A Framework for

Integrating Reproductive Health and Family Planning

into Youth Development Programs

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Planning for LIFE

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
CEDPA	Centre for Development and Population Activities
COPE	Client Oriented and Provider Efficient
CSTS	Child Survival Technical Support
FHI	Family Health International
FP	Family Planning
HIV	Human Immunodeficiency Virus
IYF	International Youth Foundation
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non-Governmental Organization
PAC	Post-abortion Care
PDQ	Partnership Defined Quality
PSI	Population Services International
QOC	Quality of Care
RH	Reproductive Health
STI	Sexually Transmitted Infection
TOT	Training of Trainers
UNAIDS	Joint United Nations Program on HIV/AIDs
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFC	Youth Friendly Clinics
YFS	Youth Friendly Services
YMCA	Young Men's Christian Association
YRH	Youth Reproductive Health

YOUTH REPRODUCTIVE HEALTH: THE GLOBAL PICTURE

Almost 1.8 billion people in the world today are between 10 and 24 years old.[1] They have unique needs that must be addressed to promote social, economic and political progress. Despite the geographic, economic, and cultural diversity around the world, adolescents express similar concerns related to their education, economic life, and health. As part of the largest youth cohort in the history of the world, today's adolescents need information, services, and support to prevent unplanned pregnancies, unsafe abortions, HIV/AIDS and sexually transmitted infections (STIs). In addition to the negative physical consequences of poor reproductive health, adolescents also face social consequences from unplanned pregnancies and STI/HIV infection, including limited educational and employment opportunities. This ultimately leads to adolescents' inability to contribute to their communities and to society.

FACTS

- 15 million young women aged 15 to 19 give birth every year

- Worldwide nearly 4.5 million adolescents undergo abortion each year; 40% occur under unsafe conditions

- Adolescents aged 15 to 19 are twice as likely to die during pregnancy or child birth as those over age 20

- Girls under age 15 are at 5 times greater risk of dying from complications related to pregnancy or birth.

- More than 50% of all new HIV infections occur among people under the age of 25

- Nearly 11.8 million youth are living with HIV or AIDS and 62% of infected youth are female

Each year, 15 million adolescents aged 15 to 19 years give birth, accounting for up to one-fifth of all births worldwide. In the developing world, about 40 percent of women give birth before the age of 20, ranging from a low of 8 percent in East Asia to a high of 56 percent in West Africa.[2] Annually, nearly 4.5 million adolescents in developing countries have abortions, most of which are performed under unsafe conditions.[3]

Young women frequently have limited knowledge of or trust in the health care system, which limits prenatal care and contributes significantly to pregnancy-related complications.[4] Girls aged 15 to 19 who give birth — as well as their newborns — are twice as likely to die or have complications from childbirth compared to women in their 20s. Girls below the age of 15 are five times more likely to die from childbirth.[5] A substantial portion of pregnancy-related mortality and morbidity is a direct consequence of unsafe abortions. Compared to older women, adolescents are more likely to have an abortion later in pregnancy (even in settings where abortion is legal) and to choose an unsafe provider, thus placing themselves at greater risk.[6]

STIs also pose significant risks for adolescents. The highest rates of infection for STIs, including HIV, are found among young people aged

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20 to 24, with the next highest rate occurring among adolescents aged 15 to 19. Each year one out of twenty adolescents contracts an STI, some of which can cause lifelong health problems if left untreated.[7]

In many regions of the world, new HIV infections are heavily concentrated among young people aged 15 – 24. Among individuals 15 years and older, young people accounted for 40 percent of new HIV infections in 2006.[8] Every day, more than 6,000 young people aged 14 through 24 become infected with HIV. Young women are especially vulnerable to HIV infection. In sub-Saharan Africa, young women are at least three times more likely to be HIV-positive than are young men; and in the Caribbean, young women are 2.4 times more likely to be infected.[9]

Several factors contribute to poor reproductive health outcomes among youth around the world, including:

- Limited knowledge of the risks of unprotected sex and methods of contraception

- Lack of decision-making, negotiation, communication and other life skills needed to practice safer sexual behavior such as abstinence, delaying sex and using condoms and contraceptives consistently and correctly

- Limited access to reproductive health and family planning services, including STI and HIV/AIDS

- Inadequate support for adolescent reproductive health from communities and societies

YOUTH DEVELOPMENT AND YOUTH REPRODUCTIVE HEALTH

Historically, adolescent health programs have focused on risk factors that predispose a young person to health and social problems, such as early pregnancy and STI and HIV infection. Consequently, interventions were aimed at reducing risky behaviors that lead to poor health outcomes. However, like adults, young people require motivation to make healthy decisions about their reproductive behavior. The adoption of healthy reproductive health attitudes and behaviors does not happen in a vacuum. Although YRH strategies to increase access to reproductive health information and services are critical, this alone will not necessarily result in young people adopting safer sexual behaviors.

Evidence demonstrates that positive YRH outcomes are closely linked with educational and economic opportunities.[10] Positive youth-focused programs support young people to develop skills and talents that lead to better employment opportunities and help develop their sense of confidence in a successful future and adulthood. Such programs, combined with reproductive health information and services, can motivate youth to postpone sexual activity or practice safer sexual behavior by helping them understand the long-term impact of their decisions and the importance of planning their futures.[11] Integrated youth

development and youth reproductive health and family planning (YRH/FP) programs help young people develop the skills, self-esteem, and motivation necessary to adopt and sustain healthy sexual and reproductive behavior, while also providing them with the opportunity to develop educational, vocational, leadership and other life skills that will serve them well in adulthood.

