four regions and improve the quality of its magazine, *Young, Latest and Cool*, targeting youth from

pre-adolescents through their late teens. The intent of this high-quality glossy publication is to inform youth about sexual and reproductive health and safer sex, and to open up discussions and debates about these issues. The magazine is distributed in discussion groups with in- and out-of-school youth, where OYO staff read and discuss the articles with young people and teachers.

Putting the Essential Elements into Practice

Guiding Approaches

Improve curriculum and IEC materials and update NGO staff on topics such as gender equity, youth rights, and positive sexuality.

- While OYO and NAPPA had experience engaging youth in the design and execution of initiatives, they needed to address gender equity promotion to counteract the influence of negative attitudes regarding women's role in society. MSCISA trained staff to help them integrate this principle into their programming. OYO used information from the workshop to produce new materials and train teachers from various schools. The teachers, in turn, used the new knowledge and materials to prepare for their classes with young people.



“The gender training was really useful. It definitively was an eye-opener for our staff!!!”

– OYO Director

- Before participating in SYW, NAPPA worked with fear-based materials that had not been updated for some time. SYW helped improve the quality of NAPPA's existing program by revising its curricula and IEC materials and training peer educators in topics such as gender, sexual and reproductive rights, and safer sex behaviors.
- The initiative improved the quality of program planning by adding a gender equity perspective. MSCISA trained OYO staff members in gender equity promotion. OYO then incorporated gender equity into its curricula and immediately started including this new material in its training for teachers and youth. In addition, SYW trained staff from NAPPA and other local organizations in methods for promoting gender equity through the program planning process.

Program Strategies

Promote key protective behaviors through improved behavioral change communication strategies including IEC materials, film presentations, theater, and public events.

- NAPPA explored innovative ways to involve youth and communicate HIV prevention messages to the community by developing highly participative events such as condom distribution rallies and other peer education activities, involving schools and local youth clubs.



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“We already knew how to attract youth participation. SYW helped us change youth behavior by incorporating gender equity issues into our curriculum, staff training, and counseling.”

– NAPPA Program Officer

- The NAPPA youth club and the Multi-purpose Youth Resource Center, in collaboration with other youth groups from Windhoek, held condom distribution bicycle rallies. Teens visited different locations, providing information and distributing condoms.
- By hiring an in-house layout designer and a language editor and training staff in production management, OYO scaled up the quality and reach of OYO's *Young, Latest and Cool*. Within a year, circulation increased from 5,000 to 7,000 copies, and the newsletter grew from a 6-page magazine in 2002 to 36 pages in 2004. Stories were based on interviews with young people, teachers, and government officials.

Expand youth participation through peer education.

- SYW helped both organizations to strengthen their peer education programs by training staff and expanding skills-based health education so they could promote key protective behaviors.
- Experienced and newly recruited peer educators at OYO and NAPPA were trained to use drama and song to complement their other skills.
- NAPPA's peer education program was expanded to Dorbabis, a settlement of 3,000 people outside of Windhoek. The project introduced peer education to out-of-school youth in Dorbabis, who are unemployed and

highly vulnerable to becoming infected because of their risky behaviors and ignorance about how to protect themselves. Training focused on safer sex behaviors and increased self-esteem. It reinforced the value of the peer educators' role in informing their peers, families, and community members about HIV and other sexual and reproductive health issues.

- NAPPA's peer educators also expanded training and promoted debate sessions in primary and secondary schools in Katutura, Windhoek.



- OYO's program enabled out-of-school youths from Sesfontein to produce a show and take it on tour. The show was presented in Omaruru and Usakos areas to students, community members, prisoners, teachers, and police officers.
- NAPPA integrated its new curricula into its peer education program.
- SYW improved coverage of youth-focused HIV prevention by providing OYO with vehicles, enabling staff to provide more peer education activities in remote regions of the country.

Advocate for peer education among parents, teachers, and community leaders.

- Both organizations advocated for youth-focused HIV prevention through ongoing communication and links with communities, CBOs, NGOs, and governmental agencies.

Involve and reach out to the wider community through special events to increase media coverage and build solidarity.

- OYO involved the wider community by expanding its communication strategies and other activities. NAPPA experienced difficulties involving different groups within the community at its initial program site in Dordabis due to an ongoing power struggle among the community leaders that resulted in the need to move the program to a new location in Windhoek.
- OYO and NAPPA participated actively in African Child Day and Condom Day reaching out to the general public, local authorities, and the media.

Managerial Practices

Strengthen production capacity of OYO staff.

- The layout designer and language editor of the newsletter succeeded in improving its quality and scaling up production.



- SYW supported OYO's staff development through a two-day workshop on production management that focused on pre-production, production, and post-production of art and theater involving youth for HIV prevention.

Strengthen program management, evaluation, and proposal writing capacities of NAPPA and OYO staff.

- SYW reinforced NAPPA's management and OYO's production capacities through development and adaptation of IEC/BCC materials and procurement of equipment.
- OYO's and NAPPA's staff received training on program management, monitoring and evaluation, proposal writing, and gender equity promotion.
- MSCISA trained NAPPA staff in organizational development.

