

A LESSONS
LEARNED
CASE • STUDY

July 2004

Going to Scale in Ethiopia:

Mobilizing Youth Participation
in a National HIV/AIDS Program



By
Kathy Attawell

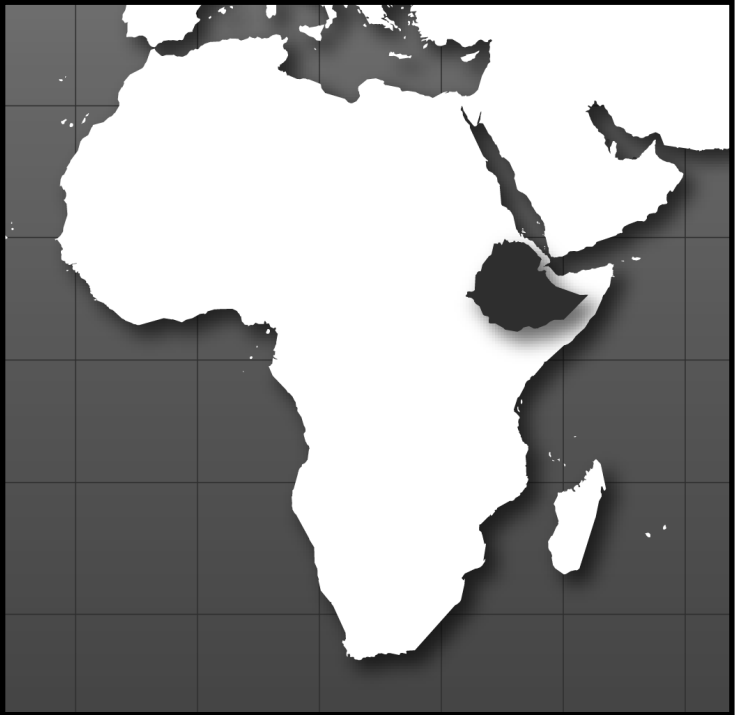


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Synergy Project case studies review programming models that demonstrate “good or promising practice” in the response to HIV/AIDS in resource-poor settings. The case studies describe the specific challenge addressed, the successes achieved, and the lessons learned in the process of implementing a model in one setting. Such documentation and dissemination to others who design and manage programs in the field are essential tasks contributing to an effective global response. If the goals set by The President’s Emergency Plan for AIDS Relief and the World Health Organization 3x5 Initiative, and the United Nations Millennium Goals are to be achieved, program planners and managers need to replicate and bring to scale successful models in order to avoid known pitfalls, and to build on the solid foundation of achievements in existing programs and projects.

Good or promising practice in this context refers to knowledge about what is and is not working, or to what appears to hold promise in the fight against HIV/AIDS in resource-poor settings. The ability to learn from the experiences of others and to improve and adapt those experiences to different field situations is essential for building the capacity to implement national programs. It is not only documenting and disseminating lessons learned, but also the ongoing process of feedback, reflection, and analysis that allow continued improvements to occur.



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Technical Director
The Synergy Project, Social & Scientific Systems, Inc.
1101 Vermont Ave., NW, Suite 900
Washington, DC 20005
United States of America

SUMMARY

This case study describes a collaboration between the Ministry of Youth, Sports and Culture, and the YouthNet and IMPACT Projects of Family Health International that was supported with funding from the Bureau for Global Health of the U.S. Agency for International Development (USAID). The study documents a successful youth-adult partnership that used youth-led Participatory Learning and Action (PLA) as an effective methodology for empowering young people to communicate with each other and with adults about their sexual and reproductive health needs. Drawing on youth perspectives and input from all regions of the country to influence national policies and services, the methodology ensured that young people had the skills and tools to facilitate a national process of needs assessment and situation analysis. Successful implementation was made possible by the enthusiastic participation of 51 young women and men facilitators at the grassroots level through regional meetings and, finally, a national plenary.

The process for consulting youth on the issues they face, enabling them to prioritize issues to be addressed and to develop a national youth-focused action plan, is important for ensuring youth “ownership” of sexual and reproductive health information. It ensures informed, active youth “stakeholders” in sexual and reproductive health services in Ethiopia, prerequisites for healthy sexual and reproductive health behaviors. The approach provides more authentic data and experiences of youth in the area of sexuality to policymakers than is generally available from survey and focus group research. It puts youth at the center of the change effort and ensures that they are owners of the activities now developing to address the wider issues they have identified as determinants of sexual and reproductive health in Ethiopia.

The consultation developed a national youth consensus on possible points for the proposed National Youth Charter and Plan of Action through an iterative process facilitated by the 51 youth facilitators. This iterative consensus-building consultation to contribute to or influence national policy might be considered a modified Delphi Consultation, a process developed and used in a number of settings for consensus building as the basis for health policy. The use of PLA in a consultative process facilitated by young people is an effective model for building youth capacity to respond effectively to HIV/AIDS, as well as a good practice for addressing the holistic sexual and reproductive health needs of young people.

Several issues identified through the analysis of the case study provide guidance for successful implementation of this model for youth involvement elsewhere.

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I have attended at least four workshops, and this is the first one in which from the very start we are able to interact, speak, and express ourselves as young people.

—A young participant

OVERVIEW

Young People and HIV/AIDS

Half of all new HIV infections in the world occur in people aged 15–24; nearly 12 million young people are living with HIV/AIDS; and more than 7,000 young people become infected with HIV every day.¹ Young people have limited access to information and services, they are socially inexperienced and dependent on others, and they may be influenced by peer pressure in ways that increase their risks for HIV infection. In particular, young girls and young women are more biologically vulnerable to HIV infection than are mature women and men.²

All national HIV/AIDS strategies need to focus on young people. Leaders must speak out on the subject of HIV and youth, and they need to tackle the social and cultural issues that lead young people to take greater risks. Young people need information, opportunities to develop skills to avoid risks and to negotiate safer sex, and access to condoms and youth-friendly services. Programs need to reach out to the most vulnerable youth, including street children, orphans, and sex workers, and to heads of households in order to engage them in HIV prevention.