INTEGRATION OF YOUTH REPRODUCTIVE HEALTH INTO YOUTH DEVELOPMENT PROGRAMS

In response to the growing global need to improve the reproductive health of young people, the IYF believes that youth should have access to age-appropriate and relevant reproductive health and family planning information and services in a manner that is integrated into other aspects of their lives. An integrated approach to reproductive health is an effective way to improve reproductive health outcomes for youth.[12] To be most successful, programs should address the five key youth transitions[13] — learning for work and life; becoming employed; growing up healthy; forming families; and exercising citizenship. Integrated programs that address multiple aspects of youth's lives are likely to have lasting impact on the overall health and well-being of young people, particularly in impoverished communities.[14]

YOUTH DEVELOPMENT AND YOUTH REPRODUCTIVE HEALTH LINKAGES
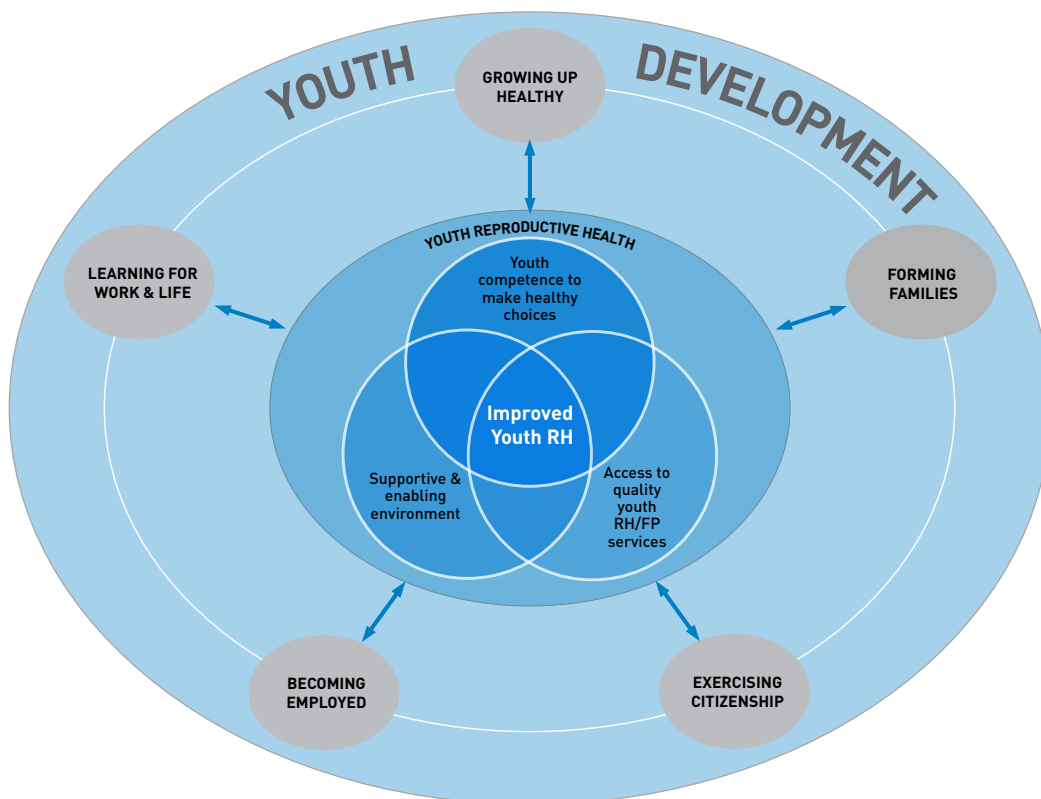
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Planning for Life utilizes three YRH integration models that are based on the existing youth development experience of IYF and its partners. The models include:

- Integration of YRH/FP into health programs focused on youth such as HIV/AIDS prevention and education, malaria, infectious diseases, child survival, and mother and child health

- Integration of YRH/FP into education and leadership programs

- Integration of YRH/FP into livelihoods and employability programs

To facilitate the integration of YRH/FP, IYF has developed a strategic framework. The framework applies to the designed models of YRH/FP integration into youth development.

YOUTH REPRODUCTIVE HEALTH AND FAMILY PLANNING STRATEGIC FRAMEWORK
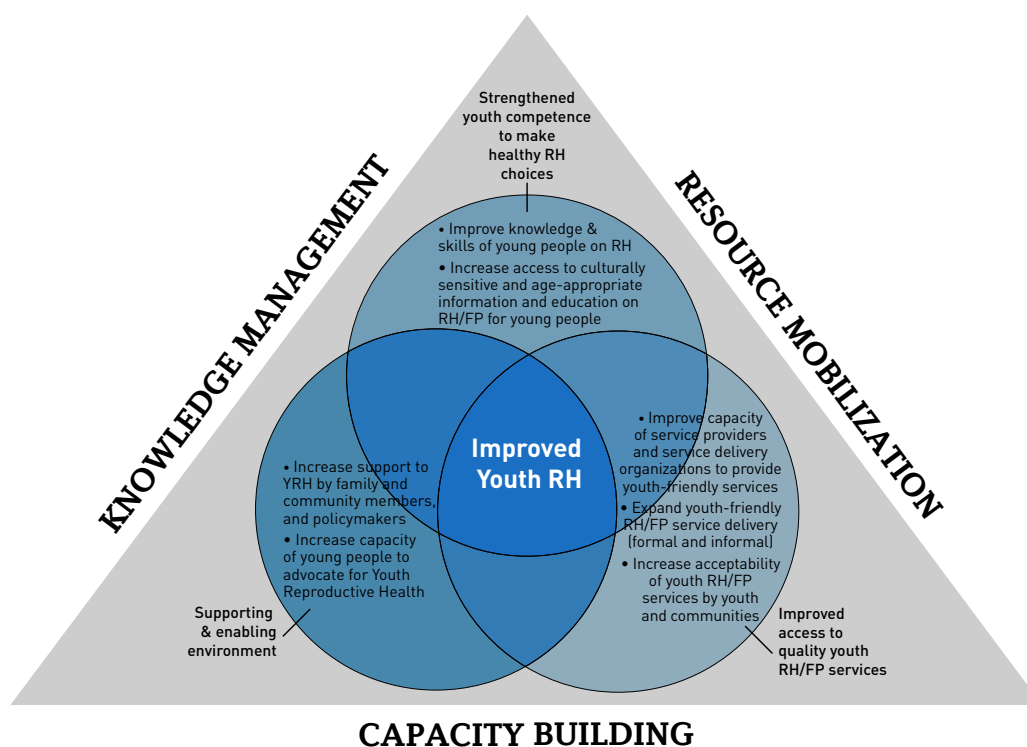
The YRH/FP framework aims to improve YRH by making positive changes in young people's reproductive behaviors. The three outcomes underlined by the strategic framework are:

