



MAY 2004



Partnering With African Youth:

PATHFINDER INTERNATIONAL AND
THE AFRICAN YOUTH ALLIANCE
EXPERIENCE



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ACRONYMS

ASRH	Adolescent Sexual and Reproductive Health	ICB	Institutional Capacity Building	PM	Programme Manager
AYA	African Youth Alliance	ICPC	In-Country Partners' Council	PPAG	Planned Parenthood Association of Ghana
BCC	Behavior Change Communication	IDC	Infectious Disease Center	PTO	Program Technical Officer
BNYC	Botswana National Youth Council	IP	Implementing Partner	RH	Reproductive Health
BOFWA	Botswana Family Welfare Association	KCC	Kampala City Council	SRD	South Rwenzori Diocese
CBO	Community Based Organization	M&E	Monitoring and Evaluation	STI	Sexually Transmitted Infection
CBW	Community Based Workers	MA-PLAY	Making Positive Living Attractive to Youth	TA	Technical Assistance
CC	Country Coordinator	MIS	Management Information Systems	TAYOA	Tanzania Youth Aware Trust
CEO	Chief Executive Officer	MOH	Ministry of Health	TOT	Training of Trainers
CEDEP	Center for the Development of People	MOU	Memorandum of Understanding	UDSM	University of Dar es Salaam
CHAG	Christian Health Association of Ghana	MST	Marie Stopes Tanzania	UNFPA	United Nations Population Fund
DCC	Dar es Salaam City Council	NGO	Non-Governmental Organization	UYDEL	Uganda Youth Development League
F&A	Finance and Administration	NYC	National Youth Council	WAR	Women Against Rape
FPA	Family Planning Associations	OCAT	Organizational Capacity Assessment Tool	YF	Youth-Friendly
FPAU	Family Planning Association of Uganda	OVC	Orphans and Vulnerable Children	YFS	Youth-Friendly Services
HBC	Home Based Care	P&A	Policy and Advocacy	YWCA	Young Women's Christian Association
HIV	Human Immunodeficiency Virus	PATH	Program for Appropriate Technology in Health	ZACA	Zanzibar Association for Children Advancement
HQ	Headquarters	PCYP	Parents' Concern for Young People		
		PI	Pathfinder International		

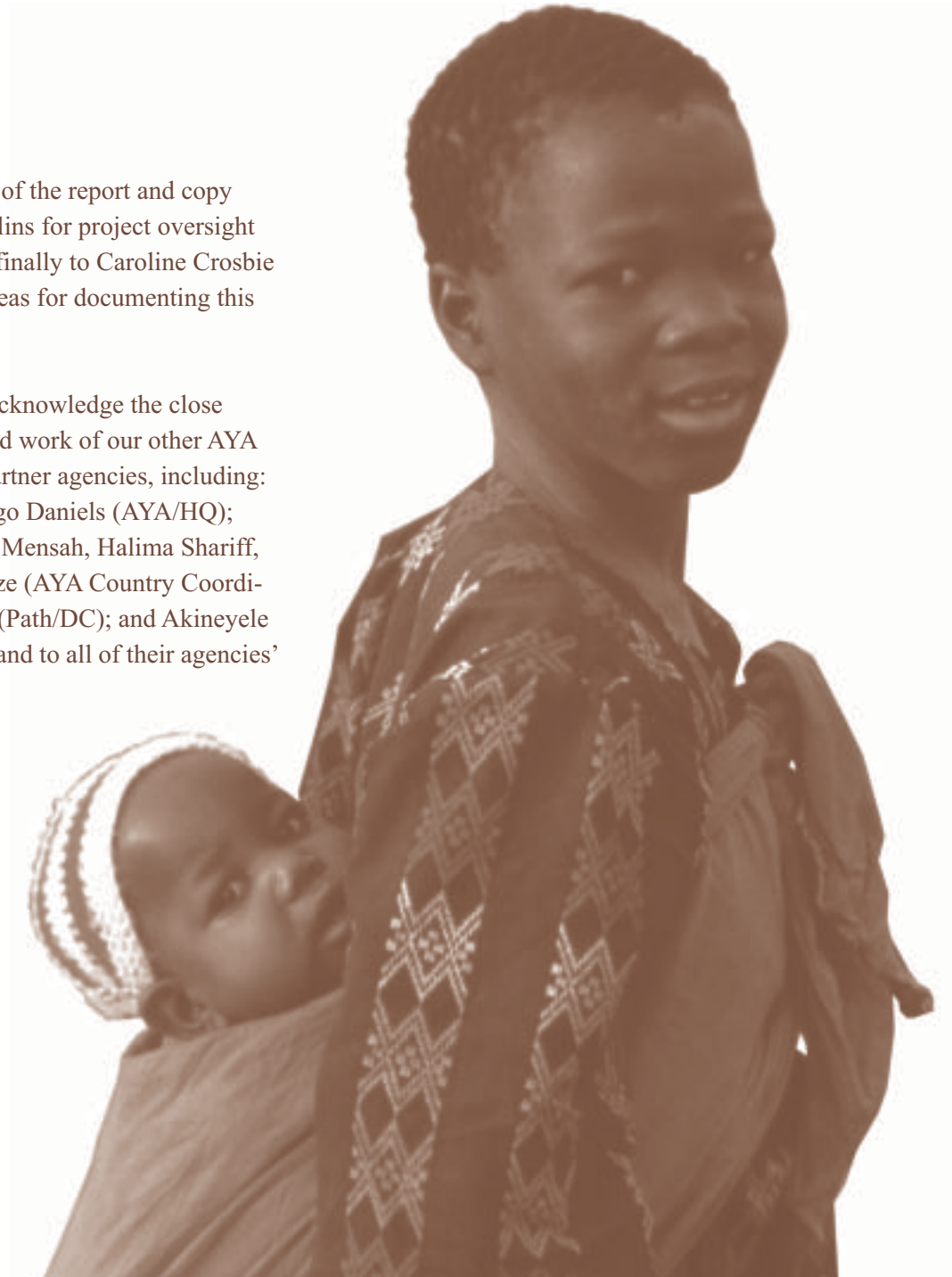
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OVERVIEW

Partnering with African Youth: Pathfinder International and the African Youth Alliance Experience Pathfinder/AYA

In the fall of 2000, Pathfinder International, the Program for Appropriate Technology in Health (PATH), and the United Nations Population Fund (UNFPA) launched the African Youth Alliance (AYA). One of the first collaborative efforts of its kind, AYA seeks to improve overall adolescent health and reduce the spread of HIV/AIDS and other sexually transmitted infections (STIs) in four African countries with a strong need for services—Botswana, Ghana, Tanzania, and Uganda.

Each partner is responsible for different program components based on their areas of expertise: Pathfinder—Youth Friendly Services (YFS) and Institutional Capacity Building (ICB); PATH—Behavior Change Communication (BCC) and Integration of Adolescent Sexual and Reproductive Health (ASRH) into

Livelihood Programs; and UNFPA—Policy and Advocacy, and Coordination and Dissemination.

This review documents the experience of Pathfinder International's challenges, successes, and lessons learned in implementation as well as those connected to working collaboratively with partners. The document describes many of these issues in detail to give the reader a very specific feel for the kinds of issues involved in

running such a complex project. The goal of sharing this information is to help other organizations attempting similarly complex, multi-country, multi-partner endeavors to take advantage of information gleaned from Pathfinder's experience in order to avoid certain pitfalls and to use the knowledge available in this report to assist in achieving their own successes. In addition to specific Pathfinder examples, the review describes a number of assessment and other tools that were developed as part of the project.



INTRODUCTION

The African Youth Alliance is similar to the adolescents it represents and strives to empower and assist. Conceived with hope and promise, AYA survived the challenges of its infancy and childhood and entered adolescence with the tasks that all youth face: to forge its own identity, to become strong and competent, and to achieve productivity and success in maturity. As AYA entered its fourth year, it had matured into a productive project, with notable achievements, even while it still faced challenges commensurate with its lofty goal of assisting youth to prevent HIV and improve their reproductive health.

AYA's parentage and extended family are complex, with numerous structural entities affording guidance and technical assistance. Its activities are numerous and it derives sustenance from global expertise, national policy and programming, and local experience.

This review of Pathfinder/AYA is an effort to capture and document how Pathfinder International, one of AYA's partners, successfully undertook its responsibilities within this project, implemented the activities of its two

component areas, Youth-Friendly Services (YFS) and Institutional Capacity Building (ICB), and worked within the AYA partnership at the country and regional levels.

The review documents the achievements in YFS and ICB through December 2003, including the extent of activities implemented, new materials and tools developed or adapted and other qualitative achievements that have contributed to the overall success of adolescent reproductive health programming in Botswana, Ghana, Tanzania and Uganda. It also examines the challenges faced in implementing this project and how they were overcome, and presents lessons learned.

The methodology used for this review included extensive interviews with 18 current and former Pathfinder/AYA staff members and consultants (see Annex A, List of Persons Interviewed), a review of major existing AYA documents and reports, and gathering data and achievement information from Pathfinder/AYA field staff and technical advisors. The analysis was further informed by the author's involvement with Pathfinder/AYA as its former director and

Specific Objective # 1: Describe the impact of STI/HIV on adolescents	
CONTENT Knowledge/Attitudes/Skills	Training/Learning Methods (Time Required)
<p>WHY ARE YOUTH AT RISK FOR STI/HIV?</p> <ul style="list-style-type: none"> Adolescent women are biologically more susceptible than older women to STIs. The young female genital tract is not mature and is more susceptible to infection (a biological risk for girls). More cervical epithelial tissue is exposed at the opening of the vagina into the cervix and this tissue is more susceptible. Women often do not show symptoms of chlamydia and gonorrhea, the most common STIs, and having another STI increases their susceptibility to HIV. Adolescent women become infected with HIV/AIDS at twice the rate of adolescent men. Sexual violence and exploitation, lack of formal education (including sexuality education), inability to negotiate with partners about sexual decisions, and lack of access to reproductive health services work together to put young women at especially high risk. Both adolescent boys and girls may have immune systems that have not previously been challenged and have not mobilized defenses against sexually transmitted infections. Sexual intercourse is often unplanned and spontaneous. 	<p>TRAINER PRESENTATION (5 MIN.)</p> <p>The trainer should explain that adolescents often think that they are too young or inexperienced to get an STI. They think that they are not at risk because they believe that "only promiscuous or bad people get STIs." As a provider, you play an important role in teaching adolescents about how to prevent STIs as well as providing treatment for those who contract a STI.</p> <p>LEARNING EXERCISE: YOUTH AT RISK COMPETITION (20 MIN.)</p> <p>The trainer should:</p> <ul style="list-style-type: none"> Divide PIs into 2 groups. Ask each group to come up with as many biological and social reasons as they can that put youth at risk for STIs and record them on newsprint. One group should list risks for adolescent boys and one for adolescent girls. Allow 10 minutes for groups to discuss. Reconvene the large group. Ask each group to present their lists. The group with the most reasons gets a prize. Discuss the lists and supplement with information from the content.