Facilitate coverage at OYO's field offices and improve collaboration and coordination within and among the offices.

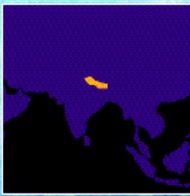
- OYO purchased two vehicles to coordinate and manage program activities more efficiently among the four offices situated in remote regions.

Mobilize partnerships and achieve program visibility.

- OYO's regional teams organized an African Child Day in Khorixas and Omaruru, as well as a Condom Day in Swakopmund and Opuwo. These activities involved outreach to the population at large.
- Both NGOs participated actively in inter-agency meetings and events. In addition, MSCISA's RTA – representing SYW – served as a member of the national "Take Control" committee that addresses youth-focused HIV issues.



NAMIBIA



Nepal

Country Profile of HIV and AIDS

Approximately 58,000 people have HIV and AIDS in Nepal.²² The open border of this country with India, where it is estimated that 3,970,000 have been infected, the high physical mobility and widespread labor migration are factors that pose a real threat of rapid spread of the disease in Nepal. Mobility and migration are often survival imperatives in South Asia, as abject poverty and lack of employment opportunities compel people to migrate. Therefore, the spread of HIV and AIDS is not just a “health” issue but also an issue of economic and social development, of gender relations, and human rights.

In Nepal the spread of HIV and AIDS is not just a “health” issue but also an issue of economic and social development, of gender relations, and human rights.

Although adolescents comprise 23 per cent of the population, adolescent sexuality, youth-focused reproductive health, and experience with HIV prevention are emerging themes. Expertise in these areas is fragmented and program-based funding has created a competitive environment among NGOs. The Government's current long-term health plan and reproductive health policy emphasize developing special programs for population and reproductive health, including adolescent reproductive health. At the same time, the National Adolescent Health and Development Strategy has endorsed distribution of contraceptives to unmarried adolescents.²³

²² UNDP (2003). Regional Human Development Report on HIV/AIDS and Development in South Asia.

²³ UNFPA(2004). Global Youth Partners Preventing HIV/AIDS. UNFPA in Nepal.

<http://www.unfpa.org/hiv/gyp/profiles/nepal.htm>

PROJECT SUMMARY	
NGO Program Selected for Scaling Up	BP Memorial Health Foundation (BPMHF) – “Empowering Young People for HIV Prevention Program”
Location	Western Nepal: two municipalities, Pokhara and Lekhnath, and two sectors of the Kaski District, Hemja and Lamachaur
Beneficiaries	Youth (in-school and out-of-school) aged 10-24, community-based organizations, Staff at BPMHF, teachers, hotel owners, local leaders, policy makers, media professionals
Activities	<ul style="list-style-type: none"> • Training of trainers for BPMHF staff • Strengthening of peer education programs including training, IEC/BCC distribution of materials and support for competitions • Training of school teachers • Strengthening of service centers, provision of training, equipment and IEC materials • Workshops for CBOs on HIV prevention, proposal writing, and finance/administration management • District level meetings, and orientation workshops for stakeholders • Advocacy workshops with local leaders, policy makers, hotel owners and media professionals • Implementation of Monitoring and Evaluation practices at BPMHF
CBOs included	20 schools and 8 youth clubs
Stakeholders Involved	National Center for AIDs and STD Control (NCASC), Save the Children/USA Family Health Division of the Department of Health Services of the Ministry of Health, UNFPA/Nepal, Tibhuwan University Institute of Medicine, Nepal Society of Obstetricians and Gynaecologists (NESOG), Save the Children USA, Students Partnership Worldwide, District Public Health Offices, District Education Offices, District AIDS Coordinating Council (DACC), local leaders, hotel owners, the media, peer educators

BP Memorial Health Foundation (BPMHF) is a national-level NGO and one of the leading organizations in Nepal providing sexual and reproductive health education for young people through peer education programs. BPMHF has extensive experience working with various national and international donors to prevent HIV among youth, and has developed innovative programs that provide sexuality education to young people. BPMHF is a leader in the use of in-school and out-of school peer educators

to provide counseling and behavior change communication on a variety of sexual and reproductive health and life skills issues.

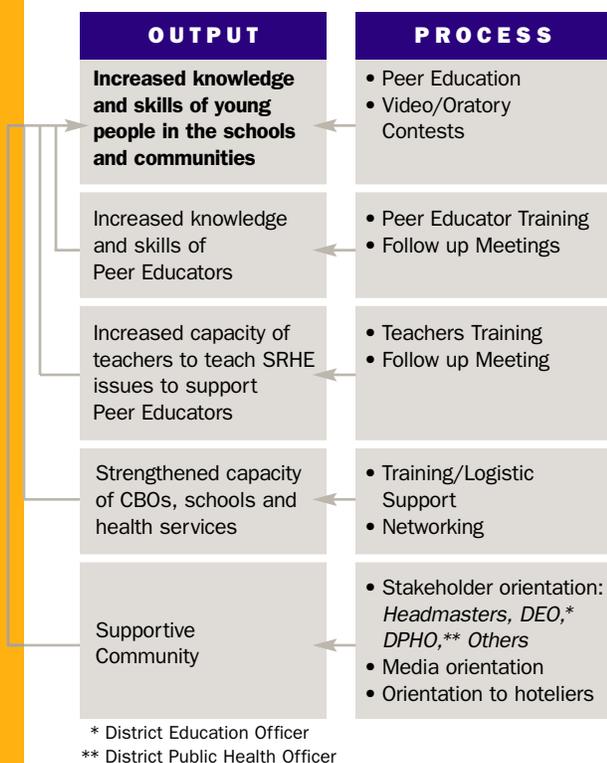
The main goal of SYW’s work with BPMHF’s was to improve its HIV prevention programs and expand services from Katmandu to Western Nepal.