Strengthened youth competence to make healthy RH/FP choices
The outcome is focused on improving young people's ability to prevent unwanted pregnancy, STIs and HIV/AIDs along with building life skills and positive self esteem and identifying their personal values. Based on the best practices of YRH programs, two strategies have been identified to achieve the outcome: (1) improve skills of young people to make healthy choices, and (2) increase access to culturally sensitive, age appropriate and accurate information and education on RH/FP for young people. While utilizing these strategies, integrated YRH programs may implement include programmatic elements

such as peer education, school-based health education, youth outreach, social marketing, integrated livelihood or vocational training, advocacy, and behavior change communication (BCC). Programmatic elements are discussed in detail on page 10.

A supportive and enabling environment

A supportive and enabling environment for young people is essential for their positive development. The active involvement of parents, communities, employers, faith-based and community-based organizations, and governments from the start of any program is critical to creating an environment that strengthens the linkages between young people and their communities. Such broad-based engagement also supports young people in attaining their educational, career, health and civic goals; motivates youth to make responsible decisions regarding their futures and enables them to achieve their full potential. Strategies outlined in the framework include increasing support provided by family, community and policy makers for YRH/FP issues, and improving the capacity of young people to advocate for YRH/FP. Key programmatic elements that an integrated program may utilize include behavior change communication (BCC), advocacy and network building, family and community involvement in YRH/FP, building advocacy skills of young people, and creating youth-adult partnerships.

Increased access to quality reproductive health and family planning services

Increased access to quality reproductive health and family planning services is an important outcome for YRH/FP integrated programs. Knowledge alone is not enough to improve reproductive health. Young people must be able to apply their knowledge and skills related to RH/FP to obtain the services they need regardless of their age, marital status or gender. Factors that influence young people's utilization of RH services include physical access to services including the availability and affordability of contraceptives; the attitude of health professionals towards young people seeking RH/FP services; social and legislative norms regarding YRH; and quality of services. Barriers to obtaining the RH/FP services and contraceptives result in reduced motivation of young people to practice safer reproductive health behavior. Ideally, all the factors that influence a young person's use of RH services must be addressed to ensure safer reproductive health behavior. Strategies to increase access to and quality of RH services suggested by the framework include improving the capacity of service providers and service delivery organizations to provide youth-friendly services and ensure the availability of contraceptives, expanding youth-friendly RH/FP service delivery (formal and informal), and increasing acceptability of YRH/FP services by youth and communities. Integrated projects may utilize the following programmatic elements: BCC, advocacy, referral to and provision of youth-friendly services and contraceptives (including community-based youth-friendly RH/FP services), training of services providers, establishing supportive supervision system, and the involvement of youth in service provision.

Based on the experience of youth reproductive health programs around the world, six principles were identified as fundamental to any youth-focused program integrating YRH/FP. [15 16 17 18 19 20 21 22 23 24 25 26 27 28] These principles, which can be used to guide an organization in designing and implementing YRH/FP integrated initiatives, include:

Affirming gender equality and equity

Women, especially girls and young women, have limited access to resources, education, health and employment opportunities. Moreover, women are systematically under-represented in the decision-making processes that shape their societies and their own lives. Because gender roles begin to form during pre-adolescence, programs must take gender issues into account when designing and implementing YRH initiatives. Differentiated biological and social roles of males and females demand appropriate, and if necessary, gender-segmented approaches to providing RH/FP services to youth. This approach works to increase equal access of services to both males and females, and ultimately contributes to gender equality in a population.

Ensuring meaningful youth participation

Youth participation is the active and meaningful involvement of young people in various aspects of program development and implementation such as planning and design, oversight and governance, management, implementation, and monitoring and evaluation.[29] IYF believes that young people have a right to participate in their own development and are key partners in defining issues and responses to the reproductive realities in their own lives. Young people's participation helps to identify effective messages; ensure the relevance of content and activities; publicize activities among their peers and encourage participation; reach out to the community; give youth a voice through advocacy and media efforts; and enhance young people's sense of ownership.

Maintaining appropriately segmented programming

Youth aged 10 to 24 constitute a broad, diverse sub-population of the world. To be most effective, programs must keep in mind that the youth cohort includes many different segments, cut in many different ways. Youth are different from each other with regard to age, culture, place of residence, marriage, education, employment, etc. A program designed for 15 to 19-year-olds cannot be transferred to 10 to 14-year-olds without considerably changing the program content. Similarly, services accessible for married youth may be very different from services available to unmarried youth. How youth differ from one another — and how the reproductive health status of youth differs — must be accounted for when designing and implementing youth-focused RH/FP programs.

Assuring quality of program and interventions

Quality is defined as the proper performance of interventions that are known to be safe and affordable for the society in question, and are able to produce a desirable impact.[30] For a program to maintain its quality, a quality assurance system should be in place. In youth programs, quality assurance is oriented toward meeting the needs and expectations of young people and their communities. Therefore, young people and

communities should be part of a quality assurance system and be able to provide their feedback on program performance and quality improvement. Quality assurance is a systematic process for closing the gap between actual performance and the expected outcomes. The process is based on quality standards set for a particular intervention or service carried out by the program. A mechanism to assure quality of interventions should be developed at the early stages of the program's design and implementation.