Describing the impact of STI/HIV on adolescents: Excerpt from Module 16 Reproductive Health Services for Adolescents Trainers Manual

technical consultant. An earlier version of this review that included recommendations for maximizing effectiveness for the duration of the project was presented to the Pathfinder/AYA staff.

When complicated and ambitious projects direct so much energy into implementation, documentation is often neglected. This report is an attempt to rectify that omission, and to identify lessons learned so that other similar projects might gain from AYA's experiences. The listing of materials developed should prove especially useful to those conducting ASRH projects. It can also serve as a touchstone for those participating in the project: to help them appreciate the full extent of their efforts and to clarify the major actions and contributions for those outside the project, often confused by the sheer amount of activity. Finally, it can assist Pathfinder/AYA's future work by better understanding its past efforts, stumbles as well as strides.

I. Background: Pathfinder International's Components

A. Brief Project Overview

AYA is a partnership project carried out by Pathfinder International, the Program for Appropriate Technology in Health (PATH) and the United Nations Population Fund (UNFPA) "with the purpose of reducing the incidence and spread of HIV/AIDS and other STIs and improving overall adolescent reproductive health" in four African countries: Botswana, Ghana, Tanzania and Uganda. The project draws on the strengths of the three partners, each of which is responsible for two program components:*

- Pathfinder: Youth Friendly Services (YFS) and Institutional Capacity Building (ICB)
- PATH: Behavior Change Communications (BCC) and Integration of Adolescent Sexual Reproductive Health (ASRH) into Livelihood Programs
- UNFPA: Policy and Advocacy (P&A) and Coordination and Dissemination

Although technical and conceptual leadership is provided by the partners, specific activities are based on country needs and realities. Official government representation and collaboration are provided in both oversight and implementation. Other implementing partners (IPs) include non-governmental organizations (NGOs), community groups and youth networks, women's groups, universities, and faith-based groups.

The program strategy, scope and governance of the organization have evolved in response to constraints and realities experienced during program articulation and implementation.

While the original program design envisioned taking the component activities to scale nationally, it soon became obvious that a more limited geographic scope was more realistic. AYA country teams, in consultation with their governments, therefore, selected specific districts for AYA activities to be piloted, with the intention of expanding specific activities in additional districts during AYA's lifetime, and eventually nationwide.



* Concept papers for these six components as well as for four cross-cutting themes (youth involvement, gender, scaling up and sustainability) have been developed by AYA.

Staffing of each country team during this period of review consisted of Program Technical Officers (PTOs) for each partner and a Country Coordinator, who supervised the PTOs and reported to the In-Country Partners' Council (ICPC) consisting of country representatives from each partner. A parallel line of reporting has coexisted through the partner agency, with the PTO also reporting to the partner's country representative. To some significant extent this is necessary as the funding and technical capacity to support partner component activities resides with the partner agencies (e.g., Pathfinder), and is subgranted to the Implementing Partner (IP). Typically, the subprojects are developed by the partner PTO with his/her country representative and the IP staff.

Recently, organizational restructuring has strengthened the supervisory line of PTO to Country Coordinator (CC) to Programme Manager (PM), based at UNFPA in New York, who also serves on each of the four In-Country Partners' Councils. The PM, who previously served on the Partners' Council at the agencies' headquarters level (now disbanded) that in turn reported to the CEO group, continues to report

to the CEO group but without the formal role of the Partners' Council. The partners continue to play a consulting and advisory role carried out through teleconferences and ad hoc meetings.

B. Pathfinder Project Goals

1. Youth-Friendly Services

YFS are defined as services that can effectively attract young people, meet their needs comfortably and responsively, and succeed in retaining young clients for continuing care.

According to the Memorandum of Understanding (MOU) among the AYA partners, Pathfinder's role in YFS is to:

- Improve public and private sector capacity to plan, implement, manage and evaluate high-quality, comprehensive, youth-friendly reproductive health services
- Promote multi-sectoral collaboration and programs
- Develop, review, and revise, as necessary, high-quality, integrated reproductive health

CHARACTERISTICS OF YOUTH FRIENDLY SERVICES

ESSENTIAL ELEMENTS

1. Convenient open hours
2. Privacy is ensured
3. Competent staff
4. Respect for youth client
5. Minimum package of services
6. Sufficient supply of commodities and drugs
7. Range of methods offered
8. Emphasis on dual protection/condoms
9. Referrals available
10. Young adolescents (12 – 15) are served
11. Confidentiality is ensured
12. Waiting time not excessive
13. Affordable fees
14. Separate space and/or hours

SUPPORTIVE ELEMENTS

1. Youth input/feedback to operations
2. Accessible location
3. Publicity for YFS
4. Comfortable setting
5. Peer educators/counselors available
6. Educational materials available
7. Delay of blood test and pelvic exam possible
8. Partners welcomed and served
9. Non-medical staff oriented
10. Provision of additional educational opportunities
11. Outreach services available

service delivery guidelines, standards and protocols, supporting youth-friendly services

- Develop and strengthen, as necessary, service delivery point management information systems
- Strengthen service provider competence in youth-friendly service provision and institutionalize training capacity
- Ensure that BCC efforts are supported with appropriate service availability and provision
- Monitor and evaluate service provision
- Establish and strengthen, as necessary, referral linkages and systems for youth-friendly services
- Identify and replicate service delivery lessons learned and best practices

Pathfinder, along with its two partners, was charged with developing concept papers for each of its program component areas that further described the rationale, definition, strategic approaches, linkages to other compo-

nents, methods of sustainability and the evaluation methods to be used to assess the program interventions. In addition to the definition of YFS noted above, the following language from the YFS concept paper relates to its scope and goals (other aspects of the concept paper related to implementation will be presented in section C below):

- YFS can be provided in a clinical setting, in a youth-oriented site or program, at a workplace, or through outreach at informal venues.
- Certain youth-friendly characteristics are essential to effective programs, including specially trained providers, privacy, confidentiality, and accessibility.
- A minimum package of youth-friendly reproductive health services typically includes: information and counseling on sexuality, safe sex and reproductive health; contraception and protective method provision (with an emphasis on dual protection); STI diagnosis and management; HIV counseling (and referral for testing and care); pregnancy testing and antenatal and postnatal care; counseling on sexual violence and abuse (and referral for needed services);

and post-abortion counseling and contraception (with referral when necessary).

- When a needed service cannot be provided on-site, an effective referral system to external youth-friendly sites should be in place.

2. Institutional Capacity Building

ICB is defined as the provision of technical or material assistance designed to strengthen one or more elements of organizational effectiveness, which include: governance, management capacity, human resources, financial resources, service delivery, external relations and sustainability.

According to the Memorandum of Understanding (MOU) among the AYA partners, Pathfinder's role related to ICB is to:

- Strengthen the management capacity of local implementing partners
- Develop and strengthen, as necessary, service delivery point management information systems

The ICB concept paper expands its definition, scope, and goals as follows:



ICB/Organizational Capacity Assessment Areas

Examples of Objectives for “Mature” Organizations*

The Organizational Capacity Assessment Tool (OCAT) is a tool that assumes that organizational development is an organic process resulting from internal dynamics and change, assessing where an organization is at in its own process of development. It is not meant to provide a template for an ‘ideal’ organization, and it is not meant to become an end in itself. Nevertheless, the following categories provide some insight into the kinds of areas looked for when assessing organizations, in this case, “mature” ones. A mature organization is one that is fully functioning and sustainable, with a diversified resource base and partnership relationships with national and international networks.

GOVERNANCE

- Board that is representative, accountable and provides policy direction and oversight
- Mission that is clearly articulated, realistic, and strategic
- Leadership that understands its roles, is participatory, and responsible/accessible to stakeholders

MANAGEMENT PRACTICES

- Organizational structure and culture with clear lines of authority and responsibility that ensure accountability
- Planning that reflects the strategic plan, utilizes stakeholder inputs, and has flexibility for needed adjustments
- Information systems to collect, analyze, and report data

HUMAN RESOURCES

- Human resources development that is planned, trains staff based on needs and objectives, and involves performance-based and equitable appraisals and promotions
- Human resources management that has clearly documented job descriptions, salary structures and benefits, regular supervision, and personnel policies
- Work organization involving regular, participatory staff meetings

FINANCIAL RESOURCES

- Accounting that follows sound procedures
- Budgeting that is integrated into implementation plans, followed, and controlled
- Financial reporting involving external review and preparation annually

SERVICE DELIVERY

- Stakeholder commitment/ownership ensuring program priorities that are efficient, adequate, cost-effective, timely, and based on need
- Assessment involving indicator identification, analysis of data, and use of evaluations for program adjustments

EXTERNAL RELATIONS

- Stakeholder relations within a partnership for a common purpose
- Collaboration effectively occurring with colleague organizations, community groups, private sector and government
- Media covering the organization’s work and seeking its expertise on relevant issues

SUSTAINABILITY

- Program/benefit sustainability achieved through support of those served, and ownership by the community and established systems
- Organizational sustainability achieved through participation in larger networks, with the capacity to adjust its structures
- Financial sustainability demonstrated through diversified resources, fee-for-service, cost recovery, and an operational fundraising strategy

* Summarized from Pathfinder/AYA OCAT, based on PACT/South Africa 1998

- The goal of ICB is to strengthen an organization in terms of its overall sustainability: organizational or managerial, program or technical, and financial or resource.
- Organizational sustainability is critical to the continued existence of the NGO sector, and its ability to become a viable partner for governments and the donor community in bringing about sustainable development.
- Organizational development is a long-term, interactive, and iterative process that includes several distinct stages: start up or nascent stage, development or emerging stage, expanding growth or consolidation stage, and sustainability or mature stage.