Young people must be at the center of HIV/AIDS control strategies. The World Health Organization and other organizations emphasize the importance of youth involvement in the design, implementation, and evaluation of programs intended to address their needs. In addition, a growing body of research shows that youth participation in reproductive health and HIV/AIDS programs helps young people to develop confidence, change attitudes, and establish more meaningful relationships with adults. The need to place youth at the center of responses to the epidemic is reflected in the following excerpt from the Ethiopian National Youth Charter, which was one of the outcomes of this project:

¹ Preventing HIV/AIDS among young people pp. 15–16 in Global Crisis - Global Action (Fact sheet). United Nations Special Session on HIV/AIDS (2001).

² Ibid.

It is increasingly clear that youth must be at the center of any response to the HIV/AIDS crisis if we seek to improve their sexual and reproductive health and prevent sexually transmitted infections (STIs) and HIV/AIDS.... Global and local experiences suggest that in order to effectively address sexual and reproductive needs of youth, and to design and implement appropriate disease prevention strategies, we must forge a broad alliance of organizations working in the youth, health, education, and development sectors; public policymakers; private enterprise; and nongovernmental organizations (NGOs). A focus on educating more young people about sexuality, reproductive health, and STI and HIV prevention can be an effective strategy if it is based on full participation of youth in all stages of design, planning, implementation, and evaluation.... Today's young people around the world are the "AIDS generation": not a single young man or woman 20 years of age and younger has ever known a world without HIV. Around the world, millions have already died, and about 30 percent of all people currently living with HIV/AIDS in the world are young men and women between 15 and 24 years... Yet, the HIV/AIDS epidemic among youth remains largely invisible to adults and even to young people themselves.

Considerations in Programs for Youth

Better communication between young people and adults—their parents and teachers, and possibly health workers, religious counselors, and youth workers—decreases risky behaviors that include sexual risk-taking and substance abuse.³ Therefore, an important consideration in programs for youth is how to empower young people to engage in meaningful programmatic conversations with adults. It is also important to recognize that it may be easier to reach elite, educated young people than it is to reach disadvantaged urban and rural youth. Elite youngsters initially may be more confident and articulate when talking with adults, yet the lives these young people lead are atypical of the majority. Thus, programs that seek to empower youth to articulate their needs and influence program design and public services must use methods that ensure equity in participation by young people of all socioeconomic backgrounds.

³ Dumas, L.S. (1996) Talking with kids about tough issues. The Henry J. Kaiser Family Foundation, Menlo Park California, with Children Now, New York, U.S.A.

THE CASE STUDY

Background

The Ethiopian Ministry of Health estimates that the current rate of HIV infection among adults is 7.3 percent.⁴ Prevalence is higher in urban settings; in Addis Ababa, for example, 16.8 percent of adults are infected with HIV. An estimated 2.6 million Ethiopian adults and children have HIV infection and 750,000 children have been orphaned by AIDS.

Ethiopia has a young population. Forty-six percent of all Ethiopians are younger than 15, and 30 percent are 15 to 24 years old. HIV prevalence is estimated to be 6 percent to 9 percent among young men aged 15–24, and 10 percent to 13 percent among young women in the same age group. This age group also has the highest prevalence of sexually transmitted infections, indicating high rates of unprotected sex with multiple partners.

In 2001, the Government of Ethiopia endorsed the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, which recognizes that young people must be fully and effectively engaged if prevention and control programs are to be successful. In the same year, the Ethiopian Ministry of Youth, Sports and Culture was established, with a mandate that included addressing HIV/AIDS in youth.

In planning its work, the Ministry recognized the need to learn about the status of young people and to involve them in the planning process. Ministry staff requested support from the United States Agency for International Development (USAID) Mission in Ethiopia to help them do this. The Mission then arranged for technical assistance from the IMPACT and YouthNet projects, implemented by Family Health International, to design and implement a series of regional and national consultations involving youth throughout the country.

Objectives

The primary objective was to facilitate the participation of Ethiopian young people in development of a National Youth Charter—to express their reproductive and sexual health needs for the future—and to lay out a Plan of Action to mobilize youth to seek better sexual health and HIV/AIDS prevention, care, and support services. The Charter and Plan were to be

⁴ The Joint United Nations Programme on HIV/AIDS estimated an adult (aged 15–49) prevalence of 7.3 percent in 2000. UNICEF estimated an adult prevalence of 6.4 percent in 2001.

presented to the Ministry of Youth, Sports and Culture. The project also aimed to build a national youth network and to increase community and political support for youth sexual health and HIV/AIDS programming issues. The project served as an excellent model of partnership between adults and youth for addressing HIV infection in adolescents and young people.

The use of participatory approaches with young people was not new in Ethiopia. In the past, however, these efforts had been led by adults. This was the first demonstration in Ethiopia of a youth-led, youth-adult partnership using Participatory Learning and Action (PLA) in the policy development arena. The consultation process involved grassroots youth in every region of the country with equal representation of young men and women.

The process can be considered an adaptation of a Delphi Consultation⁵ for structured data collection in separate stages, through which information gathered in one round informs the questions that are asked at the next round of the consultation. Delphi Consultations are useful for identifying consensus from wide audiences; in Ethiopia, the iterative consultation process using PLA and facilitated by young people ensured that adults in authority were informed of the sexual risk situation and prevention needs of young people throughout the country.