Ensuring a broad spectrum of stakeholders

To move beyond opposing positions toward YRH/FP, a common ground should be identified with community members considering youth and community needs and common interests. Involving a broad spectrum of stakeholders will help youth-serving organizations to overcome political and cultural barriers for YRH programs at the community level. When defining stakeholders, it is important to include various ranks of influential leaders, those who support and those who resist YRH/FP programming, at the national and local levels.

Utilizing a multi-sectoral approach

A multi-sectoral approach promotes synergy between different sectors affecting the development of young people. It often combines health services with interventions that address young people's economic development, literacy level, political participation and mobility. Through a multi-sectoral approach, numerous barriers to healthy youth development can be addressed, as well as the complex factors that lead to poor reproductive health outcomes among young people.

PROGRAMMATIC ELEMENTS OF YRH/FP INTEGRATION INTO YOUTH DEVELOPMENT PROGRAMS

A review of programs that integrate YRH/FP with youth development programs demonstrates that guiding principles alone are not enough, and to be successful, these principles must be translated into program elements and action.[31] The YRH/FP framework includes main programmatic elements that have been developed based on existing best practices. Incorporating the main programmatic elements into design, implementation and monitoring and evaluation of YRH/FP integrated programs will help program managers in assessing their organization's capacity to support YRH/FP integration and to develop and track measurable results that maximize program impact. The integration process is a continuum that may include all or some of the programmatic elements. The extent to which a youth-serving organization can implement a particular programmatic element will depend on the capacity of the organization. The programmatic elements can be used by the implementing organization in any order and combination depending on the organization's capacity and the scope of the integrated project. Implementing organizations are not limited to the programmatic elements provided in the framework and are encouraged to include other program elements and approaches that are proved to be effective in improving youth reproductive health.

The framework with the programmatic elements is presented in Annex 1.

Institutional commitment

Institutional commitment ensures that YRH integration in youth development programs receives high priority at all levels of an organization. Institutional commitment is indicated by the endorsement of YRH integrated programming by senior management, internal policies on YRH/FP integration and the systematic inclusion of YRH into both existing and newly developed youth programs.

Media and behavior change communication (BCC)

Media and BCC play a significant role in raising young people's awareness of reproductive health, HIV/AIDS and STIs. Among young people, mass media plays a crucial role in forming attitude and behavior norms. Positive YRH images, information and messages should be reinforced through mass media with a clear target on youth and their gatekeepers, including parents, teachers, and community/religious leaders. BCC helps lay a foundation for the adoption of positive reproductive health behavior, and can be presented to young people in a variety of formats and through many different forms of media. Printed materials, video and radio, computer games, music and theater provide creative means of getting key health messages across in a format understandable and acceptable to youth. The participation of young people in assessing information gaps, designing and developing BCC materials and formats, and participating in their distribution and delivery is the key to ensuring the effectiveness of BCC.

Gender sensitive, life-skills based RH/FP education both in and out of schools

Youth-focused programs should consider including YRH education and information as part of its curricula. Schools provide natural entry points for YRH outreach to young people as do out-of-school youth clubs, sports teams, churches/religious organizations, and other youth-focused entities. Training of teachers in YRH and involvement of YRH professionals is an important aspect of any life-skills education program. Peer educators can also be utilized to help build the skills of young people in reproductive health. Education programs should be designed in cooperation with members of the community, especially young people, to ensure they meet the needs and expectations of young people and motivate them to practice healthier behaviors.[32] Multiple evaluations have found that well-designed and

> ## 10 KEY PROGRAMMATIC ELEMENTS OF YRH/FP INTEGRATION
>
> - Institutional commitment to YRH/FP
>
> - Media and BCC
>
> - Gender sensitive, life-skills based RH/FP education in schools and community settings
>
> - YRH/FP integrated livelihoods and employability initiatives
>
> - Youth-adult partnerships
>
> - YRH/FP advocacy and network/coalition building
>
> - Capacity building of youth-advocates
>
> - Family and community involvement in YRH/FP
>
> - Youth-friendly RH/FP Services
>
> - Quality of RH/FP services

executed youth peer education programs lead to increased healthy sexual behaviors, including the intention to delay first sexual intercourse, condom use, STI treatment and care, and use of contraceptives.[33]

YRH integrated livelihoods and employability training

Programs that address young people's lives through multiple contexts may have greater impact on health behavior than programs that focus narrowly on reproductive health.[34] This is because multi-sectoral programs can address multiple determinants of unhealthy behavior that result in negative outcomes in various aspects of youth's lives. Addressing reproductive health through other avenues such as livelihoods and employability training also provides an "in" to reaching youth. Additionally, youth themselves see the need for and request interventions that address the interconnected aspects of their lives. Multi-sectoral programming is still in its nascent stages and few rigorous evaluations have been conducted. One evaluation undertaken by CEDPA's Better Life Options project (India) that focused on youth development through literacy programs, vocational training, family life and health education, demonstrated that young women who participated in the project were more likely to have better reproductive health outcomes as well as other positive indicators. Given that evaluations of multi-sectoral programs are limited, best practices and lessons must be drawn out from YRH integrated livelihoods and employability training programs.

Youth-adult partnerships

Youth-adult partnerships foster trust between young people and adults, help to develop positive and nonjudgmental attitudes among adults towards youth and engage young people in decision-making, program development, implementation and evaluation in meaningful ways. Youth-adult partnerships combine youth perspectives and skills with the experience and values of adults — thus contributing to both parties. In addressing reproductive health issues, youth and adults can work together in a number of ways. Together, they can conduct needs assessments, write grant proposals, raise funds, design programs, train new staff, deliver services, manage programs, collect data, evaluate program effectiveness, improve unsuccessful aspects of a program, and replicate successful programs. Sharing with youth the power to make decisions means adults must respect and have confidence in young people's abilities. It also means adults must recognize youth's assets, understand what youth will bring to the partnership, and be willing to provide additional training and support when youth need it. Positive youth-adult partnerships make the program more "in-touch" with the unique characteristics of the target group and will more likely appeal to that population. Although building youth-adult partnership is often a complex process, programs seeking to integrate YRH will benefit if youth-adult partnerships are addressed from the beginning.