Figure 8 on page 50 schematizes the multi-level actions (process) taken and the outputs intended.



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Figure 8



Putting the Essential Elements into Practice

Guiding Approaches

Adapt training and IEC/BCC materials to include gender equity promotion, youth rights, and stigma reduction in a culturally sensitive way.

- As demonstrated by the needs assessment, BPMHF lacked experience incorporating youth rights and gender equity promotion in their programs, activities, and materials. BPMHF incorporated these issues into their curricula and trained staff on these topics.
- Since a positive sexuality focus was also less well developed than originally expected, MSCI helped BPMHF's to understand the importance of this issue for a comprehensive approach to HIV prevention for young people.

- MSCI provided technical support to BPMHF in developing and publishing a Teacher Training Manual and a Peer Training Manual on adolescent health, life skills, and HIV prevention that integrated these elements.²⁴

Promote gender equity among BMPHF programs and organization.

Despite the fact that women in Nepal participate in and run community health programs, few have the knowledge and skills to be part of HIV prevention activities for young people. Although BMPHF had difficulties finding female candidates to join the program staff, it successfully integrated a woman in the training.

- Girls were specifically recruited to join the peer educator program for out-of-school youth. To do this, staff relied on local leaders at youth clubs and women's organizations to speak with parents to assure them that the girls would be adequately supervised.
- Internal discussions were held among staff addressing the issue of men's and women's roles for making sexually responsible decisions, informing teachers about young women's reproductive needs, and raising awareness among all participants about the role of gender inequity in spreading HIV.

Program Strategies

Integrate communication strategies to promote key protective messages and behavioral change among youth.

- Previous BPMHF programs had used appropriate communication materials for behavior change, so this program used the same ones, while stressing, in particular, the importance of stigma reduction. In order to improve skills-based health education, BPMHF added life-skills components to the curriculum and distributed handouts to peer educators.

²⁴ BMHF (2004). Teacher's Training Manual and Peer Educator Training Manual. Empowering Young People for HIV Prevention Program. BP Memorial Health Foundation. Kathmandu.



- SYW promoted key protective messages through multiple channels, including public education and mass media through newspaper articles, a TV program, and radio interviews. A BBC Nepal correspondent produced a radio program about the initiative's peer educators.
- BPMHF upgraded all school libraries in the program sites, supplying them with IEC/BCC materials and other relevant and essential books on SRH and HIV/AIDS.

Strengthen in-school and out-of-school peer education programs by recruiting and training educators and supporting their involvement with the wider community.

- Peer educators – including some who were age 10-14 – from schools and youth clubs for out-of school youth participated in multi-day workshops using a pre-existing BPMHF training manual that had been updated and improved along with other materials. The peers received kits consisting of a bag with a

pen and a notebook for peers' counseling notes, along with five sets of pamphlets.

- The program refined the process for choosing in-school peer educators to ensure they had real leadership skills. Rather than simply asking teachers to recommend students, BPMHF's program staff enlisted collaboration from classmates, headmasters, and teachers in the development of a set of criteria that guided the selection and interviews of peer educators.
- In-school educators conducted formal training sessions and ran video shows, quizzes, and oratory contests. Educators in youth clubs held more informal sessions and showed videos to large groups of out-of-school youth, disseminating information about HIV prevention and other relevant issues.

Improve availability of quality SRH information and services for young people and establish and build capacity of Youth Information Centers (YIC) and of Youth Clubs (YC) through youth participation.

- BPMHF encouraged youth participation involving youth club members and peer educators in the design and planning of interventions for out-of-school youth. Acting on suggestions from these young participants, BPMHF established youth information centers in local youth clubs, supplying IEC/BCC materials to them and to school libraries.
- BPMHF and MSCI conducted training for health care providers on youth-friendly



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An end-of-program evaluation yielded positive results. The program increased knowledge among peers and beneficiaries about HIV/AIDS/STIs, corrected misperceptions about its spread, and helped youth and other participants develop more positive attitudes toward people living with HIV. For instance, at the end of the project 96% of students and peers, compared to 70% at the beginning, agreed that people living with AIDS should be admitted to school.

services and facilitated the development of a service provider referral system for out-of-school youth that used local youth clubs and youth information centers.

Promote positive social norms while engaging the wider community.

- For the first time, BPMHF began involving the wider community by developing a network among schools, youth clubs, and adolescent-friendly health and counseling service centers.
- BPMHF trained teachers on participatory methodologies and ways to address young people's concerns about SRH and HIV/AIDS through four-day workshops on youth and HIV prevention.
- Program staff also trained health workers in service centers to address a wide range of adolescent SRH issues.