⁵ The Delphi methodology derives its name from the major oracle of Apollo, from where, in Greek mythology, he made most of his prophecies. The Delphi methodology was developed in the 1960s by the Rand Corporation as a forecasting methodology, but was later adapted as a consensus research methodology to harness experts' insights and enable decisions to be made in areas where published information is inadequate or nonexistent. The Delphi Consultation has been widely adapted to health service settings for policy design in North America and Europe, and in some resource-poor countries. Recent variants in its use have included use in face-to-face situations and have led to the definition "Delphi Process: an iterative survey technique that synthesizes diverse resources (community visits and consultations, contemporary theory and research, etc.) to determine consensus goals and strategies for policy design." The Delphi Process has four necessary features: 1. Anonymity; 2. Iteration; 3. Controlled feedback; and 4. Statistical aggregation of group response. In this Ethiopian case study, the groups of grassroots young people who participated in each stage in the consultation did not know the young people in the other groups in their stage of the consultation or the young people who had contributed to the previous stage of the consultation. Iteration is the process of analyzing responses from many, synthesizing a report, and then giving it out for feedback, with the process being repeated by analyzing and incorporating the feedback into the report and again giving out the revised report for further feedback. Controlled feedback in Ethiopia consisted of achieving consensus on the feedback from each subsequent group of young people consulted. The 51 youth facilitators of the consultation process undertook the statistical aggregation of group responses and incorporated it into the report.

Activities

Participatory Assessments

Fifty-one individuals (26 young men and 25 young women) were selected by regional HIV/AIDS prevention and control offices and youth bureaus to serve as participatory assessment facilitators. A YouthNet consultant trained the facilitators in participatory assessment and facilitation techniques. The facilitators' work consisted of the following:

- Performing a rapid assessment of youth groups and networks in each region
- Facilitating 44 workshops with 800 young people in groups of 20 individuals (10 females, 10 males) aged 15–24 years; the goal was to assess participants' sexual health and their HIV/AIDS knowledge, attitudes, and risk behaviors
- Conducting in-depth interviews with adult and youth informants, yielding 204 key informants

The training and workshops were structured around five modules (Box 1) that were designed to build trust and promote a discussion of sexuality and HIV. The facilitators planned and conducted the assessments, workshops, and interviews. During the planning stage, the facilitators selected and developed the participatory tools they would use and practiced using the methods. Their in-depth interviews were guided by questions that were designed to assess youth hopes, beliefs, lifestyles, health care, risk information and behavior, and their social environment.

After the facilitators completed their assessments, they met in Addis Ababa to receive training in data analysis. During this one-week workshop, facilitators compiled and summarized their findings, and combined them with information from the behavioral surveillance study. With guidance from YouthNet consultants, the facilitators from each region developed a presentation using written material, posters, and photo journals. They then reviewed the information they had gathered and identified issues they would address during the national youth consultation process in order to promote ownership of the participatory approach and the data.

Box 1. Participatory Assessment Workshop Modules

- 1. Setting the Stage:** This module was designed to establish a favorable working atmosphere and to build common understanding about the nature of participation. It included introductions, expectations, concerns, objectives, and the establishment of ground rules.
- 2. Putting Ourselves in the Picture:** This module was designed to allow participants to reflect on and analyze issues related to sexual and reproductive health and HIV/AIDS. It included mapping exercises to explore individual, family, and community contexts.
- 3. Bringing Sexual and Reproductive Health and HIV/AIDS into the Picture:** This module was designed to promote a more in-depth discussion of sexual and reproductive health, and the HIV and STI prevention issues identified in Module 2. The module included body mapping, a brainstorming session on sexual practices, a consideration of the daily activities and situation of “typical” youth, and an exercise to draw the lifeline of a typical young person.
- 4. Identifying Problems, Finding Solutions:** This module was designed to improve the group’s understanding of risk-taking behaviors and to identify ways to prevent them. It included a visualization exercise to explore factors that lead to risk-taking behaviors in different scenarios; an exercise to prioritize problems, to identify underlying causes and consequences, and to identify and prioritize prevention options; and an exercise to rank these options according to ease or difficulty of use, and then to map and assess local services.
- 5. Closing the Cycle:** This module was designed to promote commitment and action to promote better sexual and reproductive health. It included identification of personal strengths and limitations, an analysis and synthesis of workshop outcomes, and an identification of conclusions.

Regional Consultations

The next step for facilitators was to consult with a wider group of young people in order to validate the data and to collect additional information to complement the findings from the assessments. To do this, the facilitators planned and facilitated four regional consultations that were attended by 477 young people from all parts of Ethiopia.

During the consultations, participants from each region formed small groups, and the facilitators presented the regional findings from the assessments using standard presentation formats. Participants were asked whether the findings seemed familiar, whether they wanted to add information to the findings, and whether they had different opinions of the findings altogether. Comments were documented, summarized, and presented to the other groups in plenary by a youth facilitator and a participant from each regional group to ensure general agreement on the relevance of the additional sexual health and HIV/AIDS knowledge, attitudes, and risk behaviors data, without influence of any special interest groups.

The information we were presented was rich and made me aware of the great effort by those who did the assessments...

—A young participant

The regional consultations, working in small groups, developed possible points for the proposed National Youth Charter and Plan of Action. To help develop recommendations, each small group addressed two or three of the following points in response to the question “What can we do or recommend to...”:

- Enhance and improve communications and relations among individuals, families, and communities?
- Close the gap between information and knowledge on HIV/AIDS, and sexual and reproductive health, and to integrate this crucial information into our daily lives?
- Help youth diminish or avoid high-risk sexual behavior and practices?
- Enhance the use of protective methods among youth?
- Improve existing services or create new ones related to sexual and reproductive health and HIV/AIDS prevention, care, and support for youth?

Suggestions for the National Youth Charter and the Plan of Action were documented and presented to the full group at each regional consultation. A priority-setting exercise was used to identify the most important recommendations. The youth facilitators made a commitment to deliver participants’ suggestions to a youth task force; to the Ministry of Youth, Sports and Culture; to HIV/AIDS prevention and control offices; and to other representatives who were responsible for drafting the final version of the National Youth Charter and Plan of Action.