YRH advocacy and network and coalition-building

YRH advocacy is essential to promote YRH issues in communities and among policy-makers. Advocacy initiatives that raise YRH awareness among gatekeepers and community members promote dialogue among a broad spectrum of stakeholders and decision-makers; create a supportive environment for YRH in communities; and help negotiate policy and regulatory norms on YRH, emphasizing the reproductive and family planning needs of young people. Integrated programs incorporate processes that enable young people themselves to advocate for YRH and their rights. Network and coalition-building

take advocacy to the next level; providing youth, especially underserved groups of young people, with the opportunity to join efforts with others such as youth PVO/NGOs and community-based organizations to systematically pursue a set of objectives related to YRH and youth development. Coalition-building develops and strengthens linkages between different civil society groups; builds the capacity of partners to work together to pursue common goals; and provides the opportunity to jointly advocate for socially responsible policies that target youth.

Capacity-building of youth advocates

Building the advocacy skills of young people as well as providing them opportunities to constructively express their concerns makes YRH/FP programs stronger and more sustainable. Young advocates can increase their communities' and countries' focus on YRH/FP by advocating among their peers, schools, community leaders and nationally recognized individuals. Any young person can be an advocate by becoming actively committed to the issue. Building the capacity of youth to advocate for YRH is important not only for YRH/FP programs but also for building a socially responsible society. Examples of young people advocating for reproductive health information and services include persuading school officials to allow a peer education program in the school and asking that a local clinic adopt policies and procedures that make services more accessible to young people.

Family and community involvement in YRH initiatives

Youth development does not occur in a vacuum but within the context of families and communities. Support structures for youth, engaging parents, teachers and community and religious leaders help these gatekeepers understand the importance of RH/FP information and services for young people; increase YRH program acceptability and relevance; and allow families, religious leaders and communities to contribute to matters that affect their children. Programs that engage communities, religious leaders and families in YRH initiatives have been proven to be more effective in improving reproductive health and promoting healthy reproductive decisions among young people.[35]

Youth-friendly reproductive health services

Youth-friendly services are essential in supporting young people in their efforts to practice safer reproductive health behaviors. Various models can be used within integrated programs based on local needs and existing resources. Young people can be referred to existing youth-friendly service delivery organizations, or youth-friendly services can be integrated into a health center serving the target area. Young people can also obtain youth-friendly services including contraceptives through community-based initiatives. A broad spectrum of services should be provided to young people, including counseling, family planning, contraceptives, voluntary counseling and testing (VCT), STIs and HIV/AIDS treatment and care, and perinatal care for young pregnant women.

Quality of RH/FP services

Poor or inconsistent quality of RH/FP services can deter young people and their communities from participating in and taking advantage of reproductive health and family planning services. The quality of services can be ensured through incorporating

youth definitions of quality in assessments and monitoring; establishing pre-service and in-service training for service providers and those on the front lines such as guards and receptionists; establishing a proper logistics and forecasting system for RH commodities including contraceptives; establishing a supportive supervision system; and conducting assessments and evaluations of services. Various quality improvement methodologies exist in the reproductive health arena that can be adapted by youth-serving organizations. Some examples of quality improvement methodologies are Client-Oriented and Provider Efficient (COPE) — developed by EngenderHealth and Partnership Defined Quality (PDQ) introduced by Save the Children.

SUPPORTIVE STRATEGIES

Supportive strategies are important for the effective implementation of YRH/FP integrated programs and should be considered by any organization seeking to integrate YRH/FP into its programs. Although the formulation of such strategies in the framework is general, the strategies should be seen in the context of YRH/FP. Three supportive strategies are suggested for YRH/FP integration:

- Capacity-Building — to enable youth-serving organizations to understand issues of YRH/FP and develop skills and resources to implement YRH/FP related initiatives

- Knowledge Management — to ensure inclusion of YRH issues in monitoring and evaluation systems of the organizations and to develop ways to disseminate lessons learned and best practices on YRH/FP integration

- Resource Mobilization — to enable youth serving organizations to raise funds for integrated YRH/FP activities and to mobilize resources to maximize results of YRH integration

MONITORING AND EVALUATION

Monitoring and evaluation (M&E) of YRH/FP integrated programs should be incorporated into the overall M&E plan of the youth-serving organization at the initial stage. M&E helps assess the results of the integrated program, educates stakeholders, staff and the broader RH/FP and youth development community about best practices and lessons learned, and contributes to institutionalizing YRH/FP in youth development organizations.

Several tools exist that can support organizations seeking to effectively monitor and evaluate integrated YRH/FP programs. Examples of tools include those developed by programs and organizations such as FOCUS on Young Adults, YouthNet/FHI, Pathfinder, PSI, UNFPA and UNAIDS. The tools help assess the strength of program designs, stakeholders' involvement, youth satisfaction, the quality of services and counseling,

community satisfaction/involvement, communication materials, peer and school-based education programs, and organizational capacity.

To assist a youth-serving organization in assessing its efforts to integrate youth RH/FP, IYF developed criteria on YRH/FP integration. The criteria, which are based on the ten key programmatic elements, are presented in Annex 2. In addition to the criteria, a self-assessment tool was created to assist implementing organizations to assess their capacity in YRH/FP integration and to support decision-making regarding how best to utilize the YRH/FP framework in their programs. The tool is presented in Annex 3.

The strategic framework and tools are intended as a guide for organizations seeking to integrate reproductive health into their youth development programs. Integration implies doing two or more things at the same location at the same time, often with the same resources. The framework can be applied by any organization at anytime during its program development. Finally, the framework provides an opportunity for organizations to choose which elements they wish to strengthen and to tailor their response; keeping in mind the capacity of their organization and programs, local cultural norms and the reproductive health needs of the young people they serve.