“Prior to the training, when it came to teaching reproductive health related issues, I used to ask the students to go through the (book) chapter themselves and ask me if they did not grasp anything. Nobody asked any question. However, after the training, I have been teaching the chapter without any hesitation.”

– Schoolteacher from Pokhara, Nepal

- For media personnel, MSCI's RTA held an advocacy and orientation meeting to deepen their understanding of the HIV and AIDS situation in Nepal, including the social constraints and stigma related to the epidemic.

Promote a supportive environment for HIV prevention through advocacy directed at policy makers and hotel owners.

- One of the first activities BPMHF and MSCI undertook was to identify and orient stakeholders by informing them about effective methods for preventing HIV among youth and what the initiative intended to do. These advocacy efforts continued with invitations to local officials to officially open and/or close training workshops and publicly commit their support to the program.
- BPMHF made its first foray into political advocacy. The Foundation established an advocacy orientation program for key gatekeepers (the Chief District Officer, District Education Officer, Local Development Officer, District Public Health Officer, Chief of Regional Health Training Center, medical personnel, Headmasters, and local leaders).
- The program held an orientation meeting with hotel staff in order to create awareness of the SYW initiative, discuss groups at high risk for HIV, and sensitize participants to the need for HIV prevention programs.

Managerial Practices

Train BPMHF's staff as trainers, providing up-to-date information about youth-focused HIV prevention.

- MSCI trained trainers from BPMHF and from Students Partnership Worldwide in peer education, adolescent reproductive and sexual health, gender equity, life skills, and HIV prevention. Training also included curriculum development; supervision; and financial, administrative, and logistics management.
- Though BP Memorial Health Foundation staff were experienced in youth-related HIV prevention programs before they became involved with SYW, all their manuals were in draft form. MSCI staff helped them update, finalize, and print the teachers' and peer educators' training manuals.



Implement program management and accountability practices.

- BPMHF's staff received targeted management training such as financial and program management, organizational accountability, and resource management.
- BPMHF budgeted for ongoing staff development activities.
- With help from MSCI, BPMHF also trained executive members of youth clubs in administrative and financial management and proposal and report writing.
- MSCI helped BPMHF develop a training manual for building organizational capacity among CBOs. The process of developing the manual and training CBOs greatly enhanced BPMHF's own staff expertise.

Improve financial sustainability for program activities.

- BPMHF was able to mobilize local resources to support program activities by encouraging hotel owners and local businesses to provide donations to the CBOs and youth clubs.
- In order to promote sustainability beyond the program's initial work plan, two of the youth clubs received financial support to help them implement HIV prevention activities and continue supporting peer educators who were following the SYW model.
- BPMHF will continue to monitor and supervise CBOs' activities after MSCI's support ends.

- BPMHF's improved programs for youth-focused HIV prevention and SRH will continue to expand with support from international donors and national agencies.

Build solidarity with stakeholders and partnerships with CBOs.

- During the first two months of the program, staff completed a mapping of good practices in Nepali adolescent HIV prevention programs, research, and materials. This information helped guide the SYW initiative and avoid duplication of efforts.
- The initiative held consultative meetings with various stakeholders during the implementation process, including governmental agencies, NGOs, INGOs, and UN agencies. UNFPA/Nepal actively supported MSCI and BPMHF by introducing MSCI and the Safe Youth Initiative to the National Center for AIDS and STD Control, which formally approved the program.
- The Foundation conducted training activities for, and established partnerships with, local NGOs and CBOs at program sites with the aim of handing activities over to them in order to sustain the intervention within the community.

Improve BPMHF's monitoring and evaluation tools and procedures.

- BPMHF staff developed new monitoring and evaluation tools that incorporate key elements of the Essential Elements Framework.
- Using the newly-developed tools, BPMHF monitored peer educators on an ongoing basis through follow-up meetings, reviewing SRH themes and collecting feedback on ways to improve the Foundation's work plan.
- During 2005, BP Memorial has been using these new monitoring skills to supervise CBOs as they scale up HIV prevention activities in their own communities.



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South Africa

Country Profile of HIV and AIDS

The full impact of HIV and AIDS began to be felt in South Africa just as the country was moving toward full democratic governance and beginning to address the imbalances of its past. Since 1990, South Africa, with a population of 43.6 million, has seen HIV prevalence increase. South Africa continues to have the highest number of people living with HIV in the world. An estimated 5.3 million people (2.9 million of them women) were living with HIV at the end of 2003. Overall HIV prevalence among pregnant women was 27.9% in 2003, compared with 26.5% in 2002 and 25% the year before that.²⁵

South Africa continues to have the highest number of people living with HIV in the world.

Persons under the age of 20 constitute 44% of the national population of over 44 million people. In 2000, approximately 23% of young people under age 24 were reported as being HIV-positive.²⁶ High unemployment and violence have increased their vulnerability to HIV. Most at risk are black female youths.