National Youth Consultation

The culmination of the participatory process was a national youth consultation, a three-day event attended by 208 young people from all regions of Ethiopia.

The objectives of the consultation were to present the main findings from the participatory assessments and regional consultations; to present, finalize, and obtain endorsement by young people and government for the National Youth Charter and the Plan of Action; and to mobilize young people to form a national youth network.

The national youth consultation was planned and facilitated by 26 young facilitators with support from YouthNet consultants and the Ministry of Youth, Sports and Culture. The event included presentations; key messages from young people with HIV and young role models; plenary and panel discussions; declarations of commitment by youth, government, and international organizations; and drama, music, and an exhibition.

I am amazed! I was part of this process and... now after seeing this introduction and the materials produced, I feel really proud of having helped.

—A young participant

In their preparation, youth facilitators produced and distributed promotional materials; arranged media coverage; and prepared posters, maps, and photographs for the exhibition. They also reviewed summaries of the findings to identify points for presentation; reviewed the draft National Youth Charter and Plan of Action to identify issues and recommendations for discussion; and developed guidelines to facilitate discussions around youth networking.

If the products of this consultation are made practical, then the youth will show behavior changes within a short period of time.

—A young participant

National Event

The national youth consultation was followed by a one-day event to launch the National Youth Charter and Plan of Action. Its purpose was to draw the attention of the government and the public to the need to address the issues that affect Ethiopia's young people. This was a major occasion that involved 1,000 young people, high-level government officials, and television and radio representatives; it culminated in a concert in the Olympic Stadium in Addis Ababa.

Project Management and Implementation

Family Health International, through the IMPACT project, provided project planning and monitoring services, linkages with government representatives and

other stakeholders, and administrative and financial support for the participatory assessment and consultation workshops.

Family Health International's YouthNet project provided technical assistance and expertise in youth programs and hired a full-time local consultant and a part-time international consultant to train and support the youth facilitators and to conduct the participatory assessments and consultation workshops. Family Health International staff also worked with the Ministry of Youth, Sports and Culture, and with Ethiopian television and radio representatives to ensure media coverage and documentation of the process, which included preparation of media briefings. Family Health International managed financial support from USAID in consultation with the Ministry of Youth, Sports and Culture.

The project was overseen by a steering committee made up of representatives from the Ministry of Youth, Sports and Culture, Family Health International, USAID, United Nation Children's Fund (UNICEF), and the Inter-Africa Group, that focused on policy issues and intersectoral participation. The Ministry of Youth, Sports and Culture coordinated the national youth consultation and event with assistance from Family Health International, UNICEF, and the regional HIV/AIDS prevention and control offices.

Main Outcomes of the Project

Policymakers and Civil Society Organizations Were Mobilized

The process led to an increase in: (1) recognition among government and other agency representatives of the sexual and reproductive health issues affecting young people; and (2) the capacity of youth to play a leadership role in policy and program development, and to be equal partners in the response to HIV/AIDS.

Media coverage of the sexual and reproductive health issues that affect young people also helped to increase awareness and support among policymakers and the public. The government has made a commitment to implement the National Youth Charter and Plan of Action and to support the establishment of a national youth network.

Youth Involvement in Policy and Program Development

The project provided an opportunity for young people to have input in policy and program development. This showed youth that they can and should make a difference in Ethiopia's response to HIV/AIDS and influence services the Ministry of Health offers to young people. Regional HIV/AIDS prevention and control offices, and health and youth bureaus now invite youth representatives

to participate in meetings to discuss HIV/AIDS and sexual and reproductive health programs and priorities.

New Information About Youth Sexual Behavior

The involvement of young people generated important findings about youth sexual behaviors (Box 2), which were used to develop the National Youth Charter and Plan of Action, and which will inform the design of future policies and programs.

Box 2. Issues Identified During Participatory Assessments and Consultations

- Insufficient or little communication about sexual and reproductive health, and violence in families
- Lack of knowledge and misconceptions about HIV/AIDS and sexually transmitted infections; inappropriate information, education, and communication materials designed for local use; and limited information about condoms and access to them
- Stigma, fear of rejection, and the need to involve religious leaders
- Early sex and marriage, youth sexual activity in settings such as schools and churches, and during cultural and religious festivals and ceremonies; and an increase in rape
- Use of drugs and alcohol by young people
- Effects of customs and beliefs of different ethnic groups related to virginity, circumcision, body cutting, wife inheritance, and arranged marriage

Development and Approval of a National Youth Charter and Plan of Action

The National Youth Charter outlines a statement of beliefs and recommendations for the government and other organizations to improve the sexual and reproductive health of youth (Box 3). The Plan of Action outlines a three-year time frame for implementing these recommendations (Box 4). Both documents were disseminated to more than 1,000 stakeholders at the national event; to national and regional policymakers, youth bureaus, and service providers; and through the media.

Box 3. Recommendations from the Ethiopian National Youth Charter

“... We, the participants of this first National Youth Consultation on HIV/AIDS and Sexual and Reproductive Health, wish to speak to our government, religious leaders, youth organizations, national and international NGOs and media, and key national leaders and celebrities, through the following beliefs and recommendations issued and endorsed by the young Ethiopian women and men who participated in the consultations, of which this Youth Charter is the fundamental expression.”

Contribute to creating and sustaining an environment that is conducive to sexual and reproductive health for Ethiopian youth (e.g., sexual and reproductive health curriculum in schools, and addressed by national and religious leaders).

Involve young men and women in the design and implementation of programs aimed at changing risk behavior through education and communication (e.g., training and employment of youth in youth centers, entertaining while educating).

Promote prevention of unwanted pregnancy, sexually transmitted infections, and HIV infection (e.g., promote choice of preventive options, including delayed sexual debut, abstinence, dual protection, consistent and correct use of male and female condoms; low-cost or free, easy-to-access condom provision).