C. Implementation Summary

1. Youth Friendly Services

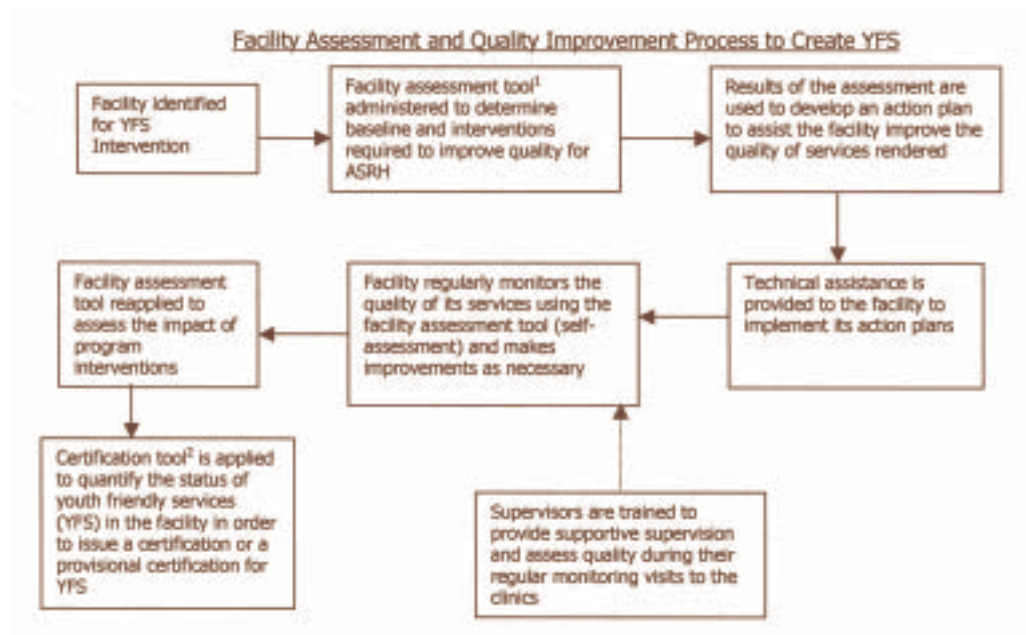
Concept papers (noted above) were developed for each component and used as a basis for overall activity planning, selection of Implementing Partners, and awarding of subgrants. However, timing issues caused some IPs to be

selected before concept papers and strategies were developed.

The overall premise for YFS implementation, with limited time and financial resources, was to identify existing RH service facilities and provision sites and make these youth-friendly. An analogous tactic was identified for outreach:

to graft RH education, counseling and services (usually limited to condom distribution) onto existing youth activities. Additional opportunities were sought in private and commercial sector sites that attract youth.

Collaboration and linkages with AYA partners were identified as essential for successful YFS



1 A tool developed to help collect detailed information on the range and quality of services provided to adolescents at a given facility or within a given program in order to make the services more youth-friendly.

2 A tool developed as a means to quantify the status of YFS in a facility setting in order to issue a certification or provisional certification for YFS.

availability, access, and use. Pathfinder's partners, UNFPA and PATH, were depended upon for fostering policies to support YFS provision, backed by a supportive community and program environment. BCC was needed for young people to understand the benefits of RH services, become motivated to use such services, learn where services are available, and feel assured that the services they seek will meet their needs and that the providers will treat them with respect and confidentiality.

While decisions were made early on to implement AYA in selected districts rather than nationwide, the YFS strategy nevertheless attempted to incorporate the best potential for eventual scaling up. Thus, the strategy emphasized the identification of existing networks capable of large scale operations for program partnership. Ministry of Health (MOH) networks are obvious partners for such expansion given the institutional structures that already exist. In some countries, family planning associations (FPAs) or other NGOs have the potential to reach sizable numbers. In certain instances, organizations with more limited reach can be used to test innovative approaches that can be later adopted by larger networks.

Sustainability was made a priority in program design and strategy to ensure that activities would continue beyond AYA project funding. Such actions include the incorporation and systemization of YF approaches into existing programs. For example, a key action identified for all AYA countries is the effective incorporation of adolescent sexual and reproductive health issues and provision of YFS into existing pre-service training in their institutional programs for preparing service providers.

Non-traditional approaches to condom distribution and related ASRH services have been encouraged and are taking root in key projects in Ghana and elsewhere, including reaching vulnerable populations and testing new ideas. However, the predominant activity to date has been an effort to making existing health facilities (government and NGO) youth-friendly.

In addition, regular monitoring, including the collection and analysis of service statistics, is a part of the process described above in order to assess and report achievements and to consider mid-course corrections in program design. Other evaluation methods to assess and/or improve programming, include provider

interviews, client exit interviews, mystery client assessments, pre- and post- intervention clinic and non-static service delivery assessments, client/provider observation studies and population based surveys.

2. Institutional Capacity Building

Although Pathfinder/AYA is responsible for the ICB component, all three partners' IPs are eligible for program input in this area. The strategic approach for ICB is three-pronged, as follows:

- **Basic Technical Assistance:** Many IPs need basic assistance to strengthen their program and management capacity. Pathfinder/AYA is helping these organizations to successfully implement their YFS, BCC, and/or P&A projects. Rapid assessments of their capacity to implement these programs are conducted, and technical assistance is provided to ensure that the NGOs have the basic program and managerial skills needed to plan, implement, and manage AYA-funded efforts. This assistance is primarily provided through IP workshops bringing together multiple partners to address a common project management issue.



- **Intensive Technical Assistance:**

Key NGOs, established as important partners in each country's respective reproductive health programs, have been selected for intensive institutional development assistance designed to ensure their long-term program management and financial sustainability. Many of these NGOs are implementing partners under at least two, if not all, AYA program components. These NGOs typically have a mature organizational structure and culture, and are committed to fielding the financial and human resources necessary to provide services. In addition, several emerging NGOs have also been selected for intensive technical assistance because of the dynamism of their leadership and potential to

have a sector-wide impact. A Pathfinder/AYA-led team, with organizational representation, conducts intensive organizational capacity assessments and develops focused ICB technical assistance plans in all four AYA countries to help move these NGOs into the upper end of the development continuum. Assistance to these NGOs focuses on strengthening their management and financial capacity, including strategic planning and programming, human resources management, finance and administration, and management information systems.

- **Strengthening Public Sector Capacity:**

ICB in the public sector focuses principally on strengthening public sector capacity to support AYA program goals. Issues of sustainability tend to be somewhat different when dealing with ministries, so ICB initiatives therefore focus on strengthening planning and information systems around ASRH issues and on partnering effectively with the NGO sector in each of the AYA program areas. In decentralized settings, ICB initiatives with the public sector include working with local government and district representatives to strengthen joint planning, monitoring and implementation, and

promoting NGO/Community Based Organization (CBO) contracting for ASRH services, BCC, and P&A.

Country teams selected specific IPs for basic or intensive assistance, and ministry units to work with on key issues. Organizations receiving intensive TA were assessed by a modified version of the Organizational Capacity Assessment Tool (OCAT). This tool enabled the team to assess strengths and weaknesses in seven components of organizational effectiveness, and established a baseline against which to measure change. The tool also encourages participatory development of the ICB plan by the organizational representatives.

Technical assistance is provided by Pathfinder staff or consultants as indicated by the needs of the organizations in workshops or more institution-specific formats.

Scaling Up:

Definition, approaches, and lessons learned

What is “scaling up?”

“Scaling up” is the process of reaching larger numbers of the target audience in a broader geographic area through institutionalizing effective programs.

While there is no precise definition identifying the amount of increased programming or coverage, scaled up programs usually imply reaching (or providing access to) much of the targeted population within a specified catchment area.

Why is scaling up important?

In view of limited resources, and because the reproductive health needs of young people are so great while existing programs are so few, it is important to plan programs to reach as many of the targeted population as possible. The reality of HIV has made this coverage even more urgent.

What are the approaches to scaling up?

Planning to scale up is an important component of the process. Policy support, leadership, networks, and cost all relate to the feasibility of going to scale. Many of these factors can be identified in advance and during the pilot phase. Importantly, organizations and “players” who will be counted on to move the program to scale must be involved from the start. Many activities have been designed as pilot or demonstration projects, but have not considered the requirements of translating such activities to a broad scale. Thus, even if such projects prove effective, a process is not in place to expand or scale up. Often projects that are evaluated and show impact are “boutique” projects, that is, they involve few participants at high costs.

The FOCUS on Young Adults Program identified four approaches to scaling up. They include:

Planned expansion – expanding the number of sites and the number of people served by a particular program model once it has been pilot tested.

Association – Expanding program size and coverage through common efforts and alliances across an organizational network

Grafting – Adding a new initiative to an existing program, such as adding a sex education program to academic school programs or making adult family planning programs “youth friendly”

Explosion – Implementing at a large scale at once, usually with high-level policy support

What are the principles and lessons learned in scaling up?

- Programs intended for scaling up should be pilot-tested, evaluated and assessed for cost to determine feasibility.
- Policy support is a critical foundation for scaling up.
- Partnerships and networks providing the infrastructure, support and leadership for going to scale should be involved from the beginning of the program design and planning.

* FOCUS on Young Adults was a USAID funded program of Pathfinder International in partnership with The Futures Group International and Tulane University School of Public Health and Tropical Medicine. The FOCUS on Young Adults program promoted the well-being and reproductive health of young people. Many of the points covered in this paper are adapted from: Smith, Janet and Charlotte Colvin. “Getting to Scale in Young Adult Reproductive Health Programs.” Focus Tool Series 3. FOCUS on Young Adults, April 2000 and Senderowitz, Judith. “A Review of Program Approaches to Adolescent Reproductive Health.” Poptech Assignment Number 2000.176. Population Technical Assistance Project, June, 2000.



Talking About Condoms: Excerpt from Module 16 Reproductive Health Services for Adolescents Participants Manual

II. Findings/Achievements To Date

A. YFS Achievements

1. Subgrants and collaborations

Most of Pathfinder/AYA’s work to achieve its YFS objectives is carried out through the support of subgrants (with both funding and technical assistance), through Pathfinder-initiated activities and by collaborating with a variety of agencies. As of April 2004, Pathfinder has one of these arrangements with 25 organizations or agencies, which are non-governmental, governmental or university/school-based (the former of which is usually in the public sector). As shown in Annex B, these projects most heavily focus on establishing or improving youth-friendly service delivery within clinical settings, but also work through community outreach, peer activities, and non-traditional condom distribution (such as young dressmakers, hairdressers, and barbers). As noted previously, an emphasis is placed on institutionalizing YFS within the organizational networks so certain activities are pursued such as training the agency’s own trainers and supervisors in YFS and instituting pre-service training.