The HIV and AIDS epidemic has particularly affected young women. Unprotected sex, multiple sexual partners, migration and the low status of women all contribute to the spread of the epidemic. Among 20- to 24-year-olds, HIV infections are massively concentrated among women. About one in four (24.5%) women is HIV-positive, compared to one in thirteen (7.6%) men. Indeed, 77% of young South Africans living with HIV are female.²⁷

Since 1994, the Government of South Africa has committed itself to advancing gender equality. A number of laws and policies designed to uplift women's status in society have been drafted, and almost one third of South Africa's national parliamentarians are women.

²⁵ UNAIDS/WHO (2004). AIDS Epidemic Update 2004, December.

²⁶ UNFPA (2004). Global Youth Partners Preventing HIV/AIDS. UNFPA in South Africa. <http://www.unfpa.org/hiv/gyp/profiles/southafrica.htm>

²⁷ UNAIDS/WHO (2004). AIDS Epidemic Update 2004, December.

PROJECT SUMMARY

CBO Program Selected for Scaling Up	Vuselela Ulwazi Lwakho Drop-In Center (VULDIC) ²⁹ – “Youth, Gender and Community: Initiative for HIV/AIDS Prevention and Support”
Location	Johannesburg: Diepsloot, a settlement north of the city
Beneficiaries	Youth (in-school and out-of-school) aged 10-24, community-based organizations, teachers, local leaders, staff at VULDIC
Activities	<ul style="list-style-type: none"> • Formation of support groups for peer adolescents, parents, and leaders • Community mobilization and media campaign encouraging awareness of HIV/AIDS, condom use, TB, stigma reduction • Community-based services responding to HIV/AIDS, including condom distribution, VCT services at VULDIC, referrals to local clinics for additional counseling and treatment. • Organizational development for VULDIC, including training, management tools, networks
Stakeholders Involved	MSCISA, Department of Health, Department of Social Welfare and Population, Hope Worldwide Development, Witkoppen Clinic, Oliver Tambo Health Center, Witkoppen School, Diepsloot Combined School, Itirele Zenzele High School, Ward Committee Youth, Center for Youth Development, Tshwaranang Legal Advocacy Center, Diepsloot Community Policing Forum, Police Department

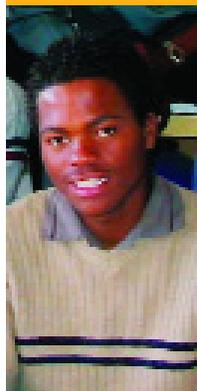
In spite of these impressive moves towards gender equality, many South African women still live lives fraught with violence and poverty. According to Rape Crisis, an advocacy and counseling center, South Africa has the highest per capita reported rape rate in the world (115.6 per 100,000 in 1998).²⁸

Vuselela Ulwazi Lwakho Drop-In Center (VULDIC), an HIV/AIDS information provider, works to improve people’s knowledge of HIV and AIDS, involve young people in SRH campaigns and operate a food pantry and meal-delivery service for people living with HIV.

The center is located in Diepsloot, a squatter settlement of 100,000 people, located north of Johannesburg. This community presents a set of complex social and economic challenges and is dramatically affected by HIV and AIDS. Surrounded by affluent communities, Diepsloot typifies the inequalities that affect the South

African society.³⁰ Most of the residents are unemployed (60%); many are HIV positive and others have AIDS.³¹ While there is no major research examining gender-based violence in Diepsloot specifically, interviews with nursing staff and community leaders indicate that domestic violence is a serious problem in the community. Diepsloot has no emergency services and no police station. Thus, women do not have access to the care and services necessary following a sexual or physical assault.

The primary focus of the SYW collaboration with VULDIC was to strengthen VULDIC’s incipient capacity and expand its efforts to address gender issues for young women and men in Diepsloot, ensure contraceptive (particularly condom) availability and accessibility, and encourage community mobilization to address HIV and AIDS and Adolescent Reproductive Health (ARH) issues. The program’s four components included creation of support groups for



SOUTH AFRICA

²⁸ The Rape Crisis Website (2004). Statistics. <http://www.rapecrisis.org.za>

²⁹ The named of the drop-in center in English means “Renew your Knowledge”.

³⁰ The Greater Johannesburg Metropolitan Council (GJMC) reports that the average monthly income in Diepsloot is less than 120 US dollars, compared to 1,300 in nearby affluent communities.

³¹ There are no recent statistics about the prevalence of HIV in Diepsloot.

adolescent peer educators, parents and leaders; community-based mobilization and media campaigns; support to community-based services responding to HIV and AIDS; and support for VULDIC's organizational development.

SYW's work with VULDIC is an excellent example of the impact that can be achieved by scaling up a tiny but effective CBO located inside a large community. VULDIC was able to expand and improve its programs and services throughout the community, change its organizational structure and technical expertise, and have a positive impact on young people's lives and the HIV situation in Diepsloot.



Putting the Essential Elements into Practice

Guiding Approaches

Improve VULDIC's educational curriculum by broadening its content to include gender equity promotion, youth rights, and positive sexuality.

- MSCISA shared existing educational materials with VULDIC and helped it incorporate guiding approaches into the curriculum while increasing staff members' knowledge about these same issues.
- SYW improved peer educators' training by broadening the curriculum to include related SRH issues such as sexuality, gender equity, gender-based violence, youth rights and stigma reduction, and STIs and their relevance to HIV.