Enact policies and programs, and enforce laws that address harmful social norms that negatively affect girls and young women (e.g., challenge harmful practices such as early marriage and female genital cutting).

Mobilize communities where youth-led participatory assessments were conducted to develop the best combination of policies and programs for target populations (e.g., involving parents, teachers, religious leaders, and promoting community awareness).

Facilitate, promote, and support the provision of youth-friendly services at the local level (e.g., establish a critical mass of empathetic, discrete health care providers, convenient location, minimal paperwork).

Develop programs for youth with special needs (e.g., street children, out-of-school youth, sex workers; and meet immediate needs of most vulnerable youth first).

Creation of a Dynamic Network of Youth

Although anti-AIDS and reproductive health clubs exist in schools and elsewhere in Ethiopia, links between them did not exist before the project. An important outcome of the process was a proposal by youth facilitators to establish a network of young people who are committed to making improvements in the sexual and reproductive health of Ethiopia's youth.

The framework for a national youth network was discussed at the national consultation, and 35 youth representatives were elected to take this forward. Practical actions included the formation of a national association of youth groups to work on sexual and reproductive health and HIV/AIDS issues, and an assessment of what youth and their organizations need to obtain funding for activities. Young people employed at a central office in Addis Ababa and at regional HIV/AIDS prevention and control offices will take responsibility for network coordination.

Box 4. Key Actions Recommended in the Plan of Action

Increase risk perception and decrease risky sexual behaviors among in-school and out-of-school youth: Expand peer education efforts among anti-AIDS and reproductive health clubs; conduct behavior change communication through appropriate media; design and implement school curricula on sexual and reproductive health for primary and secondary levels.

Enhance communication between youth and their parents on youth development and sexual and reproductive health: Educate parents and promote interfamily communication; conduct behavior change communication strategies that promote open and respectful communication between parents and children.

Promote partnerships among youth and their communities: Create a national network of youth for sexual and reproductive health issues; ensure involvement of religious organizations and leaders in HIV/AIDS prevention and education activities with youth, orphans, and vulnerable children; create regional and local government and NGO linkages in partnership with young people to improve youth sexual and reproductive health; and facilitate youth-private sector partnerships.

Expand access to youth-friendly reproductive and sexual health products and services: Provide quality youth-friendly clinics and services where they do not exist; involve youth in clinic management and oversight; train service providers in existing clinics; enhance linkages and referral between schools, and between public and private clinics.

Develop and enforce policies and laws that protect the health and rights of youth, especially girls, young women, and other vulnerable youth: Review existing laws and policies related to protection and rights of youth; lobby for new policies and laws and enforcement of existing youth-friendly policies and laws.

More Knowledge and Better Skills

Young people have reported better knowledge about sexual and reproductive health issues as a result of their participation in the workshops. Facilitators reported significant improvements in their knowledge and skills, which increased their confidence to carry out effective HIV/AIDS work with their peers.

The issues raised are appropriate, and I think we have created suitable conditions to tackle and solve problems.

—A young participant

LESSONS LEARNED

Earlier Initiatives and Activities Provided a Solid Foundation

The Basis for a Youth Network and a Cadre of Youth Facilitators Already Existed

Anti-AIDS clubs and reproductive health clubs have existed in Ethiopia for more than 10 years. Although their capacity and activities vary, these clubs exist in every region and have good links with regional HIV/AIDS prevention and control offices, schools, and the network of clinics run by the Family Guidance Association of Ethiopia. This meant that youth were already involved in HIV/AIDS and sexual and reproductive health issues, and that the project was able to involve them and to use their experiences.

The Work of Other Organizations Had Raised Awareness of Youth, HIV/AIDS, and Reproductive Health Issues

Ethiopian NGOs such as Save Your Generation have been active in HIV/AIDS and reproductive health communication activities since the early 1990s, and HIV/AIDS has been an important component of the recent work of the Family Guidance Association. The activities of international agencies have also provided an important basis for work with youth in Ethiopia. For example, UNICEF has encouraged HIV/AIDS prevention and control offices to recognize young people as partners in the response to HIV/AIDS through their recruitment of youth officers to local AIDS councils. Two earlier national forums on youth, reproductive and sexual health, and HIV had also helped to raise awareness of these issues.

The Project Was Able To Draw on Previous Findings and Experience

Available information—in particular, a recent national behavioral surveillance survey—provided useful background for the consultations. Before the assessments, the facilitators met to discuss the preliminary findings of the survey; they gained valuable insights into youth risk behavior, and they shared their opinions about the findings with other participants.

Support from Key Stakeholders and Good Relationships Were Critical

Government Ownership and Commitment Were Fundamental

Political will and government recognition that the needs of youth are important were critical. Without government support, it would have been impossible to promote involvement at regional levels. Because the Ministry of Youth, Sports and Culture initiated the consultation process, the minister and his national and regional staff gave the consultation process high priority and considerable personal attention. This was a visible demonstration of political leadership at a high level within the government. The Ministry of Youth, Sports and Culture invited other ministries to participate in meetings, and the national youth consultation provided letters of support and communicated with regional youth bureaus and HIV/AIDS prevention and control offices to facilitate regional activities. The active collaboration of these regional bodies was also fundamental. They selected youth facilitators and participants, and provided office space and logistical and administrative support for youth facilitators, and for organization of the assessments and regional youth consultations.

Different Strategies Were Used To Obtain the Support of Parents and Community Leaders

Influential adults were involved in the youth participatory assessments through informant interviews. The support of parents and community leaders for youth participation in the process was also facilitated through government bodies, positive media coverage, and the remuneration received by young people.

Donor Support and Collaboration between Implementing Agencies Contributed to Success

The USAID Mission helped to promote good relations with the Ministry of Youth, Sports and Culture, in addition to providing moral and financial support. Success also owed much to effective collaboration between IMPACT and YouthNet project staff and a clear agreement of their respective roles and responsibilities.