2. Activities to date

The investment phase of training service providers (including peers), assessing facilities and upgrading them to become youth-friendly is necessarily a long process. New data collection forms need to be created and adopted in order to capture increased use of YFS. Annex C shows selected indicators for some of the key activities, demonstrating a solid foundation for the provision of quality YFS, and data for client visits to static clinics, YFS outreach visits and condoms distributed, through December 2003.

3. Materials Developed

Among the most important actions carried out by Pathfinder/AYA in the YFS component is the development of materials such as curricula, assessment tools, and job aids to use with clients, as shown in Annex D. Significantly, these prototypes have either already been adapted or used as developed and incorporated into the country’s activities.

4. Notable Achievements

The YFS program subcomponent had a major

challenge: to lay the foundation for, and set in motion, the scaling up of youth-friendly services in four countries. As mentioned previously, significant groundwork and preparation were required to increase the likelihood of both eventual scaling up and sustainability. Thus, efforts were directed to building institutional capacity to carry forward and expand, to developing and effecting adoption of standards, tools and systems and to demonstrating the value and advantages of providing youth-friendly services. The following are among the most notable achievements to date:

• Breakthrough on the YFS Concept

For many health professionals, both within government and in NGOs, the concept of youth-friendly services is new or unclear. While the term has been used more frequently in recent years, the precise meaning – and program implications – has been too broad and confusing to base actions on. Pathfinder/AYA’s work on this topic helped to clarify the issue and identify the programmatic steps and standards needed to attain quality YFS. Much of this process was assisted by the development and wide circulation of the concept paper on

YFS that Pathfinder/AYA developed. In Botswana, for example, Pathfinder/AYA provided “a process for how to think about YFS.” The Botswana government was piloting four models for some time; the clear direction and evidence provided by Pathfinder/AYA helped to better focus their planning. In Ghana,

with the Christian Health Association of Ghana (CHAG) project, the articulated process, standards and minimum package, which were entirely new for some facilities, helped move the organization from a curative approach to quality, preventive reproductive health services. In Uganda, Pathfinder/AYA’s YFS approach



	Method	Answer	Comments/Recommendations
8. Youth involvement cont'd			
How could adolescents be more effectively involved in decision-making at the facility?	(B,IC)	Not really	
What other roles can adolescents play in clinic operation or guidance?	B, IC	50 youth (under + around) meet twice a month with clinic management, health committee, community adults and make decisions on clinic. Adults are receptive to youth.	
9. Supportive Policies			
Do clear written guidelines for serving adolescents exist? Please describe.	B, P	NO	
Do written procedures exist for protecting client confidentiality? Please describe.	B, P	NO	
Are records stored in that confidentiality is ensured?	B, E, P	Registration is done inside consultation room. Records kept on shelf in TP room in a way that names aren't seen.	
Are there any contraceptive methods that adolescents cannot receive? Which ones?	B, IC, P	No restrictions on methods.	
Is parental or spousal consent required? Which type and under what circumstances?	B, IC, P	NO	Ask however if they want parents to know.
Is there a minimum age requirement for adolescents to receive services? If yes, why, and for what service?	B, IC, P	NO	MCH protocol is 10 years and above.
Are adolescent clients served without regard to their marital status?	B, IC, P	Yes	
Are pelvic exams routinely required? For what reason? Can they be delayed?	B, IC, P	routine for Norplant IUD Not required for pills and condoms.	
Do policies or procedures exist that pose barriers to youth friendly services?	B, IC, P	Not really	

E = Review clinic records E = Examine clinic layout and environments B = Interview clinic managers and staff
 IC = Interview clients O = Observe provider-client interaction P = Review clinic policies and procedures

Excerpt from YFS Facility Assessment Tool

helped that country's planning move away from less effective approaches and set standards to define or achieve "youth-friendliness."

- **Adoption of effective tools, by Government Organizations (GOs) and NGOs to foster YFS**

Several tools were developed as part of the Pathfinder/AYA YFS initiative. As noted, the training curriculum served as the prototype for training providers, setting the stage for how to train, what to emphasize, and what topics to cover. Perhaps most consequential has been the development and use of the Facility Assessment Tool, which helped make professionals in the field aware, in a practical way, of what they needed to do to achieve youth-friendliness. As noted in Ghana, everyone "bought into" this tool and approach. In the key area of data collection, Pathfinder/AYA has helped to identify what statistics to collect that are most useful for tracking, assessing and improving services for youth. In Botswana, the government is revamping data collection instruments to capture the adolescent component, making sure that there is meaningful information to use for decision-making.

- **Increased capacity of IPs to assess, improve and deliver YFS through training and networking**

One key contribution that Pathfinder/AYA has made in the training realm is to prepare in-country trainers to carry out training of service providers, helping to foster the sustainability of YFS (Annex C). Pathfinder/AYA's use of "cross-fertilization" (see the Botswana case study p. 35) has helped to foster an exchange of ideas and expertise across AYA countries as well as to provide practice for new YFS trainers. IPs have also increased capacity by sharing within countries. In Ghana, for example, CHAG helped train MOH staff in conducting facility assessments, Planned Parenthood Association of Ghana (PPAG) has trained CHAG supervisors and peers, and CHAG assisted PPAG in two of their facility assessments. These interactions served to create a united front and a practical network in support of YFS. In Tanzania, Pathfinder/AYA developed a YFS network, using alternating IP chairs for sharing and collaboration. And beginning in the fall 2003, Uganda formalized a YFS network, with IPs meeting quarterly to address specific, timely topics.

- **Identifying ways to reach out to youth**

While making existing static facilities youth-friendly has been a priority objective, it is well known that some young people will not access clinics or other health facilities because they fear a lack of confidentiality and judgmental attitudes of providers, among other reasons. Pathfinder/AYA has therefore worked with IPs to find ways to reach out to youth – where they congregate, work, and play. Peer educators in all AYA countries conduct outreach work in their communities, both providing services where possible (especially condoms) and also referring for other health needs. Ghana has made significant progress on this front, using non-traditional condom distributors, working within a community of young male artisans, and reaching young people attending football matches.

- **Sustainability commitments**

Many actions taken by governments and NGOs participating in the YFS initiative are designed to foster sustainability. In selecting IPs, emphasis was placed on those groups demonstrating an interest and ability to serve youth, whose

activities could be used as a base for building stronger and additional YFS (See Tanzania case study p. 31). Also, key stakeholders were chosen based on their reach and commitment to continue and expand YFS activities (See the Ghana case study p. 32). Partnerships were especially important with the governments themselves; Pathfinder/AYA has positive working relationships with ministries of health in all four countries. In Tanzania, Pathfinder/AYA is fostering governmental commitments to institutionalize YFS activities and contribute their own resources. In Ghana and Botswana, health ministries are incorporating indicators recommended by Pathfinder/AYA for long-term tracking and assessment. The Government of Botswana conducted trainings for MOH service providers, using their own funding (and AYA-trained trainers). Importantly, institutionalizing pre-service training, such as in Uganda (see case study p. 33) is a key action for a sustainable cadre of professionals providing YFS. Pre-service training in Botswana is also starting.



B. ICB Achievements

1. Selection of IPs for ICB support

ICB is a joint effort across all three AYA partners and their respective component areas. The ICB component seeks to build basic organizational capacity, rather than focus on specific project outcomes, to ensure that all

AYA supported institutions are capable of carrying out and sustaining programs. TA is provided through workshops for all IPs within countries in areas that are generally needed in most institutions, such as financial manage-

Table 1: Matrix of Financial Resource development across different stages of organizational development

nascent organizations	emerging organizations	expanding organizations	mature organizations
Accounting			
The NGO's financial procedures are incomplete. The NGO's accounts are not yet set up for individual projects and operating funds are not separated.	Basic financial recording systems are in place. Account categories exist and project funds are separated but some cross-project funding takes place.	Most of the NGO's funds are separated and it generally tries to avoid cross-project financing. Financial procedures and reporting systems are in place and function partially.	Financial procedures and reporting systems are in place and function fully. Account categories exist for separating project funds.
Budgeting			
Budgets are inadequate and if they exist are produced due to funder requirements. The use of budgets as a management tool is not understood and the reliability of projections is questionable. The NGO has no budget control in place. The NGO has no financial unit to prepare and manage budgets.	Budgets are developed for project activities, but are often over or underpent. The executive director or accountant are the only staff who understand budget information. Budget controls are not in place.	Total expenditures often diverge from budget projections. Department and organizational unit heads are consulted by financial manager about budget planning and expenditures. The budget reflects program plans. The budget is controlled on an ongoing basis.	The budgeting process is integrated into annual implementation plans. A financial unit responsible for the preparation, management, and implementation of the annual budget exists. Annual financial projections are made. The annual budget is implemented. The budget is controlled on an ongoing basis.
Stock control/audit			
The NGO has no clear procedures for handling payables and receivables nor do procurement or stock controls exist. No audits or external financial reviews are performed.	The NGO has established financial control but has not yet implemented procedures. Independent audits or external financial reviews are rarely performed and then only at the request of a funder. Stock controls have not been established nor implemented.	The NGO has adequate financial and stock control systems. Independent audits or external financial reviews are performed periodically at funder's request. Internal audits are being conducted on an ad-hoc basis.	Stock control systems exist. Stock controls are followed. Procurement systems are in place. Procurement systems are being used. Internal audits are conducted on a regular basis. External audits are conducted on a regular basis. Expenses are controlled by project allocations.

Sample OCAT Matrix: Financial Resource Development across different stages of organizational development

ment, MIS and proposal development. These are provided in workshops with all IPs attending. The IPs selected by country teams to receive intensive TA were assessed by Pathfinder-led teams. The numbers assessed by country ranged from four to seven (See Annex C for a list of assessed IPs).