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ANNEX 1: YOUTH REPRODUCTIVE HEALTH INTEGRATION FRAMEWORK

GUIDING PRINCIPLES[1]					
Affirming gender equity and equality	Ensuring meaningful youth participation	Maintaining appropriately segmented programming	Ensuring a broad spectrum of stakeholders	Assuring quality of program and interventions	Utilizing multisectoral approach

GOAL[2]	Improved Reproductive Health of Young People		
STRATEGIC OBJECTIVE[3]	Improved RH Practices Among Young People		
OUTCOMES[4]	Strengthened youth competence to make healthy RH choices	Improved access to quality youth RH/FP services	Supporting and enabling environment
STRATEGIES[5]	• Improve knowledge and skills of young people to make healthy RH/FP choices • Increase access to culturally sensitive, age appropriate and accurate information and education on RH/FP for young people	• Improve capacity of service delivery organizations to provide youth friendly services. • Expand youth-friendly RH/FP service delivery (formal and informal) • Increase acceptability of youth RH/FP services by youth and communities	• Increase support to YRH by family and community members, and policy makers • Increase capacity of young people to advocate for YRH
PROGRAMMATIC ELEMENTS[6]	• Institutional commitment to youth RH • Gender sensitive, life-skills based RH/FP education in schools and community settings (peer education, youth catalysts, outreach) • RH integrated livelihood and employability initiatives • Media and BCC • Community awareness about life-skills based RH/FP education	• Institutional commitment to youth RH • Media and BCC • Community awareness about YRH/FP services • Youth Friendly RH/FP Services (provision of YF RH/FP services, Referrals to RH/FP services, integrated RH/FP services) • Quality of care (supportive supervision, youth participation, QoC assessment, pre and in-service training of SPs)	• Institutional commitment to youth RH • Media and BCC • Advocacy and Network/Coalition building (around general youth RH and youth participation) • Community and family involvement in youth RH/FP • Youth-adult partnerships • Capacity building of youth-advocates
SUPPORTING STRATEGIES (AT THE ORGANIZATIONAL LEVEL)	Capacity Building	Knowledge Management	Resource Mobilization

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[1]The **guiding principles** help us to articulate our values and beliefs we use when we program and implement YRH initiatives

[2]The **goal** is a long term ultimate result that we would like to achieve someday. At the country/program level, achievement of the goal requires the efforts of all stakeholders (government, NGOs, social sector, private sector, community, etc).

[3]The **strategic objective** is a statement of what we aim to achieve as a result of our interventions. Usually, it is stated in terms of changes in the behavior of targeted beneficiaries. The fulfilled strategic objective should contribute to the goal achievement.

[4]The **outcomes** are results that we expect to achieve while fulfilling the strategic objective.

[5]The **strategies** we will use to achieve the expected results (outcomes)

[6]The **programmatic elements** are the evidence-based program interventions/activities that we will do to implement the selected strategies

ANNEX 2: CRITERIA FOR ASSESSING LEVELS OF YRH INTEGRATION IN YOUTH DEVELOPMENT PROGRAMS

The following criteria can be used to assess the extent of YRH integration into youth development projects/programs at the organizational and project/program levels.

Institutional commitment to YRH/FP
- Program staff are trained to carry out YRH/FP interventions
- Internal policy on YRH/FP and/or YRH/FP integration developed
- YRH/FP incorporated into project and business development policies and guidelines
- Resources allocated for YRH/FP integration

Media and BCC
- Age-appropriate BCC materials targeting youth utilized
- YRH/FP information for young people made accessible at the project site
- Young people are involved in the BCC needs assessment and the development of strategies, action plans and materials
- Media awareness of YRH/FP is increased
- Appropriate media materials on YRH/FP produced

Gender sensitive, life-skills based YRH/FP education in schools and out of schools
- A life skills based curriculum designed, adapted or used
- Clear goals for preventing HIV/AIDS, STIs and teen pregnancy identified
- The curriculum is appropriately segmented (for example by age, gender, etc.)
- Training of trainers curriculum designed, adapted or used
- Young people and members of the community are involved in development/ adaptation of YRH/FP training curriculum
- Gender equality is mainstreamed in the YRH/FP curricula
- Established follow up and feedback mechanism for YRH/FP education activities
- Adequate resources for life-skills based YRH/FP education provided

YRH/FP Integrated livelihood and employability training
- FP and prevention of HIV/AIDS is addressed in livelihoods and employability training curricula
- Training of trainers curriculum designed, adapted or used
- Adequately trained trainers and educators
- At least three components of YRH are incorporated into livelihoods training: (1) FP and prevention of teen pregnancy, (2) prevention of STIs and HIV/AIDS, treatment and care, (3) safer reproductive health behavior (refusal, decision-making, communication, negotiation and condom use skills)
- Gender equality is mainstreamed in the RH/FP curricula
- Involvement of young people in developing RH/FP training curriculum
- Adequate resources for a YRH/FP integrated curriculum provided

Family and community involvement in YRH/FP initiatives
- Links established between YRH/FP integrated program and community youth clubs or youth centers

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- Links established between YRH/FP integrated program and schools
- Information and education on YRH provided to community and religious leaders, parents, and schools
- Family, community and religious leaders involved in YRH/FP awareness raising activities
- Family and community members' perspectives included in needs assessments, monitoring, and evaluation
- Comprehensive curricula on YRH and communication skills targeting adults designed/adapted

Youth-adult partnerships
- Roles and responsibilities for youth-adult partnerships clearly stated
- Skills and capacity of young people and adults developed to create a meaningful partnership
- Young people engaged in decision-making, design and implementation of youth related interventions

YRH/FP advocacy and network/coalition building
- YRH advocacy strategy developed
- Stakeholders (young people, parents, communities, media, etc) involved in advocacy
- YRH coalition established
- Adequate financial support for YRH advocacy initiatives provided

Capacity building of youth advocates
- Regular training on YRH advocacy for youth leaders established
- Mentorship to youth-advocates provided
- Dedicated team of youth-advocates established
- Resources for youth-advocates allocated

Youth friendly RH/FP services
- Informal referrals* to YF RH/FP services provided
- Onsite counseling on FP provided to youth
- Community-based education and services established
- Young people participated in YRH education and outreach
- Established formal referral system to YF RH/FP services**
- At least three types from the following services provided to youth: FP, VCT, HIV treatment and care, STIs diagnosis and treatment, post-abortion care.