Consultation and Communication Helped To Engage a Range of Partners at All Levels

The project staff held meetings at the start with key stakeholders for collaboration purposes and periodically to report their progress. Care was taken to engage government officials at all levels, as well as representatives of international agencies and NGOs. Regular consultation and liaison with the

regional HIV/AIDS prevention and control offices, and acknowledgment of their role in the process were critical. UNICEF representatives were important partners through their participation in key meetings, such as the national youth consultation and event, and through their inputs to the National Youth Charter. NGOs working with youth were engaged through the regional HIV/AIDS prevention and control offices, and provided access to materials and to youth performers to animate the consultation workshops. Family Health International shared information on the consultation process at monthly meetings of USAID-funded agencies and encouraged the agencies to respond positively to requests for support from youth groups.

Positive Media Coverage Played a Critical Role in Engaging Youth, Raising Awareness, and Mobilizing Public Support

Considerable efforts were made to involve the media and to ensure accurate and positive media coverage. Media representatives attended three regional youth consultations and the national youth consultation. Coverage of the regional youth consultations was broadcast on national and local television and on regional radio stations. Ethiopian Television made and broadcast a film documenting the entire process. Media coverage played an important role in engaging youth in the consultations and in gaining public support for the process.

Careful Planning and Preparation Paid Dividends

Engaging Local Administrative Bodies at an Early Stage Contributed to Success

Before the project began, representatives from the regional HIV/AIDS prevention and control offices were invited to the meeting to discuss the behavioral surveillance survey, and they made preliminary visits to the regions to prepare for the assessments and regional youth consultations. These activities established a strong foundation for future collaboration and helped to ensure support, coverage by local media, and action on findings and recommendations. They allowed YouthNet representatives to explain the purpose of the project and to plan practical arrangements. The activities gave local officials the opportunity to highlight issues affecting youth and to raise matters they considered important, such as ensuring adequate participation of rural youth and different ethnic groups.

Logistical and Administrative Support Was Time-Consuming but Essential

Good organization is critical for a large-scale, staged consultation to ensure full participation throughout the country with adherence to the consultation schedule. Successful implementation owed much to the support provided by Family Health International and regional governmental bodies. Logistics and administration took considerably more time than originally anticipated. The need for simultaneous translation during workshops to ensure full participation by local minority ethnic groups and international consultants alike made for complicated logistics, but difficulties were overcome by the commitment and enthusiasm of youth facilitators and participants.

Adequate Time for Planning and Implementation and a Flexible Approach Were Important

Travel difficulties caused by flight delays and bad weather meant that consultants and facilitators had to be flexible and prepared to adapt planned activities at short notice. Allowing adequate time for preparation with facilitators was also critical. A full day was spent before each regional youth consultation to give facilitators the opportunity to: review the objectives, agenda, and process; adapt the schedule and practical details to the specific situation and the needs of youth from different areas; ensure that they understood the techniques and materials to be used; and to plan documentation processes.

Young People Were Able to Take the Lead, Given Appropriate Training, Guidance, and Support from Adult Experts

Youth Owned and Led the Process

Youth were central to the process at every stage, taking the lead in planning and implementing the youth participatory assessments and the regional and national consultations. The process was most effective when young people were given direct responsibility for accomplishing specific tasks and were able to see immediate results. By using their own knowledge and experience—and based on the issues identified during the consultation process—young people themselves developed the National Youth Charter and the Plan of Action. The process shows that the energy and knowledge of young people can be channeled from the local to the national level, provided they remain key participants throughout the process. In retrospect, Family Health International management believes that the process would have been even stronger if from the outset youth had offered input to conceptual thinking and design.

Adult Expertise Was Used Only When Required and Inputs from Suitably Experienced Consultants Were Important

The role of adults was limited to providing funding, factual information, training, and guidance in planning and conducting activities, and to backstopping support in response to requests from youth facilitators. YouthNet consultants provided valuable expertise in participatory approaches, training design and facilitation, sexual and reproductive health, and HIV/AIDS. Selection of consultants who have experience working with youth on sexual health issues and who have positive attitudes about the capabilities of young people was critical to the success of the process.

The Participatory Process Helped Change Adult Perceptions of Youth

The process and outcomes of the consultations demonstrated to adults that youth have the capacity to play leadership roles and to make significant contributions to a broader range of youth programs. The project provided opportunities for government officials and young people to meet and to interact throughout the process, which contributed to mutual trust and respect. For example, a representative from the Ministry of Youth, Sports and Culture participated in the training for youth facilitators and the regional youth consultations. The project also highlighted the need for adults to make an ongoing commitment to future activities such as youth networking.

Facilitators and Participants Were Highly Qualified

The facilitators had already been active in sexual and reproductive health and HIV/AIDS education. Selection criteria included age (18–24 years), education to 12th grade, leadership, knowledge of Amharic, interpersonal communication skills, experience working with an anti-AIDS club, and availability. The young people were well educated, enthusiastic, and committed, and more than three-quarters of them spoke or understood English. Similar criteria were used to select participants, who ranged in age from 15 to 24 years and who had completed a 6th grade education. Care was taken to select equal numbers of male and female facilitators and participants, and to identify young facilitators who represented different regions, and ethnic and religious groups.

Training and Guidelines Were Designed to Meet the Needs of Youth

The international consultant developed the training curriculum for facilitators by focusing on issues that young people had identified—in particular, basic information about HIV/AIDS, sexually transmitted infections, and sexuality. The consultant worked with facilitators to develop standard guidelines with

practical, easy-to-follow suggestions, which enabled the young people to facilitate activities on their own.

Before the training I was afraid and ashamed to talk about sex in my prevention activities. Now I understand how important it is to take this information seriously and share with others what I have learned. I don't know how I have been doing HIV prevention without being able to openly discuss sexual practices and the risks they entail.