2. Activities To Date

Basic technical assistance is provided to all IPs in all AYA countries. For example, as indicated in Annex C, AYA IPs in the four countries have participated in financial management workshops, which focused on general project finance management, and in Management Information Systems (MIS) workshops aimed at helping the organizations identify management information needs, fill in gaps in their information gathering processes, and bring into alignment their different information gathering mechanisms. In Ghana, all AYA IPs have participated in a proposal writing workshop to expand IPs' ability to secure funds and become less dependent on single sources of funding to achieve their strategic objectives.

The assessments carried out for those IPs to receive intensive TA served as both a baseline and as the basis for developing detailed technical assistance plans designed to strengthen specific components of organizational effectiveness. Plans have been formulated for intensive TA for most assessed IPs. Tailored workshops and specific technical assistance have begun in Uganda and Tanzania. These have focused on improving selected IPs' strategic planning processes and management information systems, and developing operations, finance and human resource management manuals. Plans are underway for a series of specific workshops in Ghana and Botswana.

TA to public sector institutions has mainly focused on building the capacity of district and local administrations to support YFS, BCC and P&A activities. Finance officers from district health administrations have attended project financial management workshops in all AYA countries. In Tanzania and Uganda, public sector institutions have also participated in MIS workshops and are in the process of incorporating their knowledge into existing MIS systems. It has been difficult, however, to plan and incorporate AYA-specific ICB activities for the



public sector given the ongoing large-scale decentralization of government decision-making in all four countries.

3. Materials Developed

Pathfinder/AYA reviewed available tools previously developed for assessing organizational capacity and selected Pact's Organizational Capacity Assessment Tool (OCAT), which was then adapted for use with the IPs in AYA. This adapted tool has now been used successfully with 23 IPs in the four countries. Materials were also adapted for capacity building workshops provided by Pathfinder (See Annex D). In 2004-05, Pathfinder/AYA plans to develop a series of training modules on

non-project specific financial management, development of MIS, and strategic management. Pathfinder/AYA also plans to document the ICB process in AYA, including lessons learned in building the capacity of both emerging and mature NGOs as well as public sector institutions.

4. Notable Achievements

The ICB subcomponent had a major challenge: to ensure that selected IPs were willing to take on the difficult processes of internal review and change that accompany intensive ICB efforts. Thus, initial efforts were designed to build a trusting relationship with the existing leadership of the organizations so that the usefulness of improving the overall health and sustainability of the organization was understood. The following are among the most notable achievements to date:

- **Popularizing the importance of ICB and mobilizing organizations' change efforts**

Given the relative youth of the civil society sector in all four AYA countries, many NGOs have focused most of their attention on achiev-

ing their programmatic objectives and very little on improving the organization's internal health. Pathfinder/AYA's ICB work is popularizing the importance of ICB and is laying the foundations necessary for long-term implementation of AYA's programmatic strategies.

For most organizations, the process of going through an organizational capacity assessment (using the OCAT) introduced a basic set of organizational capacity standards against which they could measure themselves. The OCAT process has thus given the management of many organizations the impetus and mandate to change internal practices. For example, in Uganda, Parents' Concern for Young People (PCYP), Making Positive Living Attractive to Youth (MA-PLAY) and Uganda Youth Development League (UYDEL), all of which are emerging organizations, have put into place systems, policies and procedures that are streamlining their management processes, thus allowing the organizations to focus on achieving their programmatic objectives. In Tanzania, the OCAT process has led organizations like Zanzibar Association for Children Advancement (ZACA) and Tanzania Youth Aware Trust (TAYOA) to request support for facilitated

strategic planning processes. In Botswana, the Botswana Family Welfare Association (BOFWA), the local IPPF affiliate, is also considering significant internal management and strategic shifts as a result of the OCAT process. ICB's focus on improving overall organizational health, rather than only on AYA-funded projects, has also generated a tremendous amount of goodwill for AYA and Pathfinder, facilitating the process of joint planning and follow-up of other AYA activities.

- **Shift in strategic orientation to foster AYA activities**

Most IPs selected for intensive ICB support request assistance in developing a long-term strategic vision and plan. Only a few IPs to date have been provided with strategic planning and operationalization support, given its intensive nature. However, the results are indicative of the ways in which supporting core strategic orientation directly benefits AYA's activities. In Ghana, for example, preliminary discussions for ICB and YFS support with CHAG led to an intensive discussion on whether the ecumenical body, which oversees approximately 30 percent of all health care in Ghana, could provide reproductive health services given opposition from some of its larger

members, including the Catholic Church.

After a thorough analysis, CHAG changed its policy to allow those individual church-run health facilities that wished to provide condoms to youth to do so. Similarly, in Uganda, during a strategic planning workshop, the South Rwenzori Diocese (SRD) clarified its policy on reproductive health issues, shifting from promoting abstinence-only to include promotion and distribution of condoms. For emerging organizations, such as PCYP and MA-PLAY in Uganda, strategic planning support has helped clarify organizational mission and vision, and a streamlining of organizational strategies, leading to intensification of key reproductive health activities. This has set the stage for eventual expansion of activities beyond the organizations' current geographical boundaries.

- **Improved core management functions**

Through strategic planning and management development workshops, several emerging organizations (MA-PLAY, UYDEL and PCYP) have improved their internal management systems. These three Ugandan organizations now have organizational structures, policies,

and procedures in place. These changes, in addition to clarification and documentation of staff policies, have led to smoother internal functioning and an increased ability to deliver on program promises. Requiring the involvement of stakeholders in strategic planning exercises has also improved the quality of governance systems in the organization, and has reduced dependence on their charismatic leaders. While these three organizations consistently meet and exceed the expectations of AYA partners, there is more work needed on internal systems and on the ability to diversify the funding base before they are able to function independently of AYA support. On the other hand, while most of the larger and more mature institutions have been slower to implement changes, an exception is the Busoga Kingdom in Uganda, which completely reorganized its institutional structure to improve operations as a result of ICB support.

- **Improved project financial management accounting and reporting standards**

As a result of training on basic financial management of development projects, AYA Program Technical Officers (PTOs) and Finance

Officers are now reporting improved financial accountability and reporting in most cases. AYA staff are better able to communicate their financial reporting needs to the IPs as a result of the common training. In at least one case, an IP in Tanzania was able to leverage its improved financial processes and procedures to access funds from another donor, thus increasing its long-term financial sustainability.





- **Use of data for decision-making**

Through provision of MIS training, all of the IPs now understand why data are important and can be used to improve decision-making. There is an observed receptiveness to strengthening internal data collection and analysis among IPs. In Uganda, the South Rwenzori Diocese was increasingly interested in improving its management information systems when it realized that this would also help track parishioners and church collections. In the next year, there are plans for instituting data collection and analysis tools to assist with YFS service statistics.

- **Improved financial sustainability**

Given that the AYA project is ending in March 2005, the issue of sustainability is key to lasting change and viability. Pathfinder/AYA has provided assistance to address this longer-term objective. For example, after being provided with intensive technical assistance in proposal development and competitive bidding, Parent's Concern for Young People in Uganda was one of the 20 NGOs invited to submit technical and financial proposals for the Ministry of Health's

Global Fund program for the provision of services in the areas of BCC, STI treatment, Orphans and Vulnerable Children (OVC) and Home Based Care (HBC) in five of the 56 districts in the country.

III. Challenges, responses, and lessons learned

A. Challenges and Responses

1. POLICY ENVIRONMENT, PUBLIC SECTOR PARTNER ISSUES

- **Sensitivity of ASRH issue**

Adolescent sexual and reproductive health, an issue only recently brought forward for public discussion and programming, remains a sensitive issue and is “fraught with political and religious opposition” among some key stakeholders. Acknowledging sexual activity among youth is difficult in virtually all cultures; it is even more challenging for policy makers to address these matters in the public arena. It has required a significant investment in time and caution in moving forward with program implementation.

Pathfinder/AYA response ➔

In addition to the work of its UNFPA partner conducting public policy awareness and its PATH partner pursuing BCC activities, Pathfinder/AYA added an additional strategic activity to help communities become comfortable in accepting RH services for youth: community meetings and sensitization sessions to discuss the need for YFS before they are instituted.

- **AYA design and structure**

Given AYA's evolution as a program that experienced changes before funding took place, and in view of AYA's multi-agency partnership, there were varying expectations about structure, decision-making, scope, and funding that needed to be worked through and agreed upon during the initial phase of the project. The need for developing a common vision and cooperation among partners was identified as a key goal.

Pathfinder/AYA response ➔

Significant efforts were undertaken to clarify collaboration between Pathfinder/AYA and their health ministry partners so that more effective


Unit 4: Communicating with the Adolescent Client

FEELINGS OF THE ADOLESCENT

Understanding the realities and mind-set of the adolescent client will foster better communication and responsiveness to her/his needs.

When an adolescent is face-to-face with a provider (or an adult staff member) she may feel:

- **Shy** about being in a clinic (especially for RH) and about needing to discuss personal matters.
- **Embarrassed** that she is seeking RH care.
- **Worried** that someone she knows might see her/him and tell the parents.
- **Inadequate** to describe what is concerning her/him and ill-informed about RH practices in general.
- **Anxious** that she has a serious condition that has significant consequences (e.g. STI, pregnancy).
- **Intimidated** by the medical facility and/or the many "authority figures" in the facility.
- **Defensive** about being the subject of the discussion or because she was referred against her/his will.
- **Resistant** to receiving help because of overall rebelliousness or other reasons fostering discomfort or fear.



ESTABLISHING TRUST WITH THE ADOLESCENT

The adolescent is going through dramatic biological and psychological changes in general. Seeking health care may be challenging and difficult for her/him.

Each staff person who may interact with adolescents must understand these circumstances and feelings and must be prepared to assist in a helpful, non-judgmental way.

The following are tips for good communication:

- Be genuinely open to an adolescent's question or need for information (ranging from "where is the toilet?" to "Should I use birth control?").

Communicating with the Adolescent Client: Excerpt from Module 16 Reproductive Health Services for Adolescents Participants Manual

planning and implementation could occur. For example, separate MOUs with the MOH in Ghana and Tanzania were established. AYA has used a variety of means, flexibly negotiated, to achieve the goal of clearer and more effective partnering with the public sector that is important to long-term success and sustainability for ASRH policy and program development.

• **Staff availability for collaboration in public sector**

Because of limited resources and large demands overall in the public health sector, there have been challenges in obtaining sufficient staff available to work on AYA activities, both for the key contacts needed at the ministry for planning and decision-making, and also for technical, collaborative work in the field.