* there is no a referral system in place, and referrals are provided based on personal contacts with trained service providers
**formal referral system includes obtaining feedback from the referred clients and a follow up with tt clinic where the referral was made to.

Quality of RH/FP services
- Information and education on clients rights provided to young people
- Quality guidelines/standards on youth friendly RH/FP services adapted/established
- Pre- and in-service training for service providers on youth-friendly services provided
- Young people involved in quality assessment of YRH services
- Quality monitoring system established
- Established RH logistics and supply system
- Service providers involved in monitoring quality of services
- Quality guidelines/standards on youth-friendly RH/FP services implemented by Youth Friendly Clinics

ANNEX 3: SELF ASSESSMENT TOOL FOR INTEGRATING YRH/FP IN YOUTH DEVELOPMENT PROGRAMS

Thank you for your interest in youth reproductive health integration.

The purpose of the Self Assessment Tool is to assist your organization in assessing level of youth reproductive health integration at the organizational and programmatic levels as well as to demonstrate what elements should be strengthened to address youth reproductive health objectives comprehensively.

As outlined in the IYF's *Planning for Life Framework for Integrating Reproductive Health and Family Planning into Youth Development Programs*, there are six guiding principles and 10 key programmatic elements of youth reproductive health and family planning (YRH/FP) integration. After you complete this tool you will be able to assess how much your organization already integrates YRH/FP into its programs. This, in turn, will help you decide which principles and elements your organization should focus on to increase its level of integration.

Please note that not all the elements will apply to your organization. For example, your organization may not implement, or have plans to implement, life-skills education or youth friendly RH/FP services. If this is the case, then you can skip these sections in the self-assessment tool. Also note that all of the questions are about your organization as a whole, unless the question asks about a particular program.

Instructions for Scoring Integration Level

Each element has three levels: Level A, Level B, and Level C. The answers to the questions below will help determine if your organization is at Level A, B, or C for each of the outlined elements. For each question below check the space where it says "Yes" or "No" — your organization gets 1 point for "Yes", and 0 points for "No". Then, turn to the last page where you will mark your points on the scoring sheet. The scoring sheet outlines how many points you need to achieve Level A, Level B, and Level C. Compare the number of points your organization scored to the number of points needed for each level.

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Guiding Principles

GENDER EQUITY	YES	NO	N/A	COMMENTS
1. Are gender equality/equity objectives or indicators part of your institution or youth reproductive health (YRH) program?				
2. Are staff trained in gender issues and gender equity?				
3. Are gender issues incorporated into planning YRH interventions or services?				
4. Are YRH service and/or intervention statistics stratified by gender?				

YOUTH PARTICIPATION	YES	NO	N/A	COMMENTS
1. Has your institution incorporated written guidelines or policies for involving youth? Please provide an example.				
2. Do youth currently play a role in program planning?				
3. Are youth involved in program implementation?				
4. Does your organization have young people on the Board? If yes, how many youth are on the Board?				

SEGMENTED PROGRAMMING	YES	NO	N/A	COMMENTS
Are your YRH interventions or services tailored to:				
1. age?				
2. gender?				
3. marital status?				
4. in-school/out-of-school?				
5. employed/unemployed?				
6. urban/peri-urban/rural areas?				

QUALITY ASSURANCE	YES	NO	N/A	COMMENTS
1. Does the organization have a Monitoring & Evaluation plan for YRH initiatives?				
2. Does the organization use quality guidelines or standards for its YRH interventions? Please provide examples.				
3. Are the staff trained on how to monitor the quality of the programs?				

STAKEHOLDER INVOLVEMENT	YES	NO	N/A	COMMENTS
1. Has your organization identified gatekeepers from the community (religious, political, and other influential leaders)?				
2. Does your organization include these gatekeepers in meetings, discussions, and activities about YRH programming regularly? Please provide examples.				

MULTI-SECTORAL LINKAGES	YES	NO	N/A	COMMENTS
Does your organization currently link YRH programming or services with other youth sectors such as:				
1. sports?				
2. employment?				
3. education?				
4. other health services?				

Programmatic Elements

I. INSTITUTIONAL COMMITMENT TO YRH/FP	YES	NO	N/A	COMMENTS
1. Have program staff been trained to carry out YRH interventions or provide RH/FP services to youth? If yes, please list the number.				
2. Does the organization have an internal policy on carrying out YRH programming or integrating YRH interventions in to other programs?				
3. Does this policy affect project development and business development practice in the organization?				
4. Does the organization have dedicated resources (human, technical, financial) for YRH/FP?				

II. MEDIA AND BCC	YES	NO	N/A	COMMENTS
1. Has your organization created, adapted, or used YRH BCC material?				
2. If yes, has it been pre-tested with the appropriate youth group?				
3. Is YRH material accessible to young people at the project sites at low or no cost?				
4. Do youth play a role in designing and implementing BCC activities?				
5. Does the organization include initiatives for increasing media awareness on YRH/FP?				
6. Does the organization work with local newspapers, radio or TV to include YRH/FP messages in news articles or broadcasting?				