—A young participant

More Training in Presentation and Documentation Would Have Been Useful

In some cases, the syntheses of workshop outcomes lacked full information, although the facilitators could remember it in detail when asked to elaborate. In other cases, facilitators found it difficult to synthesize their information into a few key points and to present their groups' main findings. Young facilitators would have benefited from more training and practice in documentation and presentation skills and from more time to analyze the findings, but the project time frame did not allow this.

Peer Technical Assistance Proved an Effective Way To Address Difficulties

Some facilitators experienced problems during the first regional youth consultation. To avoid these during other consultations, the most outstanding facilitators were selected to provide technical assistance to their peers. This helped to promote an understanding of the process, reduced anxiety among other facilitators, and also developed a core group of experienced and effective facilitators.

I found teamwork to be one of the highlights... it gave me the opportunity to learn from others.

—A young participant

Youth Facilitators Were Motivated by Recognition and a Chance To Learn

Facilitators appreciated having their abilities recognized and having the chance to lead an activity. They were motivated by the opportunity to discuss topics that interested them, to discuss these issues with the opposite sex, and to learn new techniques and skills from the consultant and from each other. They also received modest payment for their work; this was an important incentive

because most facilitators were from poor families. Expenses such as meals, travel, and accommodations during training and workshops were reimbursed.

Youth Commitment Was Key to Success of the Process

The project demonstrated that young people are Ethiopia's most important resource. The active leadership and participation, and the remarkable responsiveness and commitment of facilitators and participants to the process were critical to its success.

A National-Scale Consultative Process Using PLA Can Ensure that the Views of All Groups of Young People Are Represented

The Process Involved a Wide Range of Young People

The participatory assessments involved in-school and out-of-school, and urban and rural youth, and included young people with limited literacy skills. Although the facilitators were generally better educated and more confident and knowledgeable than the participants, they were able to establish rapport with their peers because they shared similar concerns and problems. Facilitators and participants drew on their own experiences to ensure that issues relevant to youth younger than 15 years were highlighted.

Icebreaker Exercises Promoted Cohesion between Young People

Establishing a positive atmosphere and a common understanding about the nature of participation was key to the successful use of participatory approaches during workshops. Icebreakers, which gave young people the chance to get to know one another in an informal way, rapidly generated group integration and interaction. The creation of trust overcame gender barriers, which enabled young women and men to feel at ease and work together on exercises such as body mapping.

I thought this was going to be another long and boring workshop where adults stand or sit in front of us and deliver long, complicated speeches. The initial exercise where we could interact and start to know each other quickly soon made me understand that this was going to be a different kind of meeting.

—A young participant

Translation Played an Important Role in Capturing the Contributions of All Participants

The consultations included a considerable amount of small group work, much of which was conducted in local languages. When local languages were used, a youth facilitator acted as translator, and that person assisted another person elected by the group to present back to the larger group. All information collected was translated from Amharic to English for documentation purposes and to ensure that participants' contributions were captured.

In Keeping with the Delphi Consultation Methodology, Information Was Validated at Every Stage with Other Young People

Information collected during the participatory assessments was validated during the regional youth consultations. Comments were incorporated into the findings, which were subsequently presented to the national youth consultation. Issues and recommendations included in the National Youth Charter and Plan of Action were based on priorities identified by participants during the assessments and consultations.

Youth Interest and Motivation Were Maintained through a Combination of Participatory Methods and Entertainment

Participatory Methods Enabled Youth To Take Charge

Use of participatory approaches meant that youth examined their own situations, determined their needs, and made recommendations for action. In planning the workshops, youth facilitators decided what participatory methods to use and developed their own materials. At the start of the workshops, they emphasized the importance of contributions from all participants.

Entertainment and Fun Were Key to Maintaining Interest

Dancing, music, drama, and poetry helped to maintain participants' interest. Making presentations interesting through posters, photographs, and maps also helped to capture their interest. Initial concerns that entertainment would take up too much workshop time proved unfounded. In practice, entertaining presentation methods helped to generate greater commitment and productivity. A youth group performed music and dance while participants arrived at the regional consultations, and this helped to create an informal atmosphere. Using music and jokes to break up sessions maintained high spirits and led to focused attention and sustained interest.

I feel happy because from the very start we were greeted with music, songs, and dance by other youth as a welcome present. This made me feel good that in a meeting in which I was expected to be formal we could dance and sing and have fun from the beginning.

—A young participant

Young People Were Able To Discuss Sex Openly, Given the Opportunity

Building Trust Was Crucial to Discussions of Sensitive Issues

In Ethiopia, talking about the body in a sexual way is taboo. Creating sufficient trust so that participants could discuss these issues openly was an essential part of the process. The sequence of activities—starting with exercises to generate an informal environment and discussion about the lives of young people and their family and community environment, before moving on to a discussion of sexual and reproductive health—was also important.

I am a married woman and I had never been able to talk about and address sexual issues so openly before. I was very much afraid and shy, and this... has given me the opportunity to better understand how important it is to know the facts to do better prevention among youth.