Pathfinder/AYA response →

In order to increase the level of participation by governments in AYA partnership work, Pathfinder/AYA has arranged for the addition of AYA staff to relevant government agencies during the remainder of the AYA program period such as in Ghana.

2. STAFFING, ADMINISTRATION

• **AYA staffing at country level**

There is significant agreement that there was an underestimation of staffing needed to carry the considerable AYA workload spread across large geographical areas, with technical needs far greater than available staff capacity, and an unanticipated level of managerial and administrative tasks. The same was often true at IPs as well. Greater orientation and training were needed for PTOs to carry out their diverse tasks and to work closely with IPs.

Pathfinder/AYA Responses →

In countries where Pathfinder had existing offices (Tanzania and Uganda), other staff were able to assist PTOs in both technical and administrative tasks.

→ When more assistance was needed, Pathfinder's international auditor provided on-site assistance in financial reporting and related issues.

→ More staff were hired to cover both technical and finance & administration (F&A) responsibilities.

Overall the Pathfinder/AYA staff was receptive and welcoming of additional staffing and assistance.

3. PROGRAM COMPONENT DESIGN, CONCEPTUALIZATION, STRATEGY

- **Technical Strategies**

During the first year or more of the project, when significant attention was placed on structure, planning and start-up, YFS and ICB strategies were insufficiently defined (as were those for the other four components, within PATH and UNFPA) by the time program proposals and IP interest were solicited. In some cases, this insufficient definition resulted in subprojects' lacking the needed focus to carry out Pathfinder/AYA work and in misunderstandings related to "scaling up."

Pathfinder/AYA Response ➔

Pathfinder developed clear concept papers to guide its work on both YFS and ICB that define the nature and purpose of the program area, identify operational tasks and tools, propose methods of assessing progress, and lay the foundation for eventual scaling-up. These

concept papers were then distributed throughout AYA and its partners. Scaling up was clarified as a process of reaching large numbers of the target audience in contrast to modest expansion to one or two additional sites (see box on "scaling up," p. 15).

- **Resources for YFS**

The establishment of youth-friendly services (both clinical and outreach) required investments beyond what was envisioned in the original AYA design. This was particularly true given that proven YFS models were not readily available within the AYA countries and staff that was needed to carry out YFS activities were untrained in youth-friendly services — and sometimes even lacked general RH training. Thus, the complexity of service provision, along with the need to improve quality to minimum standards, especially in the public sector, could not be done quickly or simply.

This was especially challenging as Pathfinder/AYA worked to institutionalize YFS within the MOH so that programs were sustainable post-AYA.

Pathfinder/AYA Response ➔

Pathfinder invested in working with key decision-makers within relevant governmental agencies as a strategy for fostering public support of YFS in the public health structure. This not only helped to bring government resources to the establishment of YFS, but also fostered eventual sustainability.

4. PARTNERSHIP STRUCTURE, COLLABORATION, INTEGRATION

- **Partnership structure**

As with other large scale multi-partner projects, the AYA partnership at the country level and at the regional/HQ level has required additional time and resources to synchronize systems and operations within the AYA structure while remaining compatible with partner operational needs.

Pathfinder/AYA Response ➔

Pathfinder/AYA worked with its own F & A department to seek ways to adjust procedures to help comply with AYA operations, encouraging flexibility and adjustments in the interest of partnership needs.



- **Role of the Country Coordinator**

The job description of the CC as originally planned was intended to primarily involve coordinating activities of the AYA partners within the respective countries. However, this definition lacked adequate authority and resources to forge effective, integrated operations and linkages at the country level. It was difficult for the CC to carry out needed tasks, especially integration among partner projects, in this arrangement, and challenging for the country team to work in concert toward a common goal.

AYA Response →

Changes were made in the role of the CC, authorizing him/her to play a stronger management and leadership role. Also, the PTOs were seconded to AYA with the CC acting as their immediate supervisor.

- **Integration and linkage of activities**

The integration of project activities (planned and sequenced to achieve objectives) has been challenging to carry out given the need to coordinate diverse IPs in multiple locations,



resulting in differing degrees of program implementation in various districts. Integration has been identified as a critical goal because the partners' activities are interdependent, and successful program results require that all components are focused on activities operating within the identified districts.

Pathfinder/AYA Response →

Additional staff and a greater emphasis on linkages, a major focal area at AYA meetings and skill-building sessions, are helping to improve this situation, along with the strengthening of the CC's role. Pathfinder also agreed to fund and implement select activities to facilitate integration, such as some limited BCC materials production and some community sensitization/mobilization work.

5. IMPLEMENTATION AND TECHNICAL SUPPORT

• Implementation issues

Given the significant input needed to develop an effective partnership structure, allocating sufficient time and attention to program tasks was challenging, especially in the beginning years. In addition, early subproject development was hampered by a lack of sufficiently defined program strategy and proposal development guidelines.

Pathfinder/AYA Response →

As strategies were developed for both YFS and ICB, Pathfinder/AYA used opportunities to discuss and review these plans, clarifying operational issues and sharing experiences among countries, thereby strengthening the implementation focus. As the structure changed to meet identified needs, more time was available for program tasks. In addition, given that lengthy proposals were time-consuming to draft and review, and allowed for internal inconsistencies, a new, shortened format was created for proposals and a clearly defined process was developed (by Pathfinder/AYA for all of AYA).

• Technical support needs

Challenges have occurred in identifying sufficient TA resources given the level of need, obtaining consistent TA provision within countries during optimal time frames, and planning/managing TA in view of competing demands for the PTOs' and technical support staff's available time.

Pathfinder/AYA Response →

Pathfinder/AYA has worked with the field staff to plan more effectively for TA needs and is now working with local TA providers wherever possible. The process of cross-fertilization (using trained personnel from one AYA country to assist in relevant activities in another) helped to make Africa-based technical support more readily available. Pathfinder/AYA also has kept staff updated on program and technical developments throughout all four country programs.

6. MONITORING & EVALUATION, DATA COLLECTION AND REPORTING

• M&E plan

The M&E plan for the overall AYA project was

developed after program activities started.

Because activities had already begun when the plan became operational, it was challenging for the staff to adjust systems to fully participate in the AYA-wide M&E activities. This was especially true due to limited M&E experience among existing staff and lack of dedicated M&E staff.

Pathfinder/AYA Response →

Pathfinder/AYA added M&E staffing in the field and HQ to assist with both component needs and overall AYA M&E responsibilities and has refined indicators and processes related to YFS and ICB to emphasize the most needed and obtainable data.

• Data collection

Although data collection is a fundamental need for AYA activities for both documenting progress towards attaining goals, and for identifying program adjustments, the process has been difficult, complex, and time-consuming. YFS data collection has been especially challenging because clinics and other project venues lacked appropriate forms to capture adolescent-specific information. Where MOH clinics were involved (representing most of the AYA facilities), it was

understandably difficult to effect changes in government forms and systems to accommodate AYA needs.

Pathfinder/AYA Response ➔

Pathfinder/AYA has worked to develop forms to capture YFS service statistics, often testing and pioneering with the NGO IPs. Work with the public sector has been slower, but efforts have been underway to alter data collection forms so that information on appropriate age breakdowns and use of specific service offerings can be collected and tallied. In addition, TA has also been provided to the IPs on data collection.

• **Reporting requirements**

Field staff have been challenged by the need to report, programmatically and financially, to both AYA and Pathfinder. In addition, guidance by the IP and PTO staff was needed to provide standardized information for further reporting and project management. Such information, if accurate and timely, can be used to make needed adjustments in program design and scope.

Pathfinder/AYA Response ➔

When it became clear that IPs did not have the practical orientation they needed to provide quality financial reports, Pathfinder/AYA arranged for financial management workshops and capacity building for all the partners' IPs.

B. Lessons Learned

- **Clarification of partner responsibilities and staff roles (including in-country partners) should be a priority at the outset, based on a shared vision for the program**
- **A reasonable, practical match must be designed between workload and staffing**
- **Investment in project structure should be made early, and designed to serve program implementation needs and objectives**
- **Strategies for program objectives and activities should be well-defined before selection of implementing partners (IPs) and solicitation of project proposals**
- **Effective mechanisms must be defined to ensure program component linkages and**



synergism, including requisite leadership to make this happen

- **Monitoring and evaluation requirements, relevant to project needs, should be identified before program activities are implemented**
- **ICB strategy must assess leadership capability, vision and willingness to change when selecting IPs for intensive work**
- **IPs should be oriented/trained on financial and reporting requirements before grant money is disbursed**
- **Supervisors expected to oversee new or different activities must be trained and “buy in” before their supervisees are trained and**

new activities are implemented

- **Significant investment should be made to create systems and expertise to collect relevant, accurate data on program activities**
- **Greater sharing among countries should be planned for and carried out in multi-country programs such as AYA**
- **Activities should be well-documented in order to learn from program experiences; tools and program findings should be widely distributed**



Enabling Factors

Pathfinder/AYA staff identified a number of *enabling factors* that have contributed to achievements thus far. These include:

- **Significant government support**

The four AYA countries were selected on the basis of favorable policies regarding ASRH. This has proven beneficial as AYA has developed and implemented its program. Having the government as an ally has fostered more effective progress in addressing sensitive issues and has eliminated the need to lobby governments each step of the way. In some cases (Tanzania, for example), AYA formalized the collaboration with a MOU, spelling out respective roles and responsibilities, which has resulted in making this partnership even smoother and more productive.

- **Pathfinder groundwork and experience**

Pathfinder/AYA staff who work in countries where Pathfinder had implemented previous activities point to the existence of contacts and experiences in-country as conducive to effective

AYA implementation. These shared experiences have enabled AYA collaborations to be established more quickly. Pathfinder's reputation as a collaborator has helped to garner support from key ASRH stakeholders, such as the religious community in Uganda.

- **Concept papers and strategies**

As noted earlier, most health professionals in the AYA countries had insufficient or conflicting notions about what constituted YFS. The development of clear, easy-to-follow concept papers and strategies (in both YFS and ICB) enabled Pathfinder and IP AYA staff to share a common understanding of their collaborative plans and activities. Along with the tools developed or adapted for each component, planning and implementation were able to follow a clearly defined process.