- Stigma and social and behavioral issues related to HIV were introduced into the curriculum with a culturally sensitive perspective.

Advocate for young people's rights to information, education, and access to services and programs to prevent HIV.

- VULDIC staff and peer educators continuously advocated for young people's rights and needs by participating in various forums and meetings and writing articles in local newspapers.
- In an effort to expand youth-focused HIV prevention to the community, VULDIC advocated with the health system, the local authorities, and community organizations on behalf of young people rights to influence IEC campaigns and access VCT services.

Program Strategies

Develop a media campaign to promote behavioral change among youth in Diepsloot.

- Vuselela established a working partnership with Kitso Media (KM) – a youth-centered, grassroots community newspaper and lifestyle magazine – to develop a media component for the program. KM trained peer-educators from Vuselela Drop-In Center in journalism, supported the design of health promotion posters, and regularly featured stories in its publications that promoted SRH messages. The peer educators published stories in the KM newspaper about HIV and AIDS in Diepsloot and the SYW project.³²
- KM also organized a *Cultural and Fun Race Day* to promote and provide family planning and STI services.
- During "Red Ribbon Month" (November, 2003), VULDIC participated with Hope Worldwide, Witkoppen clinic and the Department of Health in a door-to-door HIV and AIDS awareness campaign in Diepsloot, culminating in a successful World AIDS Day event. In February 2004, VULDIC planned

activities for condom week and Valentines Day, organizing a street campaign that included condom distribution and referrals for further intervention. During this week, peer educators distributed leaflets and information concerning condom use and benefits.

Increase the number of trained young educators to expand the peer education program.

- Out-of-school youth were involved to design and plan interventions to expand HIV prevention activities for young people. As a result, staff and peers implemented peer education programs in seven Diepsloot extensions.
- Ongoing training and support of young people (including empowering girls) was an important part of the program. 28 peer educators received training on HIV and AIDS, life skills, and related topics. Although the program promoted skills-based health education, it was not able to offer the needed job skills training nor link to employment creation programs.
- SYW facilitated access of peer educators to the community by equipping them with bicycles.
- Peer educators reached both young people and adults through workshop facilitation in schools, face-to-face sessions in the community, and contacts at the Vuselela Drop-In Center.
- In addition, VULDIC peer educators all undertook weekly group discussions; one-on-one meetings between peer educators and beneficiaries; education and entertainment activities; and referrals to clinics for counseling, testing, and/or treatment.

Ensure wider access to HIV and AIDS information, care, and support through mainstreaming HIV interventions for youth and developing a referral system among providers.

- VULDIC created youth-friendly services at the Drop-In Center and built a referral system with local clinics.

- The program coordinated activities with other service providers in Diepsloot on a monthly basis, including participation in a monthly information-sharing forum for AIDS service agencies organized by the local municipality.
- Through continued lobbying and advocacy, nearby Witkoppen and Oliver Tambo health clinics agreed to accept referrals from peer educators.
- The Department of Health (DoH) trained peer educators as VCT counselors, and the VULDIC coordinator as a VCT site coordinator. In addition, DoH approved VULDIC as a non-medical VCT site and provided testing kits.

Sensitize teachers, parents, health providers, and community leaders and mobilize community groups in support of special HIV prevention events.

- VULDIC conducted outreach activities in all extensions of Diepsloot involving parents, teachers, health providers, community leaders, and other community members. As part of this effort, a sensitization workshop for parents, teachers, and leaders was conducted. VULDIC trained parent educators and implemented additional parent education workshops.
- Youth and other members of the community participated actively in events organized to raise awareness about HIV and AIDS.
- World AIDS Day activities were designed to help raise awareness about stigma and discrimination against people living with HIV and AIDS.
- As part of the community mobilization, VULDIC worked closely with religious leaders, the police, health workers, teachers, and preschool caregivers.



SOUTH AFRICA

Managerial Practices

Build staff capacity by improving knowledge and skills on HIV prevention and program management.

- VULDIC quadrupled its trained staff and peer educators and ensured they were brought up to date on effective technical issues related to HIV prevention targeting youth.
- MSCISA also provided training for VULDIC's Director in program management and for the Program Coordinator in monitoring and evaluation.
- VULDIC developed tools and skills to track the number of people who dropped in to the center for IEC/BCC.