—A young participant

Box 5. Participatory Methods Facilitated Discussion of Sex and Sexuality

- **Mapping:** *The Individual and Their* [sic] *Universe* session helped youth to acknowledge for the first time their difficulties in addressing sexual and reproductive issues with family, teachers, and religious leaders. Some expressed the need to overcome shyness or to change customs and to start sharing with their close relatives information that can save lives or prevent an unwanted pregnancy, HIV, or a sexually transmitted infection. By “creating” families and community maps, participants were able to discuss how attitudes and norms influence young people, and which situations increase their sexual risk-taking behavior.
- **Body Mapping:** This session provided useful insights for youth to understand their bodies and sexual functions, and the words used to describe sexual organs and activities. Initially, some participants were uncomfortable with explicit depiction of sexual organs and listening to the terminology in a mixed group. However, this sentiment rapidly changed to a shared understanding of the relevance of being able to know and talk about these topics in prevention education.
- **Brainstorming:** In small group discussions, sexual practices among young men and women revealed information on a wide range of practices. This exercise was also a breakthrough moment in the workshops because it allowed participants to speak openly about issues of sexuality, sexual practices and their potential risk, and the ways young people react in the face of risk, regardless of the information they have. Many participants expressed how difficult it had been for them to discuss sexual health with their peers or with members of the opposite sex before the exercise.
- **Creating a Typical Youth:** Inventing a “typical young person” allowed participants to more easily discuss difficult issues that were pertinent to different groups of young people. By drawing a lifeline of a typical young person, participants were able to talk about their own experience, to reflect on the role that social norms, social interaction and other factors play in their sexuality and sexual health, and to further develop the process of identifying risk factors.
- **Moment of Truth:** This exercise helped young people to consider factors that lead to risk-taking behavior, including the emotions and thoughts young people experience before engaging in unprotected sex, and to explore ways to reduce such risk-taking.
- **Visualization:** In the form of cartoon sequences, visualization allowed participants to explore the situations and factors that lead to unprotected sexual activity.
- **Service Mapping and Preferences:** Involving youth in an exercise to map local services led to an increase in their awareness of available services and provided insights into ways that services could be made more accessible to young people. Identifying preferred options for prevention of sexually transmitted infections, HIV, and unwanted pregnancies provided useful information about what young people know about prevention, factors that make it easy or difficult for them to use these options, and ideas to help design appropriate prevention strategies.

Participatory Methods Promoted Discussion of Sex and Sexuality

For many participants, the workshops were their first opportunity to discuss sexual and reproductive health, HIV, and sexually transmitted infections. Participatory learning tools can engage young people in a discussion of these issues. Some methods worked particularly well (Box 5), and young people liked methods that were non-threatening and that anyone could do, such as drawing and mapping. Some issues, such as sex work and homosexuality, were raised but were still difficult for young people to discuss; exercises that specifically focused on these topics would have been useful.

The methods used were easy and clear, and since we were made to discuss our own problems, it is a very good approach.... The methods used have contributed a lot to open up discussion and stimulate everybody to participate.

—A young participant

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APPENDIX

Monitoring and Reporting Considerations for Scaling Up Youth Programs

Data on program performance and impact are essential for monitoring, reporting, and evaluation of youth programs. The collection, analysis, and reporting of such data are critically important to efficiently and effectively scaling up efforts—whether supported by the Global Fund for AIDS, Tuberculosis and Malaria, The President’s Emergency Plan for AIDS Relief, or other mechanisms—and to sustaining efforts at scale. Programs need management information systems that collect, aggregate, and permit analysis of implementation monitoring data for program managers and donors to be assured that rapid scale-up is effective and will result in lasting impact on the HIV/AIDS epidemic. Thus, process, outcome, and impact indicators need to be considered from the design stage of a rapid scale-up program and be incorporated into the program implementation plan. For the best results, young people should be involved throughout the process of developing and implementing the monitoring plan.

Scaling up is primarily a program output and, by and large, should be monitored using program-level indicators that measure coverage and reach. Coverage is usually measured using “number of activities or beneficiaries reached,” while reach is measured at the population level using “percent of beneficiaries reached.” A list of possible indicators to measure coverage or reach can be found in “A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs by the FOCUS on Young Adults Project” at <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/ToolsGuides/index.htm>.

Besides coverage or reach, it is important to assess whether scaling up compromises the effectiveness of interventions. This concern calls for assessing the effectiveness of the intervention on the outcomes at the population level and requires analysis that can provide evidence of a causal linkage between the intervention and program outcomes. While scaling up services to serve more remote populations might reasonably be expected to cost more than scaling up services to more accessible communities, scaling up from one community to another similar community should achieve economies of scale and cost less per beneficiary. This is particularly true where the development of curricula and materials added to the initial start-up costs of a program. Measuring the costs of the programs while scaling up is, thus, important to identify interventions that

might need to be dropped because of the increasing costs of providing them at scale.

Further information on scaling up of youth programs may be found in “Getting to Scale in Young Adult Reproductive Health Programs,” first published by the FOCUS on Young Adults Project and now available at: <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/ToolsGuides/index.htm>.

Synergy Project case studies review programming models that demonstrate “good or promising practice” in the response to HIV/AIDS in resource-poor settings. The case studies describe the specific challenge addressed, the successes achieved, and the lessons learned in the process of implementing a model in one setting. Such documentation and dissemination to others who design and manage programs in the field are essential tasks contributing to an effective global response. If the goals set by The President’s Emergency Plan for AIDS Relief and the World Health Organization 3x5 Initiative, and the United Nations Millennium Goals are to be achieved, program planners and managers need to replicate and bring to scale successful models in order to avoid known pitfalls, and to build on the solid foundation of achievements in existing programs and projects.

Good or promising practice in this context refers to knowledge about what is and is not working, or to what appears to hold promise in the fight against HIV/AIDS in resource-poor settings. The ability to learn from the experiences of others and to improve and adapt those experiences to different field situations is essential for building the capacity to implement national programs. It is not only documenting and disseminating lessons learned, but also the ongoing process of feedback, reflection, and analysis that allow continued improvements to occur.

This case study describes a collaboration between the Ministry of Youth, Sports and Culture, and the YouthNet and IMPACT Projects of Family Health International that was supported with funding from the Bureau for Global Health of the U.S. Agency for International Development. The study documents a successful youth-adult partnership that used youth-led Participatory Learning and Action as an effective methodology for empowering young people to communicate with each other and with adults about their sexual and reproductive health needs.

Drawing on youth perspectives and input from all regions of the country to influence national policies and services, the methodology ensured that young people had the skills and tools to facilitate a national process of needs assessment and situation analysis.



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