- **Commitment of project staff**

Given the complex management structure of the project, the commitment of the project staff was crucial in sorting out conflicting issues and procedures. Typically, staff were pulled in several directions and reported to more than one



Adolescent Cue Cards: Job aids for providers offer helpful information and tips specific to the reproductive health needs of youth.

party. Their tolerance and good humor has been an asset for the success of Pathfinder/AYA work.

• **Pathfinder technical expertise**

Pathfinder is able to provide strong technical support on both YFS and ICB through existing staff and consultants, and where indicated, engaging new staff for in-country AYA activities. In YFS, Pathfinder was able to deploy recently developed materials (from its FOCUS on Young Adults project) and rapidly develop new ones for use in AYA. In both YFS and ICB, Pathfinder staff and HQ-based consultants initiated technical support, which was transferred as quickly as possible to in-country IPs so they could continue their work independently and provide assistance to other AYA countries. The convening of annual Pathfinder/AYA meetings to review technical areas and strategy, along with regular technical and information updates, also served to keep the Pathfinder/AYA team informed and focused on common objectives.

• **Sufficient funding**

Although AYA sometimes suffered from outsiders' believing that AYA funding was limitless, in fact, the solid support for a period of five years enabled the staff to be assured that what they were starting could continue, and be sufficiently funded for this period. Compared to many experiences of needing to fundraise for continuation funding soon after a project is begun, this base of support allowed AYA staff to focus on planning and implementation.

CASE STUDY: TANZANIA - A YOUTH “FRIENDLIER” PLACE

The Infectious Disease Center (IDC) has operated in Tanzania for over 10 years, and as a youth clinic for more than six years. In April of 2002, IDC formed a partnership with Pathfinder and AYA with the purpose of extending and implementing youth-friendly services for individuals in its geographic area.

Currently, AYA works with IDC in four different sites in Dar es Salaam. Although IDC had a youth clinic in the city before its partnership with AYA, a number of significant changes have taken place since this collaboration began.

According to one team member, “Our service providers are very committed and skilled. But before collaborating with Pathfinder/AYA, the providers had no skills in providing services, especially to youth. With Pathfinder’s technical and financial assistance, 10 nurses and doctors from IDC have been trained in YFS, and now are confident in themselves and their abilities to provide YFS. The Pathfinder training helped build providers’ skills and confidence.” Pathfinder has also greatly contributed to improvements in IDC's infrastructure, which make it more conducive to the delivery of YFS. In the

Dar es Salaam clinic, many walls were reconstructed to ensure both visual and auditory privacy during consultations. Another change included the creation of separate operating hours for youth, and a waiting room specifically for youth inside the IDC building, (previously they were required to wait outside on a bench). A TV, many brochures, free condoms, a suggestion box, and other ASRH information are all available in the waiting room.

In the other three clinics, where limited space precluded the creation of separate waiting space, youth corners were established in each clinic, and similar materials are available in these corners. Brochures were developed to inform potential clients about schedules and services available to youth at the clinic — and each of the four clinics has 10 peer educators who conduct outreach activities.

IDC reports a 17 percent increase in youth clients between the first and second year of the program. Because of this overall success, IDC has become a learning center for other Pathfinder/AYA IPs and assists in the training of service providers. In the near future, Pathfinder,



under its ICB component, will be providing further technical assistance to IDC so that they can computerize all of their records, allowing less time to be spent on record keeping and more time spent on providing services.

CASE STUDY:

GHANA - MOVING FORWARD WITH THE FAITH-BASED COMMUNITY

The Christian Health Association of Ghana (CHAG) is a faith-based organization that provides 30 percent of the health services in Ghana. The Association was set up in 1967, with a membership of 25 hospitals. Since then it has grown to encompass 128 different organizations representing various Christian denominations. In July 2002, CHAG — in partnership with AYA — implemented the "Windows of Hope" program in order to help reduce STI/HIV/AIDS and unwanted pregnancies among adolescents in 10 AYA districts, and to empower youth by building on their knowledge of these issues. The project, however, first encountered a fundamental challenge of how to address adolescent sexual and reproductive health in a public sphere sensitive to such issues.

Given the religious base of CHAG's organizations, the idea of condom distribution — a fundamental aspect of AYA's agenda — was not universally accepted. Initially, CHAG indicated that it would have to pull out of the collaboration altogether. After much dialogue, however, CHAG decided, only for the purpose of this project with AYA, to limit the participating

health facilities to those that would not oppose condom distribution. Ever since this decision, CHAG has taken on the AYA project full-force, and has been very committed to ASRH, an enthusiasm created in part by the productive negotiations and dialogue between AYA and CHAG leadership. Recently, for example, CHAG has expanded its network of condom distributors to include non-traditional condom distributors, such as dressmakers and barbers. In another show of initiative, CHAG staff "jumped the gun," by beginning the upgrading of YFS, at a site recently assessed — before the AYA HQ team returned to lead such an effort.

The "Windows of Hope" project has also been a great learning experience for AYA, given the importance of working with faith-based organizations. Furthermore, it underscored the importance of patience, a willingness to negotiate and the need to make compromises as necessary tools for success.



CASE STUDY: UGANDA - SENDING ASRH TO SCHOOL

In partnership with AYA, the Makerere University Medical School Department of Obstetrics and Gynecology began the process of establishing a pre-service training program on adolescent sexual and reproductive health for medical practitioners in Uganda. Initial tasks included developing an ASRH curriculum, preparing YFS clinics to serve as practical training sites for pre-service trainees, and providing YFS training to pre-service training tutors and instructors. The project is intended to increase the potential for expanding YFS in Uganda and to foster sustainability of the YFS effort.

The effort to institutionalize pre-service training was enthusiastically received. After a one-day workshop for professional associations and councils, and after a five-day training for tutors from six medical institutions, ASRH education was recognized as “long overdue.” Demonstrating that interest, fifth year medical students — who were concerned that they would not have the opportunity to enroll in the ASRH training before their graduation — requested an additional training so they could participate. As a result, two overlapping, two-week courses were scheduled during the school holiday. The

University was supportive of this decision, allowing use of dormitories during the holiday as well as providing transportation to and from the sites; even the faculty gave up their own time-off during the holiday to conduct the training courses. Seating for the courses was limited, however, while demand was high. One female student even “smuggled” herself into the class — further proof of student enthusiasm. (The faculty allowed her to stay!) While the process still faces administrative and practical challenges of scheduling and support, the degree of interest already exhibited will be a valuable source of momentum.



CASE STUDY:

UGANDA — CAPACITY-BUILDING WITH AN EMERGING PARTNER

“We did not have clear roles and responsibilities before,” said the Acting Executive Director of Parents’ Concern for Young People, an organization that aims to influence youth behavior and decision-making based in Fort Portal, Uganda. “Everyone did everything, and sometimes we ended up doing the same things over and over because there was very little communication in the organization.” He went on to say, “We were also completely dependent on the Executive Director, who was also the founder, for all decisions and when she was away on political duties, all major activities would come to a halt.”

Parents’ Concern was one of the first emerging IPs to receive ICB support in Uganda. The process of going through the OCAT survey and discussing its findings alerted the members of the organization that they needed to revisit and improve several areas of strategic, management, financial and programmatic sustainability. The OCAT survey triggered a series of changes in the organization even before formal ICB support was provided, aimed at improving delivery of services and clarifying decision-making processes. An ICB Technical Assistance

plan focused on two key areas of support: A workshop to clarify Parents’ Concern’s strategic orientation and another to clarify management processes.

As a result of these workshops, Parents’ Concern now has a clearly developed organizational structure, a board of directors with clearly defined governance roles and responsibilities, and has established different departments to achieve its vision. The workshops have helped identify conflict of interest areas, such as the Executive Director also being the Chairperson of the Board, and these conflicts have now been resolved. The organization has also established clear checks and balances and has separated the role of financial oversight and control from the role of the Executive Director in order to prevent potential conflicts of interest.

Currently, Parents’ Concern has amended its constitution to reflect changes in its identity, developed an operations manual, and clarified its staff and financial policies and procedures. There is significant energy in the organization and a great deal of commitment to its future. Young and old people have come together to

make their vision of a more informed and involved youth a reality. Today, they are in the process of expanding their activities to other districts in Uganda, looking for ways to involve out-of-school youth, and are considering offering youth-friendly services. Pathfinder/AYA now plans to provide Parents’ Concern with training in proposal development, assistance to diversify their funding base, and further training on financial management and sustainability.



CASE STUDY:

BOTSWANA — LEADING THE WAY ON CROSS FERTILIZATION

Botswana was the first AYA country to embark on YFS training and by pioneering this activity, led the way for other countries to learn from its experience. A basic task involved creating a training manual based on Pathfinder's prototype. In selecting master trainers, sequencing of training groups and developing plans for upgrading clinic operations, significant lessons were learned. For example, it became clear that supervisors need to be trained before service providers in order to secure "buy in" and the acquisition of skills to carry out YFS tasks. Botswana's experience also helped other countries to invest more in assessing the needs of trainers prior to training design.

As part of sharing its experiences with other AYA countries, Botswana YFS pioneered another activity, "cross-fertilization." This approach promotes the deployment of recently trained health professionals from one country to travel to another country to assist in training and assessment activities. This strategy not only builds the capacity of field staff, but in the process breaks down the stereotype that there are not sufficient or capable individuals in the field.

Cross-fertilization allows contextual differences to be shared, creating an experience of mutual benefits. Visiting trainers not only learn these new cultural dimensions, but also get to practice their own skills, such as writing reports, planning activities, and taking on leadership roles. Cross-fertilization also offers individuals an incentive to excel in their own work, knowing that a strong performance could earn them the opportunity to travel, participate in YFS trainings, and study in another country.

To date, there have been three cross-fertilization experiences. In one, two members of the Botswana training team assisted in the training of district health team members in Uganda. In returning the favor, a trainer from Uganda assisted in the training of individuals in Botswana. She noted in her report that training in an alternate context provided an opportunity to learn about issues affecting another country and an opportunity to work with providers from a different culture with different beliefs and practices. In another experience, two trainers from Uganda went to Ghana to co-facilitate a training in facility assessment and assist in



subsequent assessments. Plans are underway to continue cross-fertilizing experiences, thereby reinforcing skills building among individuals and broadening the foundation of AYA experiences.