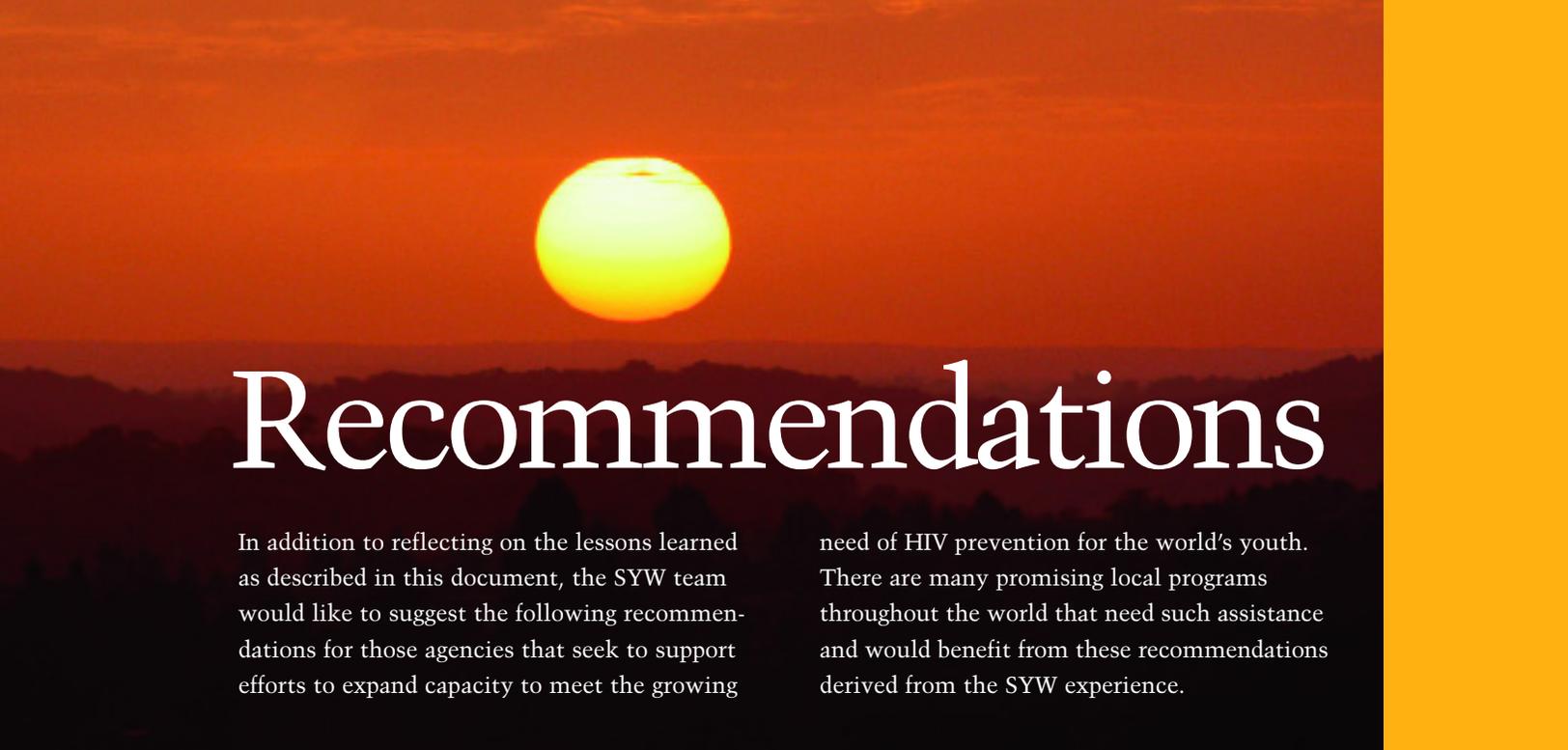
Develop fiscal accountability and sustainability.

- VULDIC set up a fiscal management system, implemented a program steering committee, and established policies for human resource management.
- In order to improve VULDIC's accountability and financial management, MSCISA provided tools and equipment for accounting and financial reporting that improved VULDIC's capacity to respond to donors' initiatives.

- VULDIC was able to mobilize resources at the local level, attracting funds from another donor and receiving significant attention from international organizations interested in applying its model to CBO-based HIV prevention programs elsewhere.
- The VULDIC Project Director incorporated almost half of the peer educators into a home-based care program under the Department of Health in order to keep them active after SYW support ended.

Support networking and partnerships to sustain programs and activities.

- VULDIC created partnerships with governmental and community organizations, and the private sector, which helped expand and sustain the intervention.
- VULDIC helped organize community-based events in partnership with women's organizations, schools, and local authorities to celebrate events such as the National Women's Day and School AIDS Week.
- VULDIC's relationship with local partners is helping it to maintain services and expand its presence within the community. Assistance provided by *Unsung Heroes*, funded by Mx Health, which donated a four-roomed structure, is contributing to VULDIC's implementation of VCT services for young people.



Recommendations

In addition to reflecting on the lessons learned as described in this document, the SYW team would like to suggest the following recommendations for those agencies that seek to support efforts to expand capacity to meet the growing

need of HIV prevention for the world's youth. There are many promising local programs throughout the world that need such assistance and would benefit from these recommendations derived from the SYW experience.

Recommendations for technical support agencies that seek to help NGOs expand their programs

Agencies must be prepared to provide thorough and complex technical support and training that covers the entire range of capacities identified in the Essential Elements Framework.

- Given the importance of all the components of the Essential Elements Framework, it is imperative that pilot programs thoroughly understand and implement them.
- Personnel who provide technical support and training should be highly versatile, knowledgeable about local conditions, and skilled at negotiating and encouraging dialogue and collaboration. Likewise, they should be capable of providing a wide range of support or able to identify and access resources that cover the range of the Essential Elements Framework.
- Agencies may need to call on other local partners or other specialists to provide needed capacity building experiences.
- Technical support staff members need to be resourceful, creative and able to call on others to supply needed expertise if they identify a need they cannot resolve.