III. LIFE-SKILLS BASED YRH/FP	YES	NO	N/A	COMMENTS
1. Has your organization developed, adapted, or used a life-skills based education curriculum (for in or out of schools)?				
2. Does the curriculum have clear objectives for preventing pregnancy, HIV, and STIs?				
3. Is the curriculum appropriately segmented (for age, gender, marital status, etc.)? If yes, please provide examples of segmentation.				
4. Has the program designed, adapted, or used a Training of Trainers curriculum?				
5. Are young people involved in developing, adapting or using the YRH/FP training curricula?				
6. Are members of the community involved in the development/ adaptation YRH/FP training curriculum?				
7. If your program has a curriculum with YRH/FP, is gender equality part of it?				
8. Is there a supervisory and support system established for community based YRH/FP education activities?				
9. Is part of your organization's budget dedicated to YRH/FP education?				

IV. YRH/FP INTEGRATED LIVELIHOODS AND EMPLOYABILITY TRAINING	YES	NO	N/A	COMMENTS
1. Is YRH/FP incorporated into any livelihoods and employment training curricula your institution uses? (This would not be a separate Life Skills curriculum, as described in Part III above, but a livelihoods or employment curriculum that includes some YRH/FP parts)				
2. Is a YRH/FP training course provided to the Trainers/Instructors implementing the livelihoods program?				
3. If yes, does the YRH component include:				
a. FP and pregnancy prevention?				
b. STI/HIV prevention, treatment, and care?				
c. Life skills (decision-making skills, communication, negotiation)?				
4. Does the curriculum include issues on gender equality?				
5. Are/were young people involved in developing the RH/FP portion of the training curriculum?				
6. Is part of your organization's budget dedicated to integrating YRH/FP into livelihoods and employment training?				

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V. FAMILY AND COMMUNITY INVOLVEMENT IN YRH/FP INITIATIVES	YES	NO	N/A	COMMENTS
1. Has the organization or program established links with local youth clubs or centers? If yes, please give a brief description.				
2. Has the organization or program established links with schools? If yes, please provide a brief description.				
3. Is YRH/FP information and education shared with community and religious leaders, parents, and schools?				
4. Are youth's families, communities and religious leaders involved in YRH/FP awareness raising activities?				
5. Are youth's families, communities and religious leaders' perspectives included in planning, monitoring and evaluating YRH programs?				
6. Has your organization designed, adapted, or used a curriculum for parents on the RH/FP needs of youth, and how to communicate with youth?				

VI. YOUTH ADULT PARTNERSHIPS	YES	NO	N/A	COMMENTS
1. Are the roles and responsibilities of how youth and adults should work together in the organization clearly stated verbally and/or in institutional documents? If yes, please provide an example.				
2. Do youth in your organization receive trainings to lead discussions, participate in decision-making meetings, and represent your organization externally?				
3. Do youth and adults work together on strategic direction, program design, implementation, and/or monitoring and evaluation?				

VII. YRH/FP ADVOCACY AND NETWORK/ COALITION BUILDING	YES	NO	N/A	COMMENTS
1. Has your institution developed a YRH advocacy strategy?				
2. Are the stakeholders (youth, families, community and religious leaders, service providers, policy and decision makers) involved in advocacy for YRH?				
3. Does your institution partner with other community based organizations, educational institutions, the private sector, and/or mass media to advocate for YRH?				
4. Has your organization established a formal and recognized coalition on YRH?				
5. Is part of your organization's budget dedicated to YRH advocacy, networking, and coalition-building activities?				

VIII. CAPACITY BUILDING OF YOUTH ADVOCATES	YES	NO	N/A	COMMENTS
1. Does your organization regularly train youth leaders on YRH advocacy?				
2. Does your organization have designated mentors for the young advocates?				
3. Has your organization established a dedicated team of youth-advocates?				
4. Is part of your organization's budget dedicated to building the capacity of youth-advocates?				

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IX. YOUTH FRIENDLY RH/FP SERVICES	YES	NO	N/A	COMMENTS
1. Has your program set up an informal system to refer youth to RH/FP services?				
2. Does your program provide on-site counseling on FP for youth?				
3. Has your program established a community-based FP program for youth?				
4. Are there young people in your organization involved in providing community YRH education and outreach?				
5. Has your program set up a formal system to refer youth to RH/FP services?				
6. Does your program provide at least three of the following services to youth: family planning, VCT, HIV treatment and care, STIs diagnosis and treatment, post-abortion care?				

X. QUALITY OF RH/FP SERVICES FOR YOUTH	YES	NO	N/A	COMMENTS
1. Does your organization provide information and education to youth about their health rights as clients?				
2. Does your organization have any guidelines or standards for quality of care (QOC). If yes, please provide examples of the QOC guidelines/standards.				
3. Do staff participate in pre- and in-service training on youth-friendly RH/FP services? If yes, please provide examples of training.				
4. Do young people participate in quality assessment of YRH/FP services?				
5. Do supervisors use checklists or other tools to monitor the work of program and service providers? If yes, please provide examples of the tools.				
6. Does your organization have a RH/FP logistics and supply system?				
7. Do service providers participate in monitoring the quality of services?				
8. Does your organization use quality guidelines on how to provide youth-friendly RH/FP services?				

SCORING FOR SELF-ASSESSMENT

FOR THE ELEMENT…	IF YOUR SCORE IS…	YOU ARE AT LEVEL…
Institutional Commitment to YRH/FP	1–2	A
	3	B
	4	C
Media and BCC	1–3	A
	4–5	B
	6	C
Life-skills Education	1–3	A
	4–6	B
	7–9	C
Livelihoods and Employability Training	1–3	A
	4–5	B
	6	C
Family and Community Involvement	1–3	A
	4–5	B
	6	C
Youth-Adult Partnerships	1	A
	2	B
	3	C
YRH/FP Advocacy and Network/Coalition Building	1	A
	2–3	B
	4–5	C
Capacity of Youth Advocates	1	A
	2–3	B
	4	C
Youth-Friendly RH/FP Services	1–2	A
	3–4	B
	5–6	C
Quality of RH/FP Services	1–3	A
	4–6	B
	7–8	C

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