ANNEX A: PERSONS INTERVIEWED

Naomy Achimpota, YFS PTO, Tanzania

Yirga Alem, Pathfinder International Auditor, Ethiopia

Dr. Andrew Arkutu, Regional Medical Adviser, Africa, Country Representative, Ghana

Emmanuel Boadi, ICB Technical Advisor, Ghana

Susan Collins, Pathfinder/AYA Senior Program Manager, HQ

Caroline Crosbie, Vice President of Programs, HQ

Emmanuel Kofi Essandoh, YFS PTO, Ghana

Tom Fenn, Country Representative, Uganda

Gwyn Hainsworth, ASRH and Training Associate, HQ

Tijuana James-Traore, Consultant

Nelson Keyonzo, Country Representative, Tanzania

Festus Kibuuka, ICB Technical Advisor, Uganda

Sophia Ladha, Regional Coordinator/Country Representative, South Africa (ICPC Rep, Botswana)

Paul Luchemba, ICB Technical Advisor, Tanzania

Neo Mokgautsi, YFS PTO, Botswana

Pam Putney, former M&E Advisor, HQ

Cathy Solter, Director of Technical Services, HQ

Pam Teichman, former Pathfinder Project Coordinator, HQ

ANNEX B:

YFS SUBPROJECT AND ACTIVITIES MATRIX (as of April 2004)

IP	Type of IP						Activities					Linkage Partners		
	NGO	Public Sector	University/School	YFS Clinic	Community Outreach	Peer Education/Counseling/Practitioner Distribution	Non-leaf Condom Distrib.	Workshop/peer education	Training in YFS Extended to own IP	Model Clinic/Practitioner Sites	Pre-Service Training	PATH	UNFPA	
BOTSWANA														
BOFWA- Botswana Family	X		X	X	X				X					
Family Health Division, MOH		X	X					X						
GHANA														
CHAG- Christian Health Association of Ghana	X		X	X	X	X								
NYC Ghana- National Youth Council		X		X	X	X							X	
PPAG- Planned Parenthood Association of Ghana	X		X	X	X	X	X	X	X		X		X	
Reproductive and Child Health Unit, MOH		X	X					X						
TANZANIA														
Arusha Municipal Council		X		X	X									
DCIDC- Dar City Council/Infectious Disease Center		X		X	X	X		X	X					
MST- Marie Stopes, Tanzania	X			X	X	X								
Bala Municipal Council		X		X	X	X								
Karage District Council		X		X	X	X							X	
Kasulu District Council		X		X	X	X							X	
Kibondo District Council		X		X	X	X							X	
UDSM- University of Dar-es-Salaam			X	X	X	X								
UMATI	X			X	X	X			X		X		X	
Tarime District		X		X	X	X					X			
Temeke Municipal Council		X		X	X	X								
MOH, Morogoro		X						X						
MOH, Zanzibar		X		X	X	X				X				

IP	Type of IP						Activities					Linkage Partners		
	NGO	Public Sector	University/School	YFS Clinic	Community Outreach	Peer Education/Counseling/Practitioner Distribution	Non-leaf Condom Distrib.	Workshop/peer education	Training in YFS Extended to own IP	Model Clinic/Practitioner Sites	Pre-Service Training	PATH	UNFPA	
UGANDA														
Busega Diocese (Anglican Church of Uganda)	X			X	X	X								
KCC- Kampala City Council		X		X	X	X								
Makerepe University Medical School/ Dept. of Ob-Gyn			X										X	
South Rwenzori Diocese (Anglican Church of Uganda)	X			X	X	X								
UYDEL - Uganda Youth Development Link	X			X	X	X		X						
MOH		X		X									X	

ANNEX C:

YFS AND ICB ACHIEVEMENTS BY COUNTRY

Selected indicators from beginning of project through December 2003

YFS

Activity	Country				Total
	Botswana	Ghana	Tanzania	Uganda	
Clinics Assessed	18	28	41	158	245
Trainers Trained in YFS	37	146	19	64	266
Service Providers Trained	61	203	144	297	705
Peers Trained	25	564 ¹	487	476	1,552
Supervisors Trained	29	35	0	68	132
Client visits	15,215 ²	201,713	55,723	473,278	745,929
Static	5,894	28,344	52,112	81,297	167,647
Outreach	9,321	173,369	3,611	391,981	578,282
Condoms Distributed	29,365	627,288	458,567	904,879	2,020,099

¹ Includes training of non-traditional condom distributors
² Does not include MOH clinics

ICB

Activity	Country				Total
	Botswana	Ghana	Tanzania	Uganda	
Organizations Assessed	Total: 6 • BCC • BNYC • BOWFA • Ghetto Artists • WAR • YWCA	Total: 4 • CEDEP • CHAG • NYC • PPAG	Total: 7 • Chawakua • DCC • Marie Stopes • TAYOA • UDSM • UMATI • ZACA	Total: 6 • Busoga Kingdom • FPAU • Kabarole District • Parents Concern • S.Rwenzori Diocese • Uganda Youth Development Link (UYDEL)	23
General ICB Workshops Held	Total: 2 Financial Management; MIS	Total: 3 Financial Management; Proposal Development; MIS	Total: 5 Financial Management (x3); MIS (x2)	Total: 3 Financial Management (x2); MIS	13
Intensive ICB Support	0	0	Total: 4 MIS (x3); Development of MIS software	Total: 10 Strategic Planning Workshop (x5); Strategic Management (x4); Proposal Development Workshop	14

ANNEX D:

MATERIALS DEVELOPED OR ADAPTED FOR USE IN AYA, YFS, AND ICB (as of April 2004)

Title	Purpose & Extent of Use
AYA-WIDE	
Reproductive Health Services For Adolescents (Module 16 of Comprehensive Reproductive Health and Family Planning Training Curriculum)	<p>A training manual designed to prepare service providers to offer quality reproductive health services to adolescents. It is used to train physicians, nurses, counselors, and midwives, and as an orientation for all program staff serving young people.</p> <p>In addition to being used in other non-AYA countries, this basic, experiential training curriculum for service providers was used as a prototype curriculum for adaptation in Botswana and Tanzania. It is also being used as a reference guide for service provider training activities in Ghana and Uganda.</p>
Pathfinder/AYA Assessment Training Guide	<p>A curriculum developed to help participants conduct clinic assessments with an emphasis on understanding the characteristics of Youth Friendly Services and the processes used to assess health facilities.</p> <p>This curriculum is being used to train health professionals to conduct facility assessments for youth friendly services using the facility assessment tool. It has been used in three of the AYA countries, with emphasis on training local health staff so they can continue to do such assessments without external assistance. At least 66 health professionals have been trained in this process.</p>
Clinic Assessment of Youth Friendly Services (Facility Assessment Tool)	<p>A tool developed to help collect detailed information on the range and quality of services provided to adolescents at a given facility or within a given program in order to make services more youth friendly.</p> <p>This tool was used to assess 245 clinics thus far, both governmental and non-governmental, to determine necessary changes in the quality of care and administrative procedures in order to be deemed youth friendly.</p>
A Rapid Assessment of Youth Friendly Reproductive Health Services (Technical Guidance Series #4)	<p>A guidance tool to assist those in the proper usage of the facility assessment tool in order to conduct a thorough assessment of youth friendly reproductive health services. It includes examples of assessment findings and lessons learned.</p>
Assessment of Community-Based Youth Friendly Services	<p>A tool developed to help collect detailed information on the range and quality of services provided to adolescents through community-based programs and/or networks of community-based workers (CBWs).</p> <p>Recently field tested in Tanzania and Ghana, its revised version, based on three field tests, will be used to assess the youth friendliness of community-based and outreach activities in all four AYA countries.</p>
Certification of Youth Friendly Services	<p>A tool developed as a means to quantify the status of Youth Friendly Services in a facility setting in order to issue a certification or a provisional certification for YFS. It can also be used to compare progress made on instituting YFS when repeated by comparing the score at follow-up to that at baseline.</p>

Title	Purpose & Extent of Use
AYA-WIDE (continued)	
Adolescent Counseling Cue Cards	<p>A package of materials for service provider use with clients about method choice, its adaptation for AYA highlights adolescent-specific information.</p> <p>It is being used by service providers in all four countries during reproductive health counseling with adolescent clients.</p>
Modified Organizational Capacity Assessment Tool (OCAT)	<p>A modification of a tool developed by Pact; it is an instrument used to guide the assessment of IPs, followed by development and capacity building to strengthen the essential components of organizational effectiveness.</p> <p>This tool has been used to assess 23 IPs thus far in all four countries.</p>
BOTSWANA	
Adolescent Sexual and Reproductive Health: A Training of Trainers Manual	<p>A manual developed to assist trainers in understanding ASRH and how to train service providers in YFS.</p>
Adolescent Sexual and Reproductive Health: A Training Manual for Service Providers	<p>Botswana's adaptation of Module 16 (see above).</p>
Supportive Supervision for YFS	<p>A manual to train supervisors of YFS.</p> <p>Currently in draft, to be used in AYA countries to train supervisors in supportive supervision of YFS.</p>
UGANDA	
National Curriculum for Training: ASRH District Trainers	<p>A curriculum developed to train ASRH district trainers who in turn train district and community level service providers providing ASRH services.</p>
National Training Curriculum for Health Workers on Adolescent Health and Development	<p>A curriculum developed to equip health workers with the necessary knowledge and skills to provide youth friendly health services.</p>
Pre-service Adolescent Reproductive Health Curriculum	<p>A curriculum designed to train future service providers to offer quality reproductive health services to adolescents.</p> <p>Currently being finalized, to be used to train students in the health profession on ARH within training institutions in Uganda.</p>
TANZANIA	
Service Providers Training Curriculum	<p>Tanzanian adaptation of Module 16 (see above).</p>



In the fall of 2000, an innovative program was conceived to address pressing adolescent sexual and reproductive health concerns in four African countries. Funded by the Bill and Melinda Gates Foundation, the five year African Youth Alliance became the first-ever program to partner two American non-governmental organizations, Pathfinder International and PATH, with the United Nations Population Fund to capitalize on the particular expertise of each agency and streamline interventions for greater impact and broader effectiveness.



Pathfinder International believes that reproductive health is a basic human right. When parents can choose the timing of pregnancies and the size of their families, women's lives are improved and children grow up healthier.

Pathfinder International provides men, women, and adolescents throughout the developing world with access to quality family planning and reproductive health services. Pathfinder works to halt the spread of HIV/AIDS, to provide care to women suffering from the complications of unsafe abortion, and to advocate for sound reproductive health policies in the U.S. and abroad.