- Program planning materials and training resources must be supplied on a timely basis, adapted to local conditions, and frequently updated.
- Careful attention to program-level monitoring and evaluation of organizational capacities and real impact cannot be underestimated. The temptation to skip over these stages should be resisted.

Recommendations for donors, government ministries, and multi-lateral agencies that seek to support and encourage scale up of HIV prevention programs for youth

Agreement is needed on the inherent reciprocity between quality and quantity in efforts to expand good programs in the real world.

- NGOs/CBOs that are good candidates for expanding their programs will still require help improving the quality of those programs and will certainly require attention to unexpected weaknesses or challenges as the expansion process proceeds.

- Good programs may need to become better, i.e., more comprehensive and of higher quality, to have “real impact” on the youth they reach and to reach more youth.
- HIV prevention programs need to go beyond traditional health behavior realms and involve the education and communications sectors as well as other areas of social development that can have an impact on poverty reduction.

Enough time and resources are needed from the outset to develop the collaborative processes that are needed for successful expansion endeavors.

- Stakeholder buy-in and inter-agency collaboration are essential to successful and sustainable programs and they take time and resources to function well. Resources need to be provided to support these aspects of program expansion.
- It is necessary to be flexible and adapt to changes in the context in which a program is operating.
- Difficulties in reaching remote communities (travel time, cost, inaccessible roads, flawed communication systems), weather, school calendars, and farming cycles are factors that need to be taken into account in developing timetables and scheduling activities.
- In highly politicized environments, with limited resources, local organizations may compete for scarce funds and visibility, making coordination among participating stakeholders more of a challenge to achieve. Therefore, donors and technical assistance agencies should create opportunities and mechanisms to overcome such competitiveness.

Donor agencies must be prepared to respond flexibly to the directions local programs decide are needed.

- Agencies need to feel empowered to propose changes that respond to stakeholder input and youth participation.

Even once a program or set of programs is successfully expanded, continual efforts to advocate for sustainability, program improvements, and adequate policies will be required.

- Strengthening the skills of advocates and their ability to monitor progress will be essential and should be supported on a long-term basis to ensure that expansion translates into permanent programs that evolve with the needs of the population to be served.
- The possibility of resistance and push-back in relation to gender issues, youth participation, and other sensitive aspects of HIV prevention requires donors and governmental agencies to be alert to the need for continued program support that does not reflect fads or sudden trends but that reflects real needs to sustain effective programs.



Margaret Sanger
Center International

MSCI is the international arm of Planned Parenthood of New York City (PPNYC), one of the nation's first and most respected providers of reproductive health care services. MSCI's overarching goal is to improve sexual and reproductive health and rights worldwide by working to create a world where positive sexuality, reproductive choice, and gender equity are accepted parts of life. Since its founding in 1973, MSCI has developed successful partnerships in Africa, Asia, the Caribbean, Central America, and the Pacific. MSCI helps to build local capacity in education, clinical services, and advocacy; and fosters linkages and international exchanges among people working toward common goals. Through collaborative partnerships in more than 50 countries, MSCI has trained young people, parents, health professionals, women's groups, traditional healers, and religious leaders to serve as sexuality educators. MSCI has helped local organizations – both governmental and non-governmental – to incorporate reproductive and sexual health into primary care and traditional family planning services, and has provided public policy and advocacy training to increase support for sexual health and reproductive rights. Thus, MSCI is familiar with the challenges of on-the-ground programs in a wide array of contexts.

MARGARET SANGER CENTRE
INTERNATIONAL · SOUTH AFRICA
An experienced technical resource for the region

MSCI's Africa Regional Office was established in Johannesburg, South Africa in 1998. MSCISA is an experienced technical resource for the region whose goal is to build capacity among local organizations to address the region's pressing sexual and reproductive health challenges including HIV/AIDS. MSCISA provides culturally sensitive, hands-on skills-based training to mid- and upper-level program personnel throughout Africa as well as providing technical assistance tailored to local agencies' needs. Staff have extensive experience mentoring small community-based organizations and helping them build solid institutional structures, coherent programs, and fundraising strategies. MSCISA also has extensive networks throughout the continent that inform project planning and implementation.

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Building Capacity for Long-Term Success

Launched in 2002 with support from United Nations Population Fund (UNFPA), Safe Youth Worldwide (SYW) seeks to reduce HIV prevalence by helping programs around the world to scale up prevention efforts among 10- to 24-year-olds. Safe Youth Worldwide works closely with partner agencies to build their capacity. After a careful and mutual assessment, SYW Technical Support is tailored to each partner's needs. For example, SYW might help its partners to:

- *Integrate overlooked issue areas, such as gender equity and young people's rights*
- *Replicate proven approaches and eliminate duplicated effort*
- *Maintain quality as projects grow in size and scope*
- *Train staff, peer educators, and community leaders*
- *Adapt existing materials and strategies for new audiences*
- *Create tools for monitoring and evaluation*
- *Increase cost-effectiveness*
- *Link local experts (NGOs, government agencies, donors, consultants, community leaders)*
- *Build income-generating mechanisms to ensure sustainability*